Recognition of professional qualifications: European Professional Card supported by the Internal Market Information System (IMI)

2011/0435(COD) - 20/11/2013 - Final act

PURPOSE: the rationalisation, simplification and improvement of the rules for the recognition of professional qualifications.

LEGISLATIVE ACT: Directive 2013/55/EU of the European Parliament and of the Council amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No 1024 /2012 on administrative cooperation through the Internal Market Information System ('the IMI Regulation').

BACKGROUND: Directive 2005/36/EC consolidated a system of mutual recognition which was initially based on 15 Directives. It provided for automatic recognition for a limited number of professions based on harmonised minimum training requirements, a general system for the recognition of evidence of training and automatic recognition of professional experience.

However, the Commission's Communication on the Single Market Act identified the need to modernise Union law in this area.

CONTENT: this Directive makes certain amendments to Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No 1024/2012 ('the IMI Regulation.), the main ones being as follows:

European Professional Card (EPC): the Directive establishes the EPC. Holders of a professional qualification must be issued with a European Professional Card upon their request and on condition that the Commission has adopted the relevant implementing acts as prescribed in the text. The EPC is an electronic certificate proving either that the professional has met all the necessary conditions to provide services in a host Member State on a temporary and occasional basis or the recognition of professional qualifications for establishment in a host Member State.

The purpose of the European Professional Card is to **simplify the recognition process and to introduce cost and operational efficiencies** that will benefit professionals and competent authorities. The introduction of a European Professional Card should take into account the **views of the profession concerned** and should be preceded by an assessment of its suitability for the profession concerned and its impact on Member States.

There is no need to introduce a European Professional Card for the legal professions for which professional cards already exist.

Application for an EPC: the Directive lays down in detail the framework and the rules applicable to the issue of an EPC. The process is clearly structured and incorporates safeguards and the corresponding rights of appeal for the applicant. Implementing acts will specify translation requirements and the methods of payment of any fees to be provided by an applicant so that the workflow in IMI is not disrupted or impaired and the processing of the application is not delayed. Setting the level of fees is a matter for Member States.

Internal Market Information System (IMI): the functioning of the European Professional Card is supported by the Internal Market Information System (IMI) established by Regulation (EU) No 1024 /2012. The home Member State shall enable a holder of a professional qualification to apply for a European Professional Card through an on-line tool, provided by the Commission, that automatically creates an IMI file for the particular applicant.

Partial access: there are cases where, in the host Member State, the activities concerned are part of a profession with a larger scope of activities than in the home Member State. If the differences between the fields of activity are so large that a full programme of education and training would be required from the professional to compensate for shortcomings, and if the professional so requests, **a host Member State may grant partial access**. However, a Member State will be able to refuse partial access, and this may in particular be the case for health professions if they have public health or patient safety implications.

The competent authority of the host Member State should grant partial access, on a case-by-case basis, to a professional activity in its territory only when all the following conditions are fulfilled:

- the professional is fully qualified to exercise in the home Member State the professional activity for which partial access is sought in the host Member State;

- differences between the professional activity legally exercised in the home Member State and the regulated profession in the host Member State as such are so large that the application of compensation measures would amount to requiring the applicant to complete the full programme of education and training required in the host Member State to have access to the full regulated profession in the host Member State;

- the professional activity can objectively be separated from other activities falling under the regulated profession in the host Member State.

Regulated professions: specific provisions are made with regard to training requirements for a certain number of regulated professions in the Member States. These professions include:

(1) **Doctors:** the Directive modifies the criteria used to define the basic medical training so that conditions relating to the minimum number of years and hours become cumulative. The objective of this modification is not to lower the training requirements for basic medical education. Basic medical training shall comprise a total of at least five years of study, which may in addition be expressed with the equivalent ECTS credits, and shall consist of at least 5 500 hours of theoretical and practical training provided by, or under the supervision of, a university.

(2) Nurses: nurse training, the organisation of which still differs according to national traditions, should provide a more robust and more output-oriented assurance that the professional has acquired certain knowledge and skills during the training, and is able to apply at least certain competences in order to pursue the activities relevant to the profession. New provisions have been introduced to strengthen the minimum level of training for nurses. They should be able to prove by a diploma or certificate that they received at least 10 years of general education.

(3) Midwives: in order to prepare midwives to meet complex healthcare needs relating to their activities, midwifery trainees should have a solid general education background before they start midwifery training. Therefore, admission to midwifery training should be increased to 12 years of general education or successful examination of an equivalent level, except in the case of professionals who are already qualified as a nurse responsible for general care.

(4) Pharmacist: a significant number of Member States have decided to allow access to all activities in the field of pharmacy and the pursuit of these activities based on the recognition of qualifications of pharmacists acquired in another Member State since the entry into force of Directive 2005/36/EC. Such recognition of a professional qualification acquired in another Member State should not, however, prevent a Member State from maintaining non-discriminatory rules governing any geographical distribution of pharmacies on their territory because Directive 2005/36/EC does not coordinate such rules. However, any derogation from the automatic recognition of qualifications which is still necessary for a Member State should no longer exclude pharmacists who are already recognised by the Member State using such derogation and who have already been lawfully and effectively practising as a pharmacist for a certain period on the territory of that Member State.

(5) Other regulated professions: specific measures have also been provided to improve the professional recognition of architects and veterinary surgeons.

DELEGATED ACTS: the Commission is empowered to adopt delegated acts in respect of the updating of knowledge and skills of certain professions as well as adapting minimum periods of training of regulated professions, specifying the conditions of application of common training frameworks, and specifying the conditions of application of common training tests.

ENTRY INTO FORCE: 17.01.2014

TRANSPOSITION: 18.01.2016.

DELEGATED ACTS: the Commission can adopt delegated acts in respect of the updating of skills and aptitudes for access to the professional activities of doctors, nurses responsible for general care, dentists, veterinarians, midwives and pharmacists as well as the updating of certain annexes of the directive on required levels of training. The power to adopt delegated acts is granted to the Commission for a period of five years, effective as of 17 January 2014. The European Parliament or the Council may object to a delegated act within two months from the date of notification (which may be extended by two months.) If the European Parliament or Council express objections, the delegated act will not enter into force.