

**Evaluating the Professional Qualifications Directive**  
**Experience reports from competent authorities**  
**Dentists**

**POSSIBLE QUESTIONNAIRE FOR EACH SECTORAL PROFESSION**

**A. RECOGNITION PROCEDURE IN CASE OF MIGRATION ON A PERMANENT BASIS**

1. Do you accept applications from EU citizens for the recognition of foreign diplomas sent by email or requests made on line? Under which conditions can they send documents and declarations electronically? What are your experiences in this respect?

*The Ministry of Health accepts only paper applications. The documents can be sent by e mail to give a provisional assessment.*

2. What is the yearly number of positive and negative decisions of recognition from 2000 to 2009? Please submit specific data for applications for automatic recognition based on diplomas, automatic recognition based on acquired rights (as from 2005), and recognition based on the general system<sup>1</sup>. If available, please provide information on the average duration of the recognition process.
3. To what extent have the system of automatic recognition and the general system been a success? How do you see the costs and benefits? Specify in particular whether automatic recognition based on diploma, Annex V and the current notification system represent an efficient way to facilitate automatic recognition. Please submit comments for:
  - automatic recognition based on diploma
  - automatic recognition based on acquired rights
  - recognition based on the general system.

Please specify whether there are any specific problems with Annex V.

*The automatic recognition based on diploma do not involve many problems.*

*Problems about the recognition based on acquired rights concern how they were obtained. It is not possible to verify whether a certificate for automatic recognition was issued rightly and according the Directive 2005/36/EC; it is very difficult verify if the migrant: 1) has been engaged in the activities in question for at least three during the five years preceding the award of the certificate; 2 has been engaged effectively and lawfully;*

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<sup>1</sup> Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

3) has been working in a third country. Very often the professional residence MS had been changed several times during the last five years period.

*There are some difficulties with the recognition based on the general system. It is difficult to compare different educations. Very often the migrants do not exhibit the necessary documentation.*

4. Is the general system applied in your country each time the conditions for automatic recognition are not met? Are there major difficulties in the recognition procedure under the general system? Please include any comments you may have on the implementation of compensation measures. Is the migrant given the choice between an aptitude test and an adaptation period or is the choice restricted. Please explain.

*The general system is applied every time when the conditions of automatic recognition are not fulfilled, it is often very difficult to obtain an applicant's complete documentation.*

5. What is your experience with the recognition procedure for EU citizens with professional qualifications obtained in a third country and already recognised in a first Member State (see Articles 2(2) and 3(3))?

*There are problems in getting documents issued in the first member state of EU stating that the applicant has effectively and lawfully been engaged in the relevant activities for 3 years in the EU member state that recognised the third country education.*

*The Ministry of the health is very careful to manage this cases, some applicants try to register first with an EU countries where it is easier for them to register and then they use that registration to register in their own country.*

*In Italy we have a lot of problems with attestations issued by some countries. The migrants asking for recognition often have diplomas with the attestation of the competent authorities even if these diploma have been considered irregular by the same University realising the diploma. Moreover, some migrants, attesting courses followed in a fictional university go to another country (Romania) and manage to be considered at the last year of the training, obtain the diploma and ask for the recognition in Italy. The most problems have risen with Romania. The criminal justice is following some situations.*

6. Please describe the government structure of the competent authority or authorities in charge of the recognition.

*Ministry of the health is the competent authority in Italy.*

## **B. TEMPORARY MOBILITY (OF A SELF-EMPLOYED OR AN EMPLOYED WORKER)**

7. Are EU citizens interested in using the provisions for exercising their professional activities on a temporary and occasional basis in your Member State? How many citizens used this new system in 2008 and 2009 (per month, per year)<sup>2</sup>?
8. How are the provisions of Directive 2005/36/EC concerning temporary mobility applied by the competent authorities in practice taking into account the relevant provisions of the Code of Conduct? For instance:
  - How is the "legal establishment" criteria foreseen by Article 5(1) (a) interpreted in practice? What conditions does a migrant need to fulfil in his home Member State in order to be able to provide services?

*The Ministry of the health examines carefully every application. The migrant has to provide all the information in Article 7 of the Directive. The migrant must be legally established; exhibit a certificate from competent authority and a certificate of good standing.*

- How are the "temporary and occasional basis" criteria foreseen by Article 5.2 interpreted in practice? Do Member States assess duration, frequency, regularity and continuity of an activity and if so according to which criteria?

*The temporary mobility is evaluated on a case by case on the basis of directive.*

*The Ministry of the health considers necessary to know place and time where the service is carried out not only to verify between temporary and occasional provision of services and establishment but also because some activities cannot be exercised in any place. The competent authority must be able to ask the migrant for information on the duration, frequency, regularity and continuity of the intended medical activities.*

*It is necessary to amend and improve the Directive on this issue.*

9. Why is a prior declaration system necessary? What do competent authorities do with the information received? Are other possibilities conceivable? Do you have any cases – and if yes how many - whereby doctors sent the declaration after the provision of services has taken place.

*Prior declaration is necessary to check the service provider's services, to make sure that the person is indeed qualified to provide the planned service.*

10. Do you charge any fee in case Article 7, § 4 applies?

## **C MINIMUM TRAINING REQUIREMENTS**

11. To what extent are the common minimum training requirements for specialists and general practitioners set out in Title III Chapter III of Directive 2005/36/EC and as

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defined in Annex V in line with scientific progress and professional needs? Furthermore, are the knowledge and skills required by the directive still relevant and up to date? Please specify. What about the conditions relating to the duration of training? Do you have many specialties training, which have a common trunk. If yes, please specify which ones.

*The provisions formulated in the Directive are still appropriated.*

12. To what extent are the common minimum requirements for training set out in Title III Chapter III of Directive 2005/36/EC in line with scientific progress and professional needs in the last ten years? Are the knowledge and skills outlined in Article 24.3 still relevant and up to date? Please specify. What about the conditions relating to the duration of training?

*In Italy we have often some problems to find out who to ask to get the relevant information.*

13. The Directive is based on mutual trust between Member States. To what extent is such trust actually achieved? Are training programmes accredited in your country? Does accreditation of a training program in another Member State enhance trust or is it not relevant?
14. To what extent are the existing Directive provisions (see recital 39 and Article 22(b) on continuous professional development (continuous training) adequate? Is continuous training mandatory in your country and what are the exact conditions?

#### **D. ADMINISTRATIVE COOPERATION**

15. To which extent does administrative cooperation, as outlined in Articles 8, 50, and 56 of the Directive, simplify procedures for the migrant professionals?

*Administrative cooperation is very useful. It simplifies the procedure but sometimes it is very hard to get the relevant information. IMI should be mandatory and extended to all professions. An alert mechanism would be useful.*

16. Is the competent authority in your country registered with IMI? Under which circumstances does your competent authority use IMI? If not registered, why not and what would be the conditions for changing this situation?

*Ministry of the health is registered in the IMI. This is a useful tool to find information. Sometimes the answers arrive slowly.*

*The Ministry of the health is puzzled about professional card. It is important to grasp the purpose and the utility.*

17. Are you alerted by other Member States in case of disciplinary action or criminal sanctions taken or any other serious, specific circumstances which are likely to have consequences for the pursuit of activities under this Directive? How do you share this information? Could more be done in this respect?

**E. OTHER OBSERVATIONS**

18. How and when are the necessary language skills of migrants checked after recognition of the professional qualifications? Are you aware of any complaints (especially from patients/clients/employers) about insufficient language skills of migrants?

*Language skills are tested by medical professional order after the recognition. The Orders often complain about insufficient language skills of migrating health professionals. The good communication between doctor and patient is very important. We think that a linguistic test should be part of the recognition procedure.*

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