Evaluation of the Professional Qualifications Directive 2005/36/EC

Experience reports from national authorities with regard to nurses

Evaluating the Professional Qualifications Directive
Experience reports from competent authorities

QUESTIONNAIRE FOR THE NURSING 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?

2. What is the yearly number of applications for recognition, as well as negative and positive decisions 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[1]. What is the average duration of the process for both automatic and general systems?

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.

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 adaptation periods and aptitude tests.

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))?

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

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[1] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

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) [2]?

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?

   - 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?

9. Why is a prior declaration system necessary? What do competent authorities do with the information received? Are other possibilities conceivable?

C MINIMUM TRAINING REQUIREMENTS

10. To what extent are the common minimum training requirements set out in Title III Chapter III of Directive 2005/36/EC and the compulsory training subjects as defined in Annex V in line with scientific progress and professional needs? Furthermore, are the knowledge and skills required by the directive still relevant for patient safety and up to date? Please specify. What about the conditions relating to the duration of training?

11. 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?

12. 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? How do you define continuous professional development in your country?

D. ADMINISTRATIVE COOPERATION

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

14. Is the competent authority in your country registered with IMI? Under which circumstances does your competent authority use IMI? Please comment on your

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[2] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

experience of using IMI. If not registered, why not and what would be the conditions for changing this situation?

15. How could a professional card (see Recital 32 of the Directive) facilitate recognition of professional qualifications and provision of temporary services? Under which conditions could it be issued by professional associations? In what respect would a professional card add value over the Europass CV?

16. How do you share information about suspensions/restrictions with competent authorities in other Member States? Could more be done in this respect? Should an alert mechanism be put in place?

E. OTHER OBSERVATIONS

17. 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?

18. Do you charge any fee for the recognition process? If so, how much?

19. What is your experience with applying article 11 in the context of nursing?

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Nursing & Midwifery Council

EU National reports

on the implementation of Directive 2005/36/EC for the profession of nursing

17 September 2010

Background information

Directive 2005/36/EC on the recognition of professional qualifications came into force in October 2007. The aim of this directive is to facilitate the free movement of workers across the EU by establishing rules on the mutual recognition of professional qualifications. It brings together 15 directives to create a single piece of legislation on the mutual recognition of professional qualification.

Like most directives, Directive 2005/36/EC has to be reviewed by the EU Commission five years after its transposition. To this end, the EU Commission has begun its consultation on the review in the spring of 2010 with a view to have recommendations for amendments by 2012. For the sectoral professions, the EU Commission decided to involve national competent authorities for each profession in the running of the consultation. Competent authorities are named by governments as the authority responsible for the recognition of professional qualifications for individual professions.

In this context the Nursing and Midwifery Council of the United Kingdom was asked by the EU Commission to coordinate the collection of national reports on the implementation of the directive for the profession of nursing. The following is a report on the consultation process ran by the Nursing and Midwifery Council.

Methodology

The consultation exercise was structured around a common questionnaire, three meetings of EU competent authorities for nursing and information sharing through a web-based platform.

The common questionnaire was first drafted by the EU Commission and then amended by the EU competent authorities for nursing to give them the opportunity to highlight concerns that are specific to the profession. Competent authorities met three times in plenary sessions;

1. **London meeting 25 May 2010**: the NMC hosted the first meeting involving EU regulators for nursing in order to begin the first phase of the review of the EU directive on professional qualifications. Despite the short notice in seeking to organise the first meeting, competent authorities from 16 member states (Austria, Belgium, Denmark, Estonia, Spain, Finland, France, Hungary, Ireland, Luxemburg, Malta, Poland, Portugal, Sweden, Slovenia, United Kingdom) were present, together with representatives from the Internal Market Directorate of the Commission. The group of competent authorities worked on a list of questions which became a questionnaire for national reports on the implementation of Directive 2005/36.

2. **Brussels meeting 22 June 2010**: the EU Commission hosted the second meeting. 20 member states participated (Austria, Belgium, Cyprus, Denmark, Estonia, France, Germany, Hungary, Ireland, Luxembourg, Malta, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom). Competent authorities from seven countries gave presentations on their national views on specific areas of the directive. The EU Commission gave a presentation on the IMI system. This presentation provided an opportunity for countries to raise concerns around sharing information cross-border on fitness to practise. Many competent authorities supported change in the law to allow exchange of information through an alert system which could be incorporated into the IMI system. The NMC agreed to set up an online platform where all competent authorities for nursing would be able to view each other's national reports and exchange views on them between July and August.

3. **Madrid meeting 7 September 2010**: The Spanish Ministry of Health hosted the third and last meeting of competent authorities. 14 member states participated (Austria, Belgium, Cyprus, Czech Rep., Denmark, Spain, Estonia, France, Germany, Hungary, Ireland, Portugal, Slovenia, UK). Competent authorities from four countries gave presentations on their national views on specific areas of the directive. Participants discussed the next steps in the process of the review of the directive and agreed on future collaboration.

Between the meetings competent authorities worked on their national reports, liaising with their national stakeholders and sharing information with other competent authorities. In order to streamline this process an online platform was created and administered by the NMC. This helped competent authorities share their draft national reports, synchronise calendars and share tasks. The online platform was also used to initiate exchanges of ideas on such issues as the care of older people and the structure of nursing education in EU countries. This platform was met with general enthusiasm and it was agreed that the group of competent authorities would continue using this tool in the future.

Using all submitted final reports the NMC undertook to summarize the results and highlight common issues. These are described in the next section of this paper.

Next steps

The collection of national reports on the implementation of Directive 2005/36/EC constitutes only the first part of the consultation exercise. It was designed to evaluate how the directive works in practice in each member state. The second phase will be a consultation aiming at collecting recommendations for amendments. In this context it is important that competent authorities for nursing continue to collaborate and share their desired amendments with the EU Commission.

This view was shared by all competent authorities for nursing. They have agreed to continue their collaboration within the informal network with the help of the online platform and future meetings. It was agreed that competent authorities would meet in the spring of 2011 to discuss the following important themes that were identified in their national reports: minimum standards for education, language testing, continuous professional development and aptitude tests.

Recommendations

Further work

Competent authorities for nursing have come to the agreement that further work needs to be done and suggestions for amendments should be made concerning:

1. Minimum training requirements
   The minimum training requirements provided for in the directive date back three decades. They need to be updated to recognise that nurses should be prepared for new roles and broader responsibilities and to mirror scientific and academic progress.

2. Language testing
   The directive prevents competent authorities from systematically language testing migrating nurses who apply for registration in their country. There is general consensus that this situation puts patients at risk and the directive should be amended to give competent authorities more powers in this matter.

3. Continuous professional development (CPD)
   Competent authorities generally agreed that CPD should be made compulsory in the directive. A harmonized definition for it should be established as it would help harmonize the profession across the EU.

Cooperation between competent authorities

There has been widespread support for the continuation and evolution of the network of competent authorities for nursing that has evolved as a result of the first stage of the review. This future cooperation should focus on developing the following areas:

1. Administrative cooperation. Contacts between competent authorities help create trust which eases the recognition procedure for migrating nurses. It also helps authorities identify fraud, thus enhancing patient safety.

2. Subject specific meetings. Most competent authorities share the same practical issues in implementing the directive with varying levels of resources. Meeting on a bi-annual basis to discuss common issues and share best practice will help competent authorities perform their duties under the provisions of the directive.

Administrative tools

4. Internal Market Information System (IMI)
   There is a clear recognition that it is a very good system. Competent authorities agreed that it would be very useful to insert an alert mechanism as is the case for the professions of the "services directive".

5. Professional Cards
   There is careful interest in the advantages that a professional card could bring. It could help streamline the process of registration and facilitate mobility. It is to be noted that in order to combat fraud potential professional cards must be issued by competent authorities and not professional associations. The card should be a uniform system for the whole of the EU and there needs to be complete interoperability between the IT systems of competent authorities. One way of achieving this, rather than creating new systems, would be to link professional cards to the trusted IMI system.

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Themes emerging from the national implementation reports

1 25 EU member states and Norway have submitted their national reports. The following is a summary of answers structured along the main themes of the questionnaire. This summary highlights main common trends and specifies differences where they are notable.

A. Recognition procedure

2 Online applications:

2.1 Six countries (DE, ES, HU, RO, SE, SL) accept email/online applications; however, all documents and certificates need to be posted. A few other countries have application forms which can be downloaded from their websites but all documents submitted must be in paper.

3 Automatic recognition:

3.1 The majority of competent authorities (CA) agree that this system is straightforward, fast and easy. It's mostly seen as a successful system. However, some CAs find that it hides differences in education and scope of practice. They also find it difficult to match foreign trainings with national subcategories of nursing when they cannot look at transcripts of training. The issue of the impossibility to language test is also a concern.

4 Acquired rights:

4.1 Although this system is recognised as fast for the applicant, CAs have many issues with it. First of all they do not know whether the required amount of recent professional experience (three out of five years) should be full time or part time. CAs believe that in any case, professional experience is not sufficient to compensate for a lack of training. There are also issues on documents submitted by these applicants; they often find it difficult to prove their professional experience and CAs have expressed doubts as to the reliability of the information on their fitness to practise. CAs are calling for a clear definition of "effective and lawful practice" as mentioned in the directive.

5 General system

5.1 CAs recognise that this system is more time consuming and that it is often difficult to obtain transcripts of training. However, this system is deemed safer for patients as it allows the CAs to have more detailed information on the training of the applicant.

6 Current notification system

6.1 Not many CAs have views on this tool. A few find it good.

7 Use of the general system

7.1 19 countries use the general system (AT, BG, CY, CZ, DE, DK, ES, FI, FR, HU, IE, LV, MT, NL, NO, PT, RO, SE, UK)

7.2 2 countries don't (BE, EE)

8 Adaptation periods/aptitude tests

8.1 Nine countries have a form of aptitude test (CZ, DK, EE, ES, FI, FR, NL, NO, RO) although in most cases they are done on an ad-hoc basis

8.2 Applicants often find it difficult to undergo adaptations or tests because they do not have sufficient knowledge of the national language. Some adaptation periods are very long. CAs have highlighted the issue of who should fund these measures.

9 Third country trained applicants who have been recognized in another EU country

9.1 This happens very rarely and no major issue have been mentioned except for the difficulty to obtain the right documents in certain case

10 Structure of the competent authority

10.1 In 15 countries the CA is a department of a ministry (AT, BE, BG, CY, CZ, DK, EE, ES, LT, LV, LU, NL, PL, SE, SL)

10.2 In 2 countries it is shared between an Order and a ministry (FR, RO)

10.3 In 4 countries it is an independent body under a ministry (FI, HU, MT, NO)

10.4 In 3 countries it is an independent body (IE, PT, UK)

10.5 In Germany it is a combination of systems

B. Temporary mobility

11 Temporary provision of services

11.1 This has hardly ever been used. Only Spain had one case.

12 Interpretation of "legal establishment in home member state"

12.1 To most CAs this means that the applicant is legally entitled to practise in their home country and that they do not have any sanctions on them. It is also interpreted as meaning that the applicant has a valid registration in their home country.

13 Interpretation of "temporary and occasional"

13.1 Most CAs found this provision difficult to interpret. Some did so on a case by case basis, others limit the duration of practice to three months. France is of the view that CAs should be allowed to ask for evidence of the temporary and occasional nature of the service.

14 Necessity of the "prior declaration" system

14.1 Most CAs agreed that this system is very important in order to protect patients. They noted that it should be kept as it is essential to be able to supervise the service providers and to run background checks on them. The system replaces the application for recognition and specifies the temporary nature of the service.

14.2 Some CAs expressed their concern that most professionals do not know about this system.

14.3 There is agreement that the system should be made compulsory and be made a specific requirement in the directive. Maybe IMI should be used for it.

C. Minimum Training

15 Common minimum training requirements

15.1 Although some CAs did not have any issue with the minimum training requirements, other highlighted the fact that they hadn't changed since 1977. There is thus a need to update the wording and the requirements to recognise that nurses should be prepared for new roles and broader responsibilities.

15.2 The requirements should be changed in order to reflect the fact that nursing is becoming evidence based and to be in accordance with the Bologna process. Also, a few CAs noted that it is not in line with scientific progress and that the separation of theory and practice is not helpful in light of modern training.

16 Mutual trust between member states

16.1 Although most CAs agree that they trust their counterparts and that personal meetings contribute greatly to building trust there are a few issues on an individual basis.

16.2 The fact that the directive is not uniformly understood and implemented does create some communications issues between all CAs as to their interpretation of legislation.

17 Continuous professional development (CPD)

17.1 CPD is mandatory in 18 countries (AT, BG, CZ, EE, ES, FI, FR, HU, LT, LUX, LV, NL, POL, PT, RO, SE, SL, UK)

17.2 CAs generally agreed that CPD should be made compulsory in the directive. One CA thinks that CPD should be recognised across the EU and that a harmonized definition for it be established.

D. Administrative cooperation

18 Simplification of procedures thanks to cooperation

18.1 CAs agree that administrative cooperation helps the procedures. Certainly this is the case when the applicant doesn't provide all the necessary documents.

18.2 Meetings with other CAs' staff are very important as it helps develop trust and understanding of individual CA's circumstances.

18.3 It was noted that this cooperation is easier if there is only one CA per country.

19 IMI

19.1 All countries were registered with IMI

19.2 Although for a majority of CAs, IMI has not been used often, there is a clear recognition that it is a very good system.

19.3 Areas which could be improved are: the interface; the predefined questions; translation into more languages; insert an alert mechanism

20 Professional Cards

20.1 Most CAs were carefully interested in the advantages that a professional card could bring. It was felt that it could help streamline the process of registration and facilitate mobility, although some CAs were adamant that some documents should always be submitted in paper form.

20.2 Most CAs noted that such a professional card must be issued by CAs.

20.3 Europass CV could be one of the pieces of information which the card give access to.

20.4 The card should be a uniform system for the whole of the EU and there needs to be complete interoperability between IT systems.

21 Exchange of disciplinary and fitness to practise (FTP) information

21.1 There is a wide variety of approaches to this;

21.2 Some CAs exchange on a case by case basis; other have information on their website and the Nordic countries have their own system.

21.3 Some CAs noted that they were legally not allowed to share information proactively.

21.4 Many CAs thought that the IMI alert mechanism should be extended to the sectoral professions.

21.5 Two CAs called for a EU central register of disciplinary and fitness to practise sanctions.

E. Other observations

22 Language testing

22.1 In most countries this was done at the time of employment.

22.2 Some CAs language test applicants at the time of registration.

22.3 One CA tests nurses six months after their registration.

22.4 In one country, registration is not sufficient; applicants must then obtain a permit to practise which is conditional to adequate language skills.

23 Evidence of complaints about insufficient language skills

23.1 13 CAs have received complaints (AT, CY, DK, DE, IE, LU, MT, NL, NO, PL, SE, UK)

24 Fee for recognition of qualification (not registration fee)

AT = 140€	BE = 0	BG = 133€	CZ = 80€
DK = 0	EE = 190€	ES = 0	FI = 300€
FR = 0	DE = var.	HU = 200€	IE = 200€
LU = 0	LT = 0	LV = 56€	NL = 0
NO = 124€	PL = 0	PT = 0	RO = 0
SE = 0	SL = 17€	UK = 0	

25 Interpretation of Art. 11

25.1 There are different understandings of the application of article 11.

25.2 2 CAs believe it does not apply to nursing.

25.3 Several CAs understand it to apply where automatic recognition doesn't apply.

25.4 Some CAs have issues with other CAs saying that applicants meet the directive when it isn't true.

25.5 In general there is dissatisfaction about each other's different understanding of the article.

National implementation report for EU Directive 2005/36/EC

Nursing profession

Country: **BELGIUM**

Organisation: Federal Public Service Health, Food Chain Safety and Environment
Directorate-General for Primary Health Care and Crisis Management

Tasks and responsibilities

Health professions:

Recognition: the "Health Professions Recognition" department consists of the "Conception", "Production" and "International" units & organization and planning of the supply: register of health professions, structuring of primary care, etc.

Crisis Management:

Formation of an 'Agency for calls to the emergency services' (Mission: the management of a uniform call system that combines the 112, 100 and 101 numbers for emergency medical assistance, the fire brigade and the police) & an 'Emergency medical assistance and medical monitoring dispatching unit' (threefold mission: emergency medical assistance, disaster medicine, and health monitoring)

Revision of the processes of the previous 100 service & the budgetary planning

Realization of a new directorate within the federal department, a renewed attention to communication, project work and customer orientation & a proactively structured ICT infrastructure

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A. Recognition procedure in case of migration on a permanent basis

1. We do not accept applications made through email. Documents must be sent by post.

2. to be filled in

3. The automatic system (classic or based on acquired rights) speeds up and facilitates the recognition process, also in legal terms.

   A general system for nurses does not exist as of now.

   The notification system for academic titles in order to modify appendix V.2 is not easy in Belgium as academic titles and training courses fall under the competence of linguistic Communities, whereas access to the profession is one of the competences of the Federal Minister for Public Health. It is therefore the federal government that should coordinate the notifications of the 3 linguistic Communities each one of which applies its own legislation, thus making harmonisation impossible.

4. The general system has not been transcribed into Belgian Law for sectoral health professionals. According to law, the answer to an application is either positive or negative.

   When the application is rejected, the applicant is asked to apply for academic equivalence from one of the competent linguistic Communities of Belgium for general care nurse training.

5. When the basic nursing qualification has been obtained in a third State and has been recognized in a 1st Member State and if this nurse is authorized to exercise his/her profession in the 1st Member State without any restrictions, then the degree is automatically recognized in Belgium by virtue of Hocsman jurisprudence, the 3 years of experience mentioned in article 3§3 not being mandatory

   When an application for the recognition of specialised nursing degree is submitted and if a Commission exists for that particular specialist area, the application is forwarded to the competent

Approval Commission that will give its opinion to the Minister for Public Health in order to verify if an adaptation period is needed or not. Aptitude test is not possible at this moment. The opinion given out by this Commission is, for the moment, informal as the general system for nurses has not yet been transposed into Belgian law.

6. The Federal Minister for Public Health is competent for recognising the qualifications of health professionals. S/he is assisted in this task by the Administration, the Federal Public Service of Health and more specifically, by the Cell for International Mobility of Health Professionals. There are also instances that can advise the Minister about nurses specialising in certain areas. For the moment, the advice given by these instances is informal as it has not yet been transcribed into Belgian law.

B. Temporary mobility

7. We have never had any application for temporary exercise of the nursing profession.

8. - We interpret "legal establishment" as the authorisation that the nurse has to exercise the profession without any restrictions in the Member State, and, consequently, that he is not subject to any sanctions when applying for authorization to exercise the profession temporarily in Belgium

- Each application is examined individually. In general, temporary exercise of profession is not accepted if it lasts longer than 3 months on a full-time basis (criterion valid for applications from other professions as we have never received any approval applications for nurses.)

These criteria had not been defined when this provision was transcribed into Belgian law

9. This preliminary statement allows the competent authority to verify with the Member State where the professional is based, whether the latter is legally authorised to exercise his profession. The National Social Security Institute is informed of this temporary exercise of profession through this preliminary statement.

C. Minimum training requirements

10. To be filled in

11. To be filled in

12. To be filled in

D. Administrative cooperation

13. Administrative cooperation improved by leaps and bounds ever since the IMI system, through which most applications are submitted, has come into use. This tool has also cut down the response time.

14. We are registered with IMI and put in requests very regularly (several times a month) through the IMI system. Requests may concern files that are complete but need additional information or incomplete files. Questions that already exist in IMI often need to be completed by a comment or an extra question.

    We also receive requests several times a month.

    In general, our requests are quickly answered. However, there are a few requests that went unanswered ever since the launching of the IMI system. Should IMI be obligatory? To be discussed.

15. To be filled in

16. In Belgium there is no nursing association or a similar disciplinary body. Consequently, Belgium does not exchange any information in this respect.

E. Other observations

17. As of now, no language test is conducted by public authorities after professional recognition. It is up to the employer to evaluate the linguistic abilities of the nurses that they intend to employ.

We have never had official complaints concerning a European nurse exercising in Belgium. They seem to have sufficient knowledge of the 3 official languages;

18. No

19. Reference to article 11 is important when a nurse cannot obtain automatic recognition based on the minimum training criteria or on acquired rights. In fact, as compensatory measures for nurses do not yet exist in Belgium, certain applications that do not fall under the automatic recognition system, have been recognised all the same, without any compensatory measure, especially based on the degree level mentioned in article 11 but also on the experience and training that the nurse has had.

Pays	Code Land	2001	2002	2003	2004	2005	2006	2007	2008	2009	Total (land)	% (land)
Austria	AT	1		1		1					3	0.19%
Bulgaria	BG							1	7	3	11	0.69%
Czech Republic	CZ				1						1	0.06%
Denmark	DK		1			2					3	0.19%
Estonia	EE						1				1	0.06%
Finland	FI	1	1	3	2		2	3			12	0.76%
France	FR	76	65	45	79	66	93	96	133	110	763	48.02%
Germany	DE	9	8	21	37	18	14	28	14	13	162	10.20%
;ece	GR						1			2	3	0.19%
Hungary	HU									1	1	0.06%
Ireland	IE	1		1		2				1	5	0.31%
Italy	IT	5	4	3		1	8		5	3	29	1.83%
Luxembourg	LU			1				2	2		5	0.31%
Malta	MT									1	1	0.06%
Netherlands	NL	41	30	23	43	74	48	46	42	32	379	23.85%
Norway	NO	1			1		1				3	0.19%
Poland	PL					1	3	5	7	22	38	2.39%
Portugal	PT	2	2		2	1		1	5	4	17	1.07%
Romania	RO							12	10	12	34	2.14%
·vakia	SK							1			1	0.06%
Spain	ES	2	6	12	6	3	8	11	6	5	59	3.71%
Sweden	SE		1			3	1			1	6	0.38%
Switzerland	CH	3		6	4	1	1	1		4	20	1.26%
United Kingdom	UK	3	4	2	6	3	2	3	3	6	32	2.01%
Total (year)		145	122	118	181	176	183	210	234	220	1589	100.00%
% (year)		9.13%	7.68%	7.43%	11.39%	11.08%	11.52%	13.22%	14.73%	13.85%	100.00%	

National implementation report for EU Directive 2005/36/EC

Nursing profession

Country: **Bulgaria**

Organisation: Ministry of Health

Competent authority for health (medical) profession

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Experience reports from competent authorities

QUESTIONNAIRE FOR THE NURSING 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 in Bulgaria doesn't accept applications from EU citizens for the recognition of foreign diplomas sent by email or requests made on line.

2. What is the yearly number of applications for recognition, as well as negative and positive decisions 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[1]. What is the average duration of the process for both automatic and general systems?

   For 2008 – 2 (general system)
   For 2009 – 1 (automatic recognition) – positive

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.

   The system of automatic recognition is the fastest way for recognition of qualifications but is leading to recognition of different levels of knowledge as equal. We consider the absence of language test is a problem.
   On the other hand the recognition based on the general system gives the opportunity for thorough analysis of the applicant's training and setting a compensation measure thus decreasing the differences in knowledge level and actually testing the language knowledge.

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[1] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

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 adaptation periods and aptitude tests.

   The general system is applied in our country each time the conditions for automatic recognition are not met. There aren't major difficulties in the recognition procedure under the general system. The decision for the compensation measure is made by the competent authority – the Ministry of Health.

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))?

   We haven't had the case.

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

   The recognition of professional qualifications of nurses is conducted by the Ministry of Health of Bulgaria which is the competent authority for all health professions. There is an expert committee by the Minister of Health which examines the documents of the applicants and submits to the Minister of Health a motivated proposal for recognition or refusal of recognition of professional qualification.
   The procedure of recognition of a qualification is initiated by a candidate's application.
   After the receipt of the application, the competent authority informs the candidate about any missing documents and asks for additional information if necessary. After the receipt of all documents required the competent authority must take a decision within three months on the basis of the expert committee's proposals.

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) [2]?

   We haven't had a case of nurse using the provisions for exercising the professional activities on a temporary and occasional basis in Bulgaria.

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:

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[2] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

- 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 applicant has to submit a certificate issued by the competent authority of the relevant member-state that he/she is legally established on its territory for the pursuing the relevant activities and is not subject of any prohibition from practising, including temporary, at the moment of delivering the certificate.

- 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?

According to the national legislation (art. 11, para 2 of the Law of recognition of professional qualifications) the duration, frequency, regularity and continuity of an activity is accessed on case-by-case basis.

9. Why is a prior declaration system necessary? What do competent authorities do with the information received? Are other possibilities conceivable?

On principal the Ministry of Health collects the information for statistical and analytical purposes. On the basis of the information we supervise the professionals delivering services in our country.

C Minimum training requirements

10. To what extent are the common minimum training requirements set out in Title III Chapter III of Directive 2005/36/EC and the compulsory training subjects as defined in Annex V in line with scientific progress and professional needs? Furthermore, are the knowledge and skills required by the directive still relevant for patient safety and up to date? Please specify. What about the conditions relating to the duration of training?

We consider the duration of the training of nurses should be increased to 4 years as the hours specified in the directive (4 600) are too many to be realized in 3 years only. In our opinion the requirements about the duration of the training and the number of hours should be absolutely clear. In the current text it is stated that the training for nurses comprises "at least three years of study **or** 4 600 hours". This formulation causes difficulties in interpreting the Directive requirements – namely if both requirements should be met or only the duration of 3 years or only the number of hours.
We consider that it is necessary to raise the entry age requirement. We suggest at least 11 years of general education (completed secondary education).

11. 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?

We consider mutual trust between Member States is not fully achieved.

12. 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? How do you define continuous professional development in your country?

According to the Bulgarian national legislation continuous medical training is organized, coordinated, carried out and registered by the professional organisation of nurses, midwives and associated medical specialists.

D. Administrative cooperation

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

The administrative cooperation can reduce the duration of the procedure of recognition of professional qualification.

14. Is the competent authority in your country registered with IMI? Under which circumstances does your competent authority use IMI? Please comment on your experience of using IMI. If not registered, why not and what would be the conditions for changing this situation?

Yes.

15. How could a professional card (see Recital 32 of the Directive) facilitate recognition of professional qualifications and provision of temporary services? Under which conditions could it be issued by professional associations? In what respect would a professional card add value over the Europass CV?

We consider that a professional card will not facilitate the recognition of professional qualifications and provision of services. In case of questions or need of additional information the IMI-system can be used.

16. How do you share information about suspensions/restrictions with competent authorities in other Member States? Could more be done in this respect? Should an alert mechanism be put in place?

IMI is a suitable tool for asking and giving information about suspensions/restrictions.

E. Other observations

17. 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?

According to the Bulgarian legislation all nurses who pursue their profession have to be members of the professional organisation of nurses, midwives and associated medical specialists. The employer decides if the language skills of the migrant are sufficient to perform the relevant activities.

18. Do you charge any fee for the recognition process? If so, how much?

We charge administrative fee for the recognition process in amount of 132.94 €.

19. What is your experience with applying article 11 in the context of nursing?

We haven't had cases of recognition of nurses where the general system should be applied but we point the level according article 11 in the certificate issued by the Ministry of Health in case Bulgarian nurses seek recognition in the EU when their training is not in conformity with the minimum training requirements of the directive and they haven't 3 out of 5 years of professional experience in Bulgaria.

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National implementation report for EU Directive 2005/36/EC

Nursing profession

Country: **The Czech Republic**

Organisation: Ministry of Health
Department of science and education

The Ministry of Health is the competent authority for recognition of health professions.

Contact details:

Ministry of Health
Department of science and education
Palackého nám. 4
128 01 Praha 2
www.mzcr.cz

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Evaluating the Professional Qualifications Directive
Experience reports from competent authorities

QUESTIONNAIRE FOR THE NURSING 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 Czech Ministry of Health does accept electronic applications. Such an application is submitted electronically and it must have an electronic signature (data box). Starting in July 2010, the Ministry launched a website with a program which allows the applying person to fill the application in electronically (this application is then saved in the system and it can be viewed by the appropriate employees). The applying person needs to print the application, add the neccessary attachments and send it. All necessary documents (qualification document, health status, criminal record and confirmation of working in the profession) must be translated, copied and verified by a notary So far, the general nurses haven't used the electronic application.

2. What is the yearly number of applications for recognition, as well as negative and positive decisions 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[1]. What is the average duration of the process for both automatic and general systems?

	2004	*2005*	*2006*	*2007*	*2008*	*2009*
General nurses – positive decision	***41***	***1 348***	***789***	***85***	***81***	***54***
General nurses – negative decision	***0***	***0***	***0***	***0***	***0***	***0***

In 2009, out of 54 decisions about qualification recognition for general nurses, 37 were recognized based on diplomas and 12 cases based on acquired rights. In 5 cases we used the general system (3 applicants chose the adaptation period and 2 applicants chose the aptitude test.) 53 applicants were EU citizens with nursing education in Slovakia, and 1 applicant had a German education.

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

[1] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

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: This method of recognition is good because the recognized diplomas are clearly stated in the Annex V (for applicants and employees of the recognition organ). For that reason the costs to obtain other documents are minimal (we use the IMI system). The system relies on trust in the diplomas mentioned in the Annex V. If the applicant has a diploma mentioned in the list for given country, he/she will use this diploma. Unfortunately, the Annex is missing information reagarding the dates from which the diplomas are compatible. The compatibility dates are not necessarily the same as the date when the country joined the EU.

- automatic recognition based on acquired rights: This system is used mainly by the applicants from countries newly entering the EU. These applicants may have diplomas which don't fulfill the requirements for profesional education. The costs are higher for the applicants, because they need to submitt documents proving that they have worked in the profession for the defined period. A disadvantage of this system is the fact that it is not clearly defined what „a continuous execution of the profession" is. Another disadvantage is that the whole work experience of the applicant is not taken into consideration, and only the period of the last 5 years (or 7 years with some diplomas) is considered. The Czech Republic doesn't believe that it is a good idea to replace insufficient education (in its length or structure) by practicing the profession. From the presented confirmations of working in the nursing field, it is often not clear whether the nurse was working in that period of time. We are left to trust the presented documents. To recognize the nursing practice is difficult also because the Directive doesn't define the activities of nurses, and even though the Article 32 says that the Annex V point 5.2.2 mentions these activities, they seem to be missing in the nursing part.

- recognition based on the general system: The recognition based on the general system is used in cases when it is not possible to use automatic recognition or acquired rights. The differences in the general system are in differences between the types of compensation measures (between the adaptation period and the exam). The system is not clearly described in the 6 relevant chapters, and the issue of compensation measures is only described in one chapter. Adaptation period can not replace insufficient education (its length and structure). The apllicant needs to speak the language of the host country in order to pass the adaptation period. The apptitude test can evaluate the knowledge of the applicants better.

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 adaptation periods and aptitude tests.

The recognition based on the general system is used in cases when it is not possible to use automatic recognition or acquired rights. The differences in the general system are in differences between the types of compensation measures (between the adaptation period and the exam). The applicant can choose between the compensation measures. The compensation measures are not described in detail in the Directive, therefore the national legislation deals with it (In the Czech Rep. Act No. 18/2004Coll.). Adaptation period can not replace insufficient education (its length

and structure). The apllicant needs to speak the language of the host country in order to pass the adaptation period. The apptitude test can evaluate the knowledge of the applicants better.

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 has not yet been any recognition procedure for a general nurse in line with Articles 2(2) and 3(3) in the Czech Republic.

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

The Ministry of Health of the Czech Republic is the competent authority in charge of the recognition of qualification for general nurses.

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) [2]?

No EU citizens (general nurses) were interested in using the provisions for exercising their professional activities on a temporary and occasional basis in the Czech Republic.

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?

No EU citizens (general nurses) were interested in using the provisions for exercising their professional activities on a temporary and occasional basis in the Czech Republic. Therefore the Ministry hasn't had any experience with exercising Article 5 (1).

   - 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?

No EU citizens (general nurses) were interested in using the provisions for exercising their professional activities on a temporary and occasional basis in the Czech Republic.Therefore the Ministry hasn't had any experience with exercising Article 5 (2). A general and non-written criterium for using the temporary and occasional execution of

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[2] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

the profession is that the work time is less than 1 year, working part time. The term temporary and ocassional practice is not clear and everybody can interpret it differently.

9. Why is a prior declaration system necessary? What do competent authorities do with the information received? Are other possibilities conceivable?

The Ministry of Health has not yet received this type of information.

C Minimum training requirements

10. To what extent are the common minimum training requirements set out in Title III Chapter III of Directive 2005/36/EC and the compulsory training subjects as defined in Annex V in line with scientific progress and professional needs? Furthermore, are the knowledge and skills required by the directive still relevant for patient safety and up to date? Please specify. What about the conditions relating to the duration of training?

During the preparation of this expert report the professional associations for general nurses were contacted and asked to share their opinion about the common minimum training (for example the duration of training, the length of the theoretical and practical training, the compulsory training subjects or if are the knowledge and skills required by the directive still are relevant). They did not want to change the common minimum training requirements set out in the Directive 2005/36/EC.

11. 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?

The majority of the applicants to the Czech Republic is from Slovakia (with similar system and structure of the education) and therefore we don´t have any problem with mutual trust. Otherwise we use IMI, unfortunately, some states don´t communicate or it takes a long time to get an answer. The training programmes are accredited in the Czech Republic. The accreditation of the training programmes increases the mutual trust between Member States.

12. 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? How do you define continuous professional development in your country?

The continuous training is obligatory in the Czech Republic (Act No. 96/2004Coll.). The continuous training can be either active or passive attendance of certain types of training (seminar, workshop, conference, symposium, congress etc.). Based on the type and length of the training (hours, days, weeks etc.) the general nurses can obtain certain amount of credits. The health workers have to obtain 40 credits during last 6 years. The Ministry of Health and also the employers monitor the participation in continuous training. The Czech Republic supports harmonization of CPD within EU.

D. Administrative cooperation

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

The Ministry of Health did not have to use this administrative cooperation in Articles 8, 50, and 56 of the Directive.

14. Is the competent authority in your country registered with IMI? Under which circumstances does your competent authority use IMI? Please comment on your experience of using IMI. If not registered, why not and what would be the conditions for changing this situation?

The Ministry of Health is registered with IMI system and it is the competent authority. In most cases it is a tool for a fast communication (without a burden to the applicant) between the member states, but some states don´t reply fast enough. Some states still didn´t post their competent organs.

15. How could a professional card (see Recital 32 of the Directive) facilitate recognition of professional qualifications and provision of temporary services? Under which conditions could it be issued by professional associations? In what respect would a professional card add value over the Europass CV?

The professional associations could issue an information whether the profession is regulated or not in the home Member State and other information for example about the length of the training or the length of practice. This type of information is important for qualification recognition, but it is not available within Europass. The cards could clearly identify the organ (professional association) for each profession, and we can then contact them within IMI.

16. How do you share information about suspensions/restrictions with competent authorities in other Member States? Could more be done in this respect? Should an alert mechanism be put in place?

The Ministry of Health has not yet received this type of information about suspensions/restrictions from competent authorities from other Member States. It could use the IMI system with questions. One solution is to implement an alert mechanism within IMI.

E. Other observations

17. 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?

It is necessary (because of complaints from patients or employers) to check the language skills of migrants during the procedure of recognition of qualification. Language knowledge should be tested on a necessary level in relation to the nursing practice. So far we haven´t had any case where the insufficient command of the language would limit the qualification recognition.

18. Do you charge any fee for the recognition process? If so, how much?

Yes, 2000 Czech Crowns (about 80 Euro).

19. What is your experience with applying article 11 in the context of nursing?

No problems with applying this article. The level of qualification according to this article is issued to the Czech applicants, which intend to work in another member state and they don´t fulfil recognition based on diploma or acquired rights.

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National implementation report for EU Directive 2005/36/EC

Nursing profession

Country: ***Denmark***
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Organisation: *The National Board of Health*

The National Board of Health (NBH) is a Board under the Ministry of the Interior and Health.
Registration of all health professionals (of who registration is required in Denmark) is done by theNBH in the department for education and registration (EFUA)
Supervision of health personnel is done by the NBH in the department for supervision (EfT).
Further information on the NBH is to be found on http://www.sst.dk/English.aspx

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Evaluating the Professional Qualifications Directive
Experience reports from competent authorities

QUESTIONNAIRE FOR THE NURSING 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?

In Denmark we prefer applicants to use our online application forms available on www.sst.dk

Documentation however must be submitted by ordinary mail as certified copies. With regard to the Certificate of Current Professional Status (CCPS) we require an original document sent directly from the competent authority.

In general we do not have any problems with applications from EU health personnel. However if in doubt we use the IMI system

2. What is the yearly number of applications for recognition, as well as negative and positive decisions 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[1]. What is the average duration of the process for both automatic and general systems?

Data has already been provided to the Commission in the Database through our coordinator.

Attachment 1. gives number of persons having been registrated as nurses in the period 2000 – 2009. The numbers may differ from what has been reported by the national coordinator. This is due to different methods of defining date of recognition.

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.

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[1] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

Automatic recognition *based on diplomas is a success, as persons meeting minimum training requirements stipulated in the directive can quickly be recognised in host EU member states. The costs are low, as the work with recognition is simplified. It is optimal for the employers, who relatively quickly can recruit personnel from within the EU member states.*

Automatic recognition based on ***acquired rights*** *is a success for the persons in question; if they meet the requirement of having effectively and lawfully been engaged in the relevant activities for at certain period they can also quickly get recognition. Costs are low.*

We however find that having effectively and lawfully been engaged in activities as a nurse not necessarily compensates for deficiencies in the nursing training.

Furthermore the Directive does not give all new member states equal rules for acquired rights which we find inexpedient/unfair.

Recognition based on the ***general system*** *is good for the migrants, as they have the right to be recognised in other EU member states even though there may be substantial differences in educations. It can, however, often be difficult for the applicant to get documentation with details of the education undergone. The persons in question often have an education that goes back many years. Furthermore translation of documents will often be required, a substantial expense for the applicant.*

With regard to single qualified nurses (paediatric, psychiatric) there are often many substantial differences/deficits, when having to compare these to nurses responsible for general care.

Compensation measures are not easily applicable. When applicants do not master the local language (Danish) they have difficulties finding positions for adaptation periods. Having to pass an aptitude test in a foreign language is equally difficult.

It is difficult to have a test system that has to take individual educational deficiencies into consideration and it is very costly.

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.

Yes. The general system is applied. The migrant is given the choice between an aptitude test and an adaptation period.
See under 3.

When an applicant has chosen an adaptation period, the applicant must himself/herself find employment reflecting the deficiencies found in the education. A prerequisite for employment is often that the applicant masters the Danish language in order to find employment and successfully go through the adaptation period.

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))?

We have experienced difficulties getting documentation from competent authorities 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.

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

The National Board of Health (NBH) is a Board under the Ministry of the Interior and Health.
Registration of all health professionals (of who registration is required in Denmark) is done by theNBH in the department for education and registration (EFUA)
Supervision of health personnel is done by the NBH in the department for supervision (EfT).
Further information on the NBH is to be found on http://www.sst.dk/English.aspx

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)[2]?

No nurses have made use of the provisions for exercising their professional activities on a temporary and occasional basis.

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?

   - 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?

Legal establishment is documented through administrative corporation e.g. CCPS from home member state or through IMI
Further documentation: copy of passport.
Criteria: Legally established (right to practice his/her profession)
We give the right to work temporarily within a period of 12 months. The right can be renewed. New CCPS will be required.
If the work is of more permanent character we require that the person in question gets permanent registration.

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[2] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

It may be difficult to set criteria to determine what is considered temporary and what is more permanent on the basis of the article.

When it comes to nurses under annex 2 (general system), documentation of the content of the education will also be required.

9. Why is a prior declaration system necessary? What do competent authorities do with the information received? Are other possibilities conceivable?

According to Danish legislation (Act no. 1350 of 17 December 2008 on Authorization of Health Care Professionals and on Professional Health Care Practice) the National Board of Health has to supervise medical personnel. Supervision of medical personnel is part of the system of securing patient safety. In order to be able to supervise medical personnel who on temporary or occasional basis practise in Denmark we find a prior declaration is necessary.

C Minimum training requirements

10. To what extent are the common minimum training requirements set out in Title III Chapter III of Directive 2005/36/EC and the compulsory training subjects as defined in Annex V in line with scientific progress and professional needs? Furthermore, are the knowledge and skills required by the directive still relevant for patient safety and up to date? Please specify. What about the conditions relating to the duration of training?

The details in annex 5.2.1 are all right in as far as they do not restrict the possibility for change/development. Furthermore they secure the width of the education. However, the level of education in Article 31, 1. (10 years of general education as minimum for admission to the education) we find too low. Nursing is becoming evidenced based and requires an academic level of education, in order for nurses to be able to keep up to date.

11. 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?

Meetings between competent authorities where you may discuss issues/problems of mutual interest can be very fruitful. At the same time you get the opportunity to informally talk to the respective representatives of a member state/competent authority about specific problems/misunderstandings. Having access to and knowledge of the representative may enhance trust.

Trust can furthermore only be sustained when the competent authorities take on their responsibility when issuing certificates. We have unfortunately seen cases where incorrect information has been given by competent authorities about training or acquired rights. Information given did not support the evidence seen on transcripts and CVs, sent by the applicant unasked.

Accreditation is national and does therefore not necessarily enhance trust.

The basic training is accredited in Denmark. In addition the NBH sees and comments on the curricula, before it is approved by the Ministry of Education

12. 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? How do you define continuous professional development in your country?

The law implies that nurses must keep knowledge and skills up to date. Formal continuing education is however not mandatory in Denmark.

D. Administrative cooperation

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

The administrative cooperation does simplify procedures, however to a certain extent national legislation can prohibit certain information from being exchanged.

14. Is the competent authority in your country registered with IMI? Under which circumstances does your competent authority use IMI? Please comment on your experience of using IMI. If not registered, why not and what would be the conditions for changing this situation?

Yes. We use IMI when we find that further information is required when processing applications. IMI is a good system but time consuming. It is e.g. not always easy to find the relevant questions. Furthermore not all professions are included in the IMI system, and some competent authorities are not in the system, especially where there are many in one country.

IMI needs further development. There should e.g. be better possibilities to question the first answer received, so that you do not have to start all over with a new inquiry when you get an answer.

15. How could a professional card (see Recital 32 of the Directive) facilitate recognition of professional qualifications and provision of temporary services? Under which conditions could it be issued by professional associations? In what respect would a professional card add value over the Europass CV?

The purpose of a professional card is not clear. Cards can get lost, may be stolen and therefore are subject to further bureaucracy (closing cards, issuing new cards etc.) The question is also whether the card holds information that requires a specific card reader in order to access the information or data related to the card can be accessed by logging on to central or national servers. A card would in Denmark only have value if issued by the competent authority (the National Board of Health). Professional associations are in our opinion not suitable bodies for issuing a professional card – if the card must have a value. Furthermore normally getting services from a professional organisation requires membership which is optional for the professional.

16. How do you share information about suspensions/restrictions with competent authorities in other Member States? Could more be done in this respect? Should an alert mechanism be put in place?

We have a public register on our home page sst.dk. Here it is possible for anyone to see whether nurses and other registered health personnel are registered.
At the moment this information is only available in Danish, but we are working on having an English version too.

E. Other observations

17. 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?

The employer may set language requirements. Furthermore the employer must be convinced that the person they employ has sufficient language proficiencies to be able to fill in the position. We have examples of employers who contact the NBH informally because they experience language/communication problems. Some regions require that the foreign employee passes a Danish language test within the first half year of employment, if the employment should be extended.

Language skills are a prerequisite in order to communicate in the Danish health system. Furthermore communication is a greater part of what nurses do. We find that it should be made possible to require certain language skills as part of the recognition procedure.

18. Do you charge any fee for the recognition process? If so, how much?

No charge for the process, but 313 DKK for the registration itself.

19. What is your experience with applying article 11 in the context of nursing?

Article 11 on levels of qualification has no influence on recognition of nurses responsible for general care that are covered by automatic recognition system, Article 31-34 of the Directive.

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Attachment 1

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Austria	1			3		1		1		2
Belgium			1				1		2	
Bulgaria								1	3	1
Cheque Republic										
Cyprus										
Estonia					1	1				6
Finland	2	4	3	3	5	2	5	3	2	5
France	1	1	1	1	1				1	
Germany	8	13	7	13	11	11	19	53	188	84
Greece										
Hungary									10	5
Ireland				2				1		
Italy	1	2								1
Latvia					1	1		1		1
Lithuania					2	1	1		2	4
Luxemburg										
Malta						1				1
Netherlands	3	5	3	3	2	5	2	1	4	1
Poland					2	6	5	20	49	12
Portugal						1				1
Rumania								5	5	8
Slovakia						1			1	1
Slovenia							1			
Spain				1		1			1	1
Sweden	26	22	37	26	37	37	52	90	186	205
United Kingdom	3	1	4	4	3	5	7	3	1	4
Switzerland			1	1		1	1	3	2	2
Iceland	6	8	7	6	10	7	10	7	9	19
Norway	26	20	31	18	12	20	19	20	24	21
Other countries	17	16	12	18	19	5	21	27	21	33
Total	94	92	107	99	106	107	144	236	511	418

Number of foreign nurses registered in Denmark in the period 2000 – 2009

National implementation report for EU Directive 2005/36/EC

Nursing profession

Country: **Germany**

Organisation: competent authority for legislation:

Bundesministerium für Gesundheit

competent authority for recognition:

federal states and their administrations

Contact details:

QUESTIONNAIRE FOR THE NURSING 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?

   An approach for the recognition by email is possible in all federal states of Germany. We accept it as application under the condition, that the applicant uses an authorised digital signature. Anyhow all diplomas or other documents have to post.

   The process times may be curtailed by using electronic media.

2. What is the yearly number of applications for recognition, as well as negative and positive decisions 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[1]. What is the average duration of the process for both automatic and general systems?

   This information has already been provided to the Commission.

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 *the process times may be curtailed by using the automatic recognition based on diploma. Also it facilitates comparisons and cuts costs. Annex V is a precious tool.*
- automatic recognition based on acquired rights *Also this kind of recognition operates basically quick and frictionless.*
- recognition based on the general system. *This recognition is very time-consuming. For it are required clarification of fact, analogy of the foreign qualification with the German one, conclusion of the different and its balance.*

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 adaptation periods and aptitude tests.

   Yes, the competent authorities are obligated by law to apply the general system each time when the conditions for the automatic recognition are not met. There are not major problems with it.

   Kind and quality of the implementations of adaption periods and aptitude test are result from an individual conclusion. There is not an uniform method in Germany.

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))?

The rate of cases is such low that is not possible to give a statement.

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

Because of the federal system Germany offers a heterogeneous composition.

The recognition takes place

- *in 2 federal states in a ministry of the federal state,*
- *in 13 federal states in an administration which is subordinated of a ministry,*
- *in 2 federal states in communal administrations.*

One federal state uses both a subordinated and communal administrations.

Dimension of the administration and rate of competent colleague are dependent of the federal state in which is it.

As annex to this national report you find a list of the German competent authorities.

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)[2]?

To date EU citizens interested in it only in one federal state, and only by request to the employment bureau. All competent authorities in Germany do not have any application.

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?
- 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 granting of permission would to take place in an individual method. Because of the low rate of cases in the moment there are not criteria for interpretation.

9. Why is a prior declaration system necessary? What do competent authorities do with the information received? Are other possibilities conceivable?

A prior declaration is necessary to see the duration and if the activity is really a temporary. The declaration provides the protection of patient and averting of a danger.

C Minimum training requirements

10. To what extent are the common minimum training requirements set out in Title III Chapter III of Directive 2005/36/EC and the compulsory training subjects as defined in Annex V in line with scientific progress and professional needs? Furthermore, are the knowledge and skills required by the directive still relevant for patient safety and up to date? Please specify. What about the conditions relating to the duration of training?

The defined training requirements and subjects are in line with scientific progress and professional needs.

11. 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?

Categorical exists completed trust in the competent authorities of other Member States. Diplomas of the Annex V become accept, also certificates of competent authorities which entitle the applicant to work in this profession.

Sporadically there are problems with the competent authorities of the "new" Member States.

Accreditations are insignificant.

12. 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? How do you define continuous professional development in your country?

The existing Directive provisions are adequate. The national law "Krankenpflegegesetz" do not know the duty of a continuing training, but the federal state laws. Presently there are rules about duration, kind, frequency and penalty of the continuous training in 4 federal states.

D. Administrative cooperation

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

In the majority of cases the administration cooperation takes place vicariously via the applicant. In this cases in which further information are necessary we use IMI.

14. Is the competent authority in your country registered with IMI? Under which circumstances does your competent authority use IMI? Please comment on your experience of using IMI. If not registered, why not and what would be the conditions for changing this situation?

The competent authorities in Germany are not registered with IMI nationwide. But the unregistered administrations are on the verge of doing registration.

15. How could a professional card (see Recital 32 of the Directive) facilitate recognition of professional qualifications and provision of temporary services? Under which conditions could it be issued by professional associations? In what respect would a professional card add value over the Europass CV?

How in Recital 32 of the Directive described, an uniform collection of information about the professional qualifications, the professional experience, continuing training, the legal establishment and suspensions or restrictions cans facilitate and speed up the recognition.

It musts be guaranteed that authorized persons only can access. Also is it necessary that the system is uniform all over Europe.

In the context of the upgrading of the German health insurance card will implemented the health professional card (HPC). These cards are suited to retain the information described in the Directive and will issued by an institution financed in advance by all federal states.

There is not a professional association or chamber for nursing in Germany. Therefore is an issue by professional association not possible.

16. How do you share information about suspensions/restrictions with competent authorities in other Member States? Could more be done in this respect? Should an alert mechanism be put in place?

Suspensions and restrictions are existent in a few cases only. In that we share information with other Member States in individual cases at most. Email or posts are used for it. It could be helpful to put in place a European central register about suspensions and restrictions.

E. Other observations

17. 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?

The necessary language skills are checked during the recognition process. The authority to act as nurse is only granted if the applicant has demonstrated the necessary language skills.

There are not uniform rules in Germany about the kind of certificate. Possible certificates could be a certificate level B2 Common European Framework of Reference for Languages, an exam on a school for nursing or a personal interview between the applicant and a colleague of the competent authority.

Complaints are common in one federal state only. In the others there are sometimes complaints during the time of implementation of adaptation periods and aptitude tests.

18. Do you charge any fee for the recognition process? If so, how much?

Yes, Germany charges a fee for the recognition process. The amount of the fee is dependent on the kind of recognition (automatic or based on the general system) and on the federal state in which the applicant submits his application.

19. What is your experience with applying article 11 in the context of nursing?

There are not major problems.

List of the German competent authorities

min = ministry of the federal state

sub = administration which is subordinated of a ministry

ca = communal administrations.

federal state	competent authority / authorities
Baden-Württemberg (sub)	Regierungspräsidium Freiburg (Bissierstraße 7 D-79114 Freiburg im Breisgau Regierungspräsidium Karlsruhe Schlossplatz 1–3 D-76131 Karlsruhe Regierungspräsidium Stuttgart (Ruppmannstraße 21 D-70565 Stuttgart Regierungspräsidium Tübingen (Konrad-Adenauer-Straße 20 D-72072 Tübingen
Bayern (sub)	Bezirksregierung Oberbayern Maximilianstr. 39 D-80538 München Bezirksregierung Niederbayern Maximilianstraße 15, D-84028 Landshut

	Bezirksregierung Oberpfalz Emmeramsplatz 8 D-93047 Regensburg Bezirksregierung Oberfranken Ludwigstraße 20 D-95444 Bayreuth Bezirksregierung Mittelfranken Promenade 27 D-91522 Ansbach Bezirksregierung Unterfranken Peterplatz 9 D-97070 Würzburg Bezirksregierung Schwaben Fronhof 10 D-86152 Augsburg
Berlin (sub)	Landesamt für Gesundheit und Soziales Fehrbelliner Platz 1 D-10707 Berlin
Brandenburg (sub)	Landesamt für Umwelt, Gesundheit und Verbraucherschutz D-15806 Zossen
Hansestadt Bremen (min)	Senatorin für Arbeit, Frauen, Gesundheit , Jugend und Soziales Contrescarpe 72 D-28195 Bremen
Hansestadt Hamburg (min)	Behörde für Soziales, Familie, Gesundheit und Verbraucherschutz Billstarße 80 D-20539 Hamburg
Hessen (sub)	Regierungspräsidium Darmstadt Luisenplatz 2 D-64283 Darmstadt
Mecklenburg-Vorpommern (sub)	Landesprüfungsamt für Heilberufe D-18055 Rostock
Niedersachsen (sub)	Landesamt für Soziales, Jugend und Familie Auf der Hude 2 D-21339 Lüneburg
Nordrhein-Westfalen (sub and ca)	for recognition: Bezirksregierung Düsseldorf Cecilienallee 2 D- 40474 Düsseldorf for the granting to act as nurse: administrative district in which the applicant

	lives
Rheinland-Pfalz (sub)	Landesamt für Soziales, Jugend und Versorgung Baedekerstraße 2-10 D-56073 Koblenz
Saarland (sub)	Landesamt für Soziales, Gesundheit und Verbraucherschutz Hochstraße 67 D-66115 Saarbrücken
Sachsen (ca)	Kommunaler Sozialverband Sachsen Thomasiusstraße 1 D-04109 Leipzig
Sachsen-Anhalt (sub)	Landesverwaltungsamt Ernst-Kamieth-Straße 2 06112 Halle (Saale)
Schleswig-Holstein (sub)	Landesamt für soziale Dienste Adolf-Westphal-Str. 4 D-24143 Kiel
Thüringen (sub)	Thüringer Landesverwaltungsamt Weimar Weimarplatz 4 D-99423 Weimar

National implementation report for EU Directive 2005/36/EC

Nursing profession

Country: **Estonia**

Organisation: Health Board

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Health Board
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Evaluating the Professional Qualifications Directive
Experience reports from competent authorities

QUESTIONNAIRE FOR THE NURSING PROFESSION (Estonia)

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?

   At present we do not accept documents which have been sent by e-mail. Emails, however, can be used to give a provisional assessment. We do accept documents that have sent and signed electronically (digital signature). However, we have had no cases where an EU citizen has submitted an application electronically.

2. What is the yearly number of applications for recognition, as well as negative and positive decisions 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[1]. What is the average duration of the process for both automatic and general systems?

   See database for statistics. Average duration of process: one month.

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

     This has worked well.

   - automatic recognition based on acquired rights

     This has worked well.

   - recognition based on the general system.

     No experience.

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

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[1] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

the general system? Please include any comments you may have on the implementation of adaptation periods and aptitude tests.

No experience.
According to the law, there is no choice in compensation measures: an aptitude test is compulsory.

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))?

We have had only a little experience with this. Being registered in another member state before applying for registration in Estonia is a positive sign.

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

The Health Board is a governmental authority of the Estonian Ministry of Social Affairs, which is empowered by a legal order of the Government of the Republic. Estonia is a small country with a small population. There are no local authorities. The Health Board is the leading, coordinating and consulting agency in the field of public health, also dealing with the recognition of health care professionals' qualifications.
The Health Board holds the national registers of health care professionals (doctors, dentists, midwives, nurses, pharmacists and assistant pharmacists), issues and revokes registration certificates, appropriate certificates to Estonian health care professionals who wish to work in EU/EEA member states or in Switzerland, issues and revokes activity licenses to health care providers. • Compares, in line with legislation, foreign professional qualifications of applicants applying for regulated healthcare posts in Estonia, and makes recognition decisions;
• Cooperates and exchanges information with competent authorities on disciplinary decisions that may affect the recognition of an applicant's professional qualification;
• Monitors the number of recognition applications and submits relevant reports to the Ministry of Education and Research;
• Issues certificates and documents that are necessary for the recognition of the professional qualifications in Estonia or in another country.
The responsible unit for dealing with healthcare qualifications is
*the Unit of Registers and Licences. Head: Ms Evi Lindmäe (**evi.lindmae@terviseamet.ee**)*
The Health Board, Gonsiori 29,15157 Tallinn, Estonia
http://www.terviseamet.ee

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) [2]?

No experience.

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[2] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

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?

     He/she must be registered in the home country and have a legal right to practice in the home country.

   - 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?

     According to the law, the frequency and duration of temporary provision of services is assessed case by case.

9. Why is a prior declaration system necessary? What do competent authorities do with the information received? Are other possibilities conceivable?

   Prior declaration is necessary to make sure that the person is indeed qualified to provide the planned service. There have been no cases of declaration after the provision of services.

C MINIMUM TRAINING REQUIREMENTS

10. To what extent are the common minimum training requirements set out in Title III Chapter III of Directive 2005/36/EC and the compulsory training subjects as defined in Annex V in line with scientific progress and professional needs? Furthermore, are the knowledge and skills required by the directive still relevant for patient safety and up to date? Please specify. What about the conditions relating to the duration of training?

    The minimum training requirements are at present sufficient to ensure that there is at least a satisfactory level of competence. The professional associations have been asked their opinion on this topic but have not yet provided comments.

11. 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?

    Yes, training programmes in Estonia undergo international accreditation. Yes, such accreditations do enhance trust.

12. 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? How do you define continuous professional development in your country?

The continuous training of health care professionals is mandatory in Estonia and there are clear requirements in law (mandatory 60 academic hours per year). It is the duty of the employer to finance the continuous training of employees (same conditions for self-employed persons).

D. ADMINISTRATIVE COOPERATION

13. 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 between competent authorities is essential. However, cooperation is much easier with a single institution per country as compared to federal states where every state / region has their own competent authority or branch.

14. Is the competent authority in your country registered with IMI? Under which circumstances does your competent authority use IMI? Please comment on your experience of using IMI. If not registered, why not and what would be the conditions for changing this situation?

    Yes. We have used IMI both ways – for making enquiries and replying to questions.

15. How could a professional card (see Recital 32 of the Directive) facilitate recognition of professional qualifications and provision of temporary services? Under which conditions could it be issued by professional associations? In what respect would a professional card add value over the Europass CV?

    In the case of temporary provision of services, it could be useful. We have no experience with the Europass CV.

16. How do you share information about suspensions/restrictions with competent authorities in other Member States? Could more be done in this respect? Should an alert mechanism be put in place?

    The sharing of information about suspensions and restrictions depends on the basic principles of the legal system – it sets limits as to whether proactive or reactive information exchange is possible, and determines how the disciplinary measures are regulated. Since it is the employer who sets disciplinary penalties, the Health Board may not be aware of minor breaches. The Health Board does share information about suspensions and restrictions if needed.

E. OTHER OBSERVATIONS

17. 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?

    According to Estonian law, it is the duty of the employer to ensure sufficient language skills when dealing with the public. The Estonian Language Board carries out inspections and responds to complaints from the public.

18. Do you charge any fee for the recognition process? If so, how much?

Yes. 3000 EEK (ca 190 EUR)

19. What is your experience with applying article 11 in the context of nursing?

No experience.

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National implementation report for EU Directive 2005/36/EC

Nursing profession

Country: Ireland (Republic of Ireland)

Organisation: An Bord Altranais (Nursing Board)

An Bord Altranais is the national regulatory authority and the designated competent authority
for nurses and midwives in the Republic of Ireland.

It was established by the Nurses Act, 1950 to take over the functions of two bodies, the Central Midwives Board and the General Nursing Council, which had been established in 1918 and 1919, respectively. It was re-constituted and its functions were re-defined and expanded by the Nurses Act, 1985.

An Bord Altranais continues to operate under the provisions of this Act. The Nurses and Midwives Bill is currently being considered and it is anticipated that a new Nurses and Midwives Act will become law in late 2010.

The main functions of An Bord Altranais are to:

establish and maintain a register of nurses and midwives
ensure compliance with minimum standards specified by the EU
set and monitor requirements and standards for registration and post-registration education programmes for nurses and midwives
approve such programmes
approve the third level institutions and clinical placement sites where such programmes are delivered
promote nursing and midwifery as a career and provide careers information to registered nurses and midwives
inquire into the conduct of a registered nurse or midwife on

Refer: mneary@nursingboard.ie

the grounds of alleged professional misconduct or alleged unfitness to engage in such practice by reason of physical or mental disability
give guidance to the professions of nursing and midwifery.

Underpinning these functions is protection of the public and patient/client safety.

The titles 'midwife' and 'nurse' are protected titles in the Republic of Ireland and cannot be used by anyone who is not registered with An Bord Altranais.

An Bord Altranais maintains ten Divisions of the Register:

Midwifery
General Nursing
Children's Nursing
Psychiatric Nursing
Intellectual Disability Nursing
Public Health Nursing
Nurse Tutor
Nurse Prescribing
Advanced Nurse Practitioner
Advanced Midwife Practitioner.

The Register is divided into an 'Active' and Inactive' Register. 'Active' requires payment of an annual fee but does not mean that the person is in practice.
'Inactive' does not require the payment of an annual fee. The person may not practice in Ireland. The person may be retired, on a career break or working outside the republic of Ireland.

The Register is published on-line and updated every 24 hours. Access to it is not restricted in any way.

Whilst there are two national languages in the Republic of Ireland (Irish and English), English is the primary language of expression in most parts of the country. The business of An Bord Altranais is always conducted in English unless a request is made to conduct business in Irish.

The National Co-Coordinator for the implementation of the Directive is based in the Department of Education and Science, a national government department. For liaison with the Co-Coordinator in relation to the health and social care professions, there is a designated person in the Department of Health and Children who facilitates this communication.

Contact details: Maria Neary
Education Officer Regulation
An Bord Altranais
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Ireland
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www.nursingboard.ie

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

A.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?

Part of the application process is available on-line. An Bord Altranais is working towards further developing its on-line facilities for applicants for registration, including a tracking system so that applicants may track the progress of their application through the application process.

A specific Information Booklet for applicants from EU Member States is available on the website. This was revised in 2009 to try to make the application process easier for applicants. In developing this Information Booklet, whilst giving expression to our overall philosophy of quality assurance, the need was identified to assist applicants in understanding the provisions of Directive 2005/36/EC and the booklet provides them with information in a clear manner. Applicants are strongly encouraged to read the booklet carefully prior to applying for registration so that they understand the process and the information and supporting documents required. This is particularly important for applicants who will need to be assessed under the general systems provisions.

A request form for a personalised application form is also available on-line.

The applicant completes the request form and submits it by post, with the required fee, to An Bord Altranais. When the request form is received and payment processed, the applicant's name and details are entered on the Registration database and a unique reference number is assigned to that applicant.

A personalised application form is then issued by post to the applicant, including a list of the documentation that is required as part of the application process. Each page of the form has the unique reference number for that applicant. This helps to speed up the application process. It is not currently possible to carry out this stage on-line.

Applicants are required to sign a declaration that they have completed the form themselves and that the information in it is true. An Bord Altranais has experience of application forms being completed on behalf of applicants resulting in applicants not being aware of what information is on the form. This is particularly the case in relation to applicants whose English competence is not very good.

All supporting documentation must be submitted directly to An Bord Altranais by post from source and stamped as such. This is due to concerns regarding fraudulent documentation. Whereas, in certain cases, we may accept an electronic version, the final decision will not be issued until we receive the document in hard copy via post.

It is our policy to answer all queries submitted by the applicants during the application process and such communication is frequently in electronic format.

Applicants can email queries to a specific email address: registration@nursingboard.ie. There is also a designated telephone line for queries regarding registration: 00 353 1 2669777.

A.2. What is the yearly number of applications for recognition, as well as negative and positive decisions 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[1]. What is the average duration of the process for both automatic and general systems?

Statistics are provided yearly to Commission via the National Co-ordinator.

From date of receipt of application An Bord Altranais informs applicant of outstanding documentation within one month (Article 51.1).

Upon receipt of all documentation and satisfactory clarification, a decision is reached with 3 months, with the extension of one month if required (Article 51. 2)

Where a delay is experienced it is usually due to one or more factors:

Problems with payment of the application fee, e.g. payment of application fee by credit card that is then rejected by the credit card company

As English is not the first language for many applicants there can be incomplete application forms. In response to this situation we developed information sheets in different languages. These information leaflets are available at the reception office of our headquarters

Lack of clarity regarding the competent authority in the country where the applicant trained. Some applicants do not know what the competent authority is and where it is in their own country and request that the verification document be sent by the wrong organisation e.g. a professional organisation. This can be further exacerbated in countries where there is more than one competent authority

Delays in getting further documentation or in getting clarification from the competent authority/training institution/employer in relation to the documentation already received. This is sometimes excessive necessitating a number of follow-up letters. This leads to great frustration for the applicant. In an effort to speed-up the matter, An Bord Altranais now writes to applicant telling her/him what is outstanding or what needs clarification and who we have written to for the information and advising applicant to take an active role in follow-up

Getting information from the competent authority that is at variance with the information provided by the applicant e.g. that the person has acquired rights when the information provided in the person's application form shows that the acquired rights do not apply. Frequently the person has been living and working in Ireland for a number of years

Our experience with the IMI is that it does not always readily give us the answers required, thus necessitating further delays with translation. The countries we need to contact with non-standard queries do not come within the sphere of the six languages into which the IMI can translate non-standard questions

Applications where the applicant has diploma rights are usually processed in a timely manner. Applicants coming under the acquired rights provisions vary in relation to the time involved in getting appropriate documentation. The verification documentation from some countries is very clear and these are processed very quickly. For other countries, the documentation lacks clarity but confusion can usually be resolved by cross referencing to the applicant's curriculum vitae. A standardised verification document across Member States would be very useful, such as the template 'Certificate of Current Professional Status' developed by Health Professionals Crossing Boarders. An Bord Altranais utilises this template.

Applicants who have to be assessed under the general systems are assessed within the stipulated time limit. Some have difficulty in getting a transcript of their education programme. Others have difficulty in responding to queries from An Bord Altranais due to language difficulties.

A.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.

At the outset we acknowledge the positive aspects of expansion of the EU and of free movement.

At the heart of our mission statement, embedded in legislation, is patient/client safety and public protection. However, in the operationalization the Directive, it is not always easy to match this goal with An Bord Altranais mission statement.

Where we have established a relationship with competent authorities in specific countries and direct contact with staff members, the process runs quite smoothly overall.

With some countries there is a problem where trust has been compromised. In situations where it is stated that the applicant meets the Directive, this is found on assessment of the application not to be the case. In some instances where we follow up on a matter with a competent authority, clarification is given but in other cases we are told that "it is as it is" and we have no right to question. In certain situations it is not popular to question any aspect of an application. When we seek clarification we can get a very different version for the same aspect from the same source.

We have also experience of different versions of verification: one set of information sent to us but another one issued to the applicant. This results in a verification stating one thing but the applicant's application form stating something quite different.

If a nurse does not inform certain competent authorities that she/he has not been working as a nurse, the competent authority assumes that she/he has been working as a nurse and verifies acquired rights. But when we cross-match with application form /CV and references, we often find this not to be the case.

In certain situations it is stated that the programme undertaken by the applicant meets the Directive but on assessment this is not always found to be the case. An example is where an applicant has undertaken a top-up programme following a secondary medical school education. In some such incidences the top-up programme is not referenced in the Directive or it is one based solely on a theoretical input. Yet the competent authority declares that an applicant meets the Directive, when on assessment this is found not to be the case. This can be further complicated in trying to determine the actual duration of a programme. What works best is where there is full compliance with all aspects of the programme as per the Directive.

There can be considerable costs involved in the process including:

- Overhead costs including telephone, photocopying, postage, and paper
- Staff costs in the Registration Department compiling and assessing the application data
- Staff costs in the Education Department reviewing and assessing an application against Directive requirements
- Translation costs
- Extra costs ensued due to delays or lack of clarity of information submitted.

A.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 adaptation periods and aptitude tests.

The general system is always applied in the situation where automatic rights are not met.

Registration Department deals with general nurse and midwifery applications from countries where the training took place since the Reference Date for each country plus where Acquired Rights can be verified.

All other nurse applications are processed by the Registration Department and then sent for a full Educational Assessment based on Directive requirements for the education programme.

We have experienced similar difficulties in applying the General Systems as we did with the Sectoral Directive and especially in the areas surrounding trust. One area of particular difficulty is obtaining a comprehensive transcript.

In the Republic of Ireland there are ten divisions of the register. Therefore to develop an aptitude test in relation to the ten divisions would be difficult. When we did explore the whole area of an aptitude test we found that it would work out very costly. Coupled with this it should be noted that we have had only one query regarding the possibility of an aptitude test from an applicant. We have been granted a derogation regarding general nursing and this has been incorporated into our transposition document.

One of the outcomes of an educational assessment may be that a period of adaptation and assessment must be successfully completed as a pre-requisite to registration with An Bord Altranais.

The onus is on the applicant to obtain such a placement. We send the applicant a list of healthcare facilities approved by An Bord Altranais.

The period of adaptation and assessment must be no less than six weeks full-time.

The assessment is competency based and if successful the application is processed for registration. We have developed a competency-based tool and this is available on our website.

If unsuccessful the applicant may appeal stating specific grounds for the appeal. An Appeals Committee of An Bord Altranais considers the appeal. The decision may be to uphold the original decision or to allow the applicant to undergo a further period of adaptation and assessment. In most cases where the adaptation and assessment has been failed, it has been as a result of communication issues stemming from a poor understanding and expression of English and of the role and scope of the nurse in an Irish context.

The adaptation and assessment has its own issues including the resources needed by the healthcare facility in providing a dedicated preceptor. This must be seen in our current economic climate of recession and the curtailments imposed by the moratorium on recruitment. This can result in an applicant having difficulty in arranging adaptation coupled with the fact that

a number of healthcare facilities will only consider a placement if the applicant has a contract of employment. We inform the applicant of all matters from the outset.

A note regarding compensation relates to where we should provide a period of adaptation/programme that might be up to three years in duration, for example, where a nurse trained as a geriatric nurse applies for registration as a general nurse (An Bord Altranais does not have a separate Division of the Register pertaining to gerontology). We consider this to be unrealistic in view of the considerable mis-match between the programmes and in view of the issues surrounding even a six-week period of adaptation and assessment. We consider that furthermore it is unfair to applicants to be given false and unrealistic expectations. A proper Bologna-based APEL system could be explored to offer greater facilitation.

A.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)?

We have limited experience in relation to this aspect.
We have difficulty at times in getting some competent authorities to state that provisions of 3(3) apply.
Please note that the word citizen is not mentioned in Article 2 (2) or 3 (3).
We do not consider citizenship in our assessment of an applicant.
The application is considered based on where the programme took place.
Article 3 (3): An Bord Altranais always applies Acquired Rights.
Note: Article 4 (4): Activities need to be compared on a like-for-like basis.

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

Government Departments

The Department of Health and Children is the policy arm of our Government regarding healthcare professionals and relevant EU legislation associated with health.

The National Co-Coordinator for the implementation of the Directive is based in the Department of Education and Science, a national government department. For liaison with the Co-Coordinator in relation to the health and social care professions, there is a designated person in the Department of Health and Children who facilitates this communication.

There is communication between these Departments and An Bord Altranais regarding EU matters.

An Bord Altranais

An Bord Altranais is the national regulatory authority and the designated competent authority for nurses and midwives in the Republic of Ireland.
It was established by the Nurses Act, 1950 to take over the functions of two bodies, the Central Midwives Board and the General Nursing Council, which had been established in 1918 and 1919, respectively. It was re-constituted and its functions were re-defined and expanded by the Nurses Act, 1985. An Bord Altranais continues to operate under the provisions of this Act. The Nurses and Midwives Bill is currently being considered and it is anticipated that a new Nurses and Midwives Act will become law in late 2010.
The current Board consists of twenty-nine members, seventeen of whom are nurses and midwives elected by the nursing and midwifery profession. The remainder is appointed by the Minister for Health and Children.

Functions

The main functions of An Bord Altranais are to:
establish and maintain a register of nurses and midwives
ensure compliance with minimum standards specified by the EU
set and monitor requirements and standards for registration and post-registration education programmes for nurses and midwives
approve such programmes
approve the third level institutions and clinical placement sites where such programmes are delivered
promote nursing and midwifery as a career and provide careers information to registered nurses and midwives
inquire into the conduct of a registered nurse or midwife on the grounds of alleged professional misconduct or alleged unfitness to engage in such practice by reason of physical or mental disability
give guidance to the professions of nursing and midwifery.

Underpinning these functions is protection of the public and patient/client safety.

The Board fulfills it functions through:

approving Higher Education Institutes and clinical sites providing training
approving curricula programmes of Higher Education Institutes and of Health Services providers
maintaining the Register of nurses and midwives in the Republic of Ireland
setting high standards of practice for nurses and midwives, through the provision of the Code of Professional Conduct for each Nurse and Midwife, 2000
investigating complaints made against nurses and midwives on the grounds of alleged professional misconduct and alleged unfitness to practice by reason of physical or mental disability
issuing guidance on ethical, clinical and other professional matters that affect the profession.

Funding

The functions of the Board are resourced through Annual Retention Fees paid by each nurse and midwife registered with the Board. Administrative fees are charged for other services provided.

The Nurses Act, 1985, prescribes that all expenses incurred by the Board shall be defrayed out of funds at its disposal. These funds are generated through Annual Retention Fees paid by each nurse and midwife. The Board also charges administrative fees for other services provided. The Act provides that the Board may, with the consent of the Minister for Health and Children, charge fees for the following services:

The registration of a person in the register
The retention of the name of a person in the register
The restoration in the register of the name of any person whose name has been erased or removed pursuant to the provisions of this Act from the register
The giving to any person of a certificate of registration
The registration of any candidate for nurse training in any register maintained by the Board
Entry into any examination conducted by the Board
Applications to undergo nurse training
Any other service which the Board may, from time to time, provide.

For the structure of fees attached to applying for different aspects pertaining to the Register, refer www.nursingboard.ie

Register

The Register is divided into an 'Active' and Inactive' Register. 'Active' requires payment of an annual fee but does not mean that the person is in practice.
'Inactive' does not require the payment of an annual fee. The person may not practice in Ireland. The person may be retired, on a career break or working outside the Republic of Ireland.
The Register is published on-line and updated every 24 hours. Access to it is not restricted in any way.
An Bord Altranais maintains ten Divisions of the Register:

Division	Qualification
Midwife	Registered Midwife RM
General Nurse	Registered General Nurse RGN
Children's Nurse	Registered Children's Nurse RCN
Intellectual Disability Nurse	Registered Intellectual Disability Nurse RNID
Psychiatric Nurse	Registered Psychiatric Nurse RPN
Public Health Nurse	Registered Public Health Nurse RPHN
Nurse Prescriber	Registered Nurse Prescriber RNP
Nurse Tutor	Registered Nurse Tutor RNT
Advanced Nurse Practitioner	Registered Advanced Nurse Practitioner RANP
Advanced Midwife Practitioner	Registered Advanced Midwife Practitioner RAMP

The titles 'midwife' and 'nurse' are protected titles in the Republic of Ireland and cannot be used by anyone who is not registered with An Bord Altranais.

Programmes Leading to Registration with An Bord Altranais

Typically an applicant for nursing or midwifery will have undertaken eight years of Primary school education from approximately four years of age. This will have been followed by five or six years of Secondary school education. Therefore typically an applicant will have had 13 or 14 years of education before entering a nursing or midwifery programme.
Entry to nursing and midwifery is at University level and commensurate with an Honours Degree. All pre-registration programmes take place in third-level (University/Institute of Technology). All are at honours degree level.
Applications to number of places available exceed a ratio of 1:6.

Five programmes, all full-time in duration, are at pre-registration level:

Programme	Duration	Registrations
Midwifery	4 years	RM
General Nursing	4 years	RGN
Children's and General Integrated Nursing	4.5 years	RCN and RGN
Intellectual Disability Nursing	4 years	RNID
Psychiatric Nursing	4 years	RPN

Children's Nursing (not integrated with general nursing) programmes and Midwifery programmes are also offered at post-registration level.
Nurse Tutor programmes and Public Health Nursing programmes and Nurse Prescriber programmes and Advanced Nurse Practitioner and Advanced Midwife Practitioner programmes are only at post-registration level.

Academic Award and Programme Level

The academic award of the pre-registration degree programmes in nursing and midwifery is Bachelor of Science (BSc) Honours.

The National Qualifications Authority of Ireland (NQAI 2004) has placed the pre-registration degree programmes in nursing and midwifery at Level 8 (Honours Bachelor Degree).

The programmes are thus aligned and placed at Level 6 (advanced knowledge of a field of work or study, involving a critical understanding of theories and principles) on the European Qualifications Framework (EQF).

Number of Pre-registration Programmes and Places

All Pre-Registration Honours Degree Programmes in Midwifery (RM) General Nursing (RGN) Children's and General Nursing (Integrated: RCN and RGN) Intellectual Disability Nursing (RNID) and Psychiatric Nursing (RPN) take place in 13 Higher Education Institutions in association with 57 main Healthcare Agencies (Hospitals/Clinical Sites).

There are 44 programmes with a total of 1570 places in Nursing and Midwifery at pre-registration level:

Midwifery: 4 years leading to BSc plus RM
6 Programmes, with a total of 140 places, in 6 Higher Education Institutions in association with 7 main Healthcare Agencies

General Nursing: 4 years leading to BSc plus RGN
14 Programmes, with a total of 860 places, in 13 Higher Education Institutions in association with 22 main Healthcare Agencies

Children's and General Nursing (Integrated): 4.5 years leading to BSc plus RCN and RGN
4 Programmes, with a total of 100 places, in 4 Higher Education Institutions in association with 4 main Healthcare Agencies

Intellectual Disability Nursing: 4 years leading to BSc plus RNID
8 Programmes, with a total of 180 places, in 8 Higher Education Institutions in association with 10 main Healthcare Agencies

Psychiatric Nursing: 4 years leading to BSc plus RPN
12 Programmes, with a total of 290 places, in 12 Higher Education Institutions in association with 14 main Healthcare Agencies.

Programme Structure

For most of the programme the student receives a combination of theoretical and clinical instruction and this period generally includes normal third-level college holidays. During this period the student is not a paid employee of the health service. The usual entitlements/conditions regarding a means-tested third-level grant applies to student nurses and midwives.

The first clinical placement occurs early in the programme, usually within three months of commencement.

A continual 36-week rostered clinical placement (internship) takes place during the fourth year. During this period the student is a paid employee of the health service.

A minimum number of hours/weeks in theoretical and clinical instruction must be successfully completed before applying to register as a nurse/midwife with An Bord Altranais.

The theoretical and clinical instruction comprises no less that 4,600 hours; with the theoretical being no less than 1,533 hours; and the clinical being no less than 2,300 hours.

Aspect	**Midwifery, General, ID, Psychiatric**	**Children's and General integrated**
Theoretical Instruction (to include self-directed study, exams)	58 weeks	70 weeks
Clinical Instruction (supernumerary clinical placement)	40 weeks	54 weeks
Internship (37.5 hours per week, inclusive of annual leave)	36 weeks	36 weeks
Other	10 weeks	10 weeks
TOTAL Minimum	144 weeks over 4 years	170 weeks over 4.5 years

Assessing Non Irish Trained Nurses

The Registration Department deals with applications where the Sectoral Directive applies: General Nurse and Midwifery applications from EU countries where the training took place since the Reference Date for each country plus where Acquired Rights are immediately apparent.

All other nurse and midwifery applications, EU and Non-EU, are processed by the Registration Department and then sent for a full Educational Assessment. Registered Nurses and Midwives who are also Registered Tutors and who have had considerable experience in the clinical, management and educational areas of nursing and midwifery, including areas of specialisation, assess such applications.

Look-Back Analysis of Activity in 2009

Files Dealt with Directly by the Registration Department and that Did Not Necessitate an Educational Review in 2009

In 2009, 292 such applications: 26 midwifery and 262 general nurse plus 4 general and midwifery from 17 countries (excluding Republic of Ireland) were registered by the Registration Department.

Country Trained	Midwifery	General	General and Midwifery
Austria		1	
Czech		1	
Estonia		1	
Finland		5	
France	1	2	
Germany	4	11	
Hungary		3	
Italy	12	6	
Lithuania		1	
Malta	1	1	
Poland	2	24	
Portugal		11	
Slovakia		1	
Spain		9	
Sweden		1	
UK	6	183	4
Switzerland EEA		1	
TOTAL	**26**	**262**	**4**

Files Educationally Assessed in 2009

The applicant is assessed based on where the applicant undertook the programme and not on citizenship.

The outcome of an educational assessment may be:

To request further information/clarification before a decision can be reached
To indicate that a period of adaptation and assessment must be successfully completed as a pre-requisite to registration with An Bord Altranais
To recommend registration without the need to undergo adaptation and assessment
To refuse registration.

The period of adaptation and assessment takes place in a healthcare facility approved for same by An Bord Altranais. It must be a minimum of six-weeks full-time in duration. It comprises learning outcomes with a clear set of competencies that must be achieved for entry to the Register. The onus is on the applicant to obtain the placement.

An applicant has the right to appeal a decision: refused registration; need to undertake adaptation and assessment; and failed adaptation and assessment.

For an appeal the application is fully reviewed by another member of the education team and a recommendation forwarded to an Appeals Committee. In all cases in 2009 where no further information was submitted, the original decision was upheld. In 68% where further information was submitted there was no change to the original decision.

In 2009, 856 applications were assessed by the Education Department of An Bord Altranais.
Of the 856 applications (EU and Non-EU) in 2009, 446 were new applications (N).
The remaining 398 were applications that had previously been assessed (P) and where further information/clarification was needed.

The outcome of an educational assessment may be:
To register the applicant (RG)
To refuse registration (RF)
To prescribe a period of adaptation and assessment (AA)
To request further clarification/information (IN).

Of the 458 (54%) were complete and of these the outcome was:
135 (29%) registered (RG)
091 (20%) refused registration (RF)
232 (51%) adaptation and assessment (AA)

The following table gives a breakdown per Division of the Register for which application was made.

Grand Total	Mid		General		Psy		ID		Children		PHN		Tutors		Outcome			
	N	P	N	P	N	P	N	P	N	P	N	P	N	P	RG	RF	AA	IN
	29	14	329	319	54	53	10	6	14	10	7	7	3	1	135	91	232	398
Register	1	0	12	66	11	30	4	2	1	4	0	3	1	0				
Refuse	6	6	36	32		4	0	0	0	3	2	0	1	1				
Adapt	3	7	32	168	2	9	0	4	1	2	1	3	0	0				
Incomplete	19	1	249	53	41	10	6	0	12	1	4	1	1	0				

 Refer: mneary@nursingboard.ie

The following table gives a breakdown per EU country where applicant undertook the programme

Country Trained	Mid		General		Psy		ID		Children		PHN		Tutors		Outcome			
	N	P	N	P	N	P	N	P	N	P	N	P	N	P	RG	RF	AA	IN
Bulgaria			1															1
Czech			4	1	1				1							3	1	3
Finland				2													2	
Germany			1						2							1		2
Hungary			2	1												1	1	1
Italy			1															1
Latvia			3	1												1	2	1
Lithuania			7	4		2										1	3	9
Malta				2											2			
Netherlands				2											1			1
Poland	4		33	18											1	20	12	22
Romania	1	1	24	33											2	3	27	27
Slovakia			9	7											1	5	5	5
UK	3	1	6	7	45	37	10	6	9	8	5	7	2	1	56	6	17	68
Norway													1			1		
Sub-total	**8**	**2**	**91**	**78**	**46**	**39**	**10**	**6**	**12**	**8**	**5**	**7**	**3**	**1**	**63**	**42**	**70**	**141**

The following table gives a breakdown per non-EU country where applicant undertook the programme

Country Trained	Mid		General		Psy		ID		Children		PHN		Tutors		Outcome			
	N	P	N	P	N	P	N	P	N	P	N	P	N	P	RG	RF	AA	IN
Moldova			1													1		
Russia			1	1													1	1
Serbia			2	1												2		1
Ukraine			1													1		
Cameroon			1	1													1	1
Gambia			1															1
Kenya	1		3	1												1	1	3
Nigeria	5	5	16	23	2	3									4	3	19	28
S Leone			1	2													2	1
S Africa	4	2	10	5	1	1									6	2	1	14
Zambia				3													1	2
Canada			12	11												3	10	10
USA	1		25	28							1					20	12	23
China		1	2	7												2	5	3
India	5	1	60	63	1					1	1				41	5	30	57
Philippines			44	37					1						4	1	36	41
W Indies				1														1
Australia	5	2	42	46	2	3			1	1					10	8	33	51
N Z		1	16	11	2	7									7		11	19
Sub-total	**21**	**12**	**238**	**241**	**8**	**14**	**0**	**0**	**2**	**2**	**2**	**0**	**0**	**0**	**72**	**49**	**163**	**257**

Refer: mneary@nursingboard.ie

Total of Nurses and Qualifications Registered 2009

Nurses Registered	Active	Inactive	Female	Male	Total
Number	68,483	21,021	82,500	7,004	89,504

Qualifications Registered	Female	Male	Active	Inactive	Total
Children's	5,127	78	4,077	1,128	5,205
General	71,432	3,531	57,219	17,744	74,963
Intellectual Disability	4,588	547	4,358	777	5,135
Midwives	17,866	26	12,808	5,084	17,892
Nurse Prescriber	124	11	134	1	135
Psychiatric	9.256	3,828	9,801	3,283	13,084
Public Health	3,155	5	2,439	721	3,160
Tutors'	638	115	571	182	753
Other	579	26	218	387	605
Total	**112,765**	**8,167**	**91,625**	**29,307**	**120,932**

Number of Newly Registered Qualifications	Ireland	EU	Other	Total
Children's	81	7	1	89
General	913	324	140	1,377
Intellectual Disability	176	7	1	184
Midwives	158	43	6	207
Nurse Prescriber	85	0	0	85
Psychiatric	330	43	8	381
Public Health	124	3	1	128
Tutors'	23	1	0	24

Refer: mneary@nursingboard.ie

Nurses Registered	Active	Inactive	Female	Male	Total
Total	**1,890**	**428**	**157**	**2,475**	

Verification Requests	2009	2008	(Verification: Applying to register elsewhere)
United Kingdom	630	272	
Other EU	26	16	
Australia	1,963	4,896	
Canada	410	282	
USA	84	88	
Other non-EU	80	69	
Total Requests	**3,193**	**5,623**	
Total Nurses	**2,714**	**3,108**	

Inactive File	2009	2008
Retired	8,410	7,676
Unemployed	906	827
Career Break	2,107	2,077
Working Abroad	5,679	5,312
Other	3,919	3,718
Total	**21,021**	**19,610**

Refer: mneary@nursingboard.ie

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

B.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)[2]?

There have been no enquiries to date from EU citizens.

B.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?**
- **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?**

Although we have no experience to date regarding this issue, we have concerns regarding patient/client safety and public protection.

B.9. Why is a prior declaration system necessary? What do competent authorities do with the information received? Are other possibilities conceivable?

Because of issues regarding patient/client safety and public protection, our Transposition Document requires prior declaration; thereby allowing for traceability and accountability of a healthcare professional.

C. MINIMUM TRAINING REQUIREMENTS

C.10a. To what extent are the common minimum training requirements set out in Title III Chapter III of Directive 2005/36/EC and the compulsory training subjects as defined in Annex V in line with scientific progress and professional needs?

Overview

An Bord Altranais fully complies with the EU Directive and acknowledges the benefit and importance of free movement between member states. An Bord Altranais adheres to a National standard that comprises EU Directive and its own Requirements and Standards. All our pre-registration programmes comprise a minimum number of hours/weeks in theoretical and clinical instruction. The theoretical and clinical instruction comprises no less that 4,600 hours; with the theoretical being no less than 1,533 hours; and the clinical being no less than 2,300 hours.

An Bord Altranais further embraces the educational developments that have occurred on a voluntary basis within Europe including:

The Bologna Process
The Tuning Project
European Qualifications Framework

The purpose of the Bologna Process (or Bologna Accords) is to create the European Higher Education Area by making academic degree standards more comparable and compatible throughout Europe, in particular under the Lisbon Recognition Convention. The republic of Ireland was one of the first signatories and thus members of the "European Higher Education Area" when it signed up in 1999.

TUNING Educational Structures in Europe started in 2000 as a project to link the political objectives of the Bologna Process and at a later stage the Lisbon Strategy to the higher educational sector. Over time Tuning has developed into a Process, an approach to enhance quality.

EQF is a European Union initiative to create a translating facility for referencing academic degrees and other learning qualifications among EU member states. It is designed to allow national qualifications frameworks to be cross referenced. The Republic of Ireland has its own National framework for Educational Awards (NQAI).

A matching exercise has occurred between the two frameworks (EQF and NQAI) and the pre-registration programmes in nursing and midwifery have been placed within the frameworks:

EQF: Level 6 (out of a possible 8 Levels): Honours Bachelor Degree (advanced knowledge of a field of work or study, involving a critical understanding of theories and principles).

NQAI: Level 8 out of 10 possible Levels. Level 8 is Honours Degree (NQAI, 2004)

As well as embracing such developments, An Bord Altranais implements a number of very important initiatives to ensure a high quality programme in line with current trends and needs, including:

The development of Requirements and Standards for all Registration programmes, both pre-registration (primary training) and post-registration level

The basis of the programme is outputs as well as inputs driven

Each programme has its learning outcomes with a clear set of competencies that must be achieved for entry to the Register

There is a stated Indicative Content for each programme that meets the ever-changing needs of our population and adjusts to changes, nationally and internationally as they affect patient and client care. Therefore the programmes are in line with scientific progress and professional needs and, of great significance, public protection and patient/client safety

As part of our quality assurance mechanisms, we put all programmes through a mechanism of approval. This includes audits of third-level institutions, curriculum approval and clinical audits of clinical placements

In summary, An Bord Altranais has fully embraced all the components of the Directive and has fully transposed the Directive. But there have been significant changes since our Reference dates (29 June 1979 for nursing). As well as embracing an inputs-driven Directive, we have successfully synchronised other developments, national, European, and international, including outcomes-based meta-frameworks with attached competencies, thus striving towards ensuring public protection and patient/client safety.

Concerns Regarding the Directive Requirements

The Directive is entering its 5th decade: a span of time that has seen huge changes in the areas of health and expectations of the nurse as an autonomous practitioner and as an equal member of the intra-disciplinary care.

In relation to general education of 10 years, we believe that the significance of this is dependent on issues such as the start date. In line with sound educational principles, An Bord Altranais believes that this should be of a standard equivalent to University entrance level

The Directive is inputs based and not outputs-based. Therefore it does not embrace competencies needed to ensure a care that is commensurate with public protection and patient/client safety. It is important to re-focus the curriculum on 'outcomes' in terms of nursing patient care so that the expectations not only of the profession, but of the patients and public of what a nurse should be able to do on completion of their studies become a reality

There is ambiguity of certain words in the Directive, for example, the word "adequate" is subjective and cannot be measured without a clear output or competency attached. Another example is the word "knowledge" in relation to language. Without a defined benchmark the word knowledge is meaningless.

The content is not in line with scientific progress and professional needs and public protection and patient/client safety. The necessary components of evidence-based practice and research and IT are among the glaring gaps.

The terminology relating to practice has changed over time: Examples include:

Principles of Administration has been replaced with the more empowering and less prescriptive components of: management and leadership; teamwork; delegation; autonomy. The Directive does not embrace the major advances in practice, including: nurse and midwife-led clinics; nurse and midwife prescribing; clinical nurse and midwife specialists; advanced nurse and midwife practitioners.

The restricted term of dietetics is now replaced with the more holistic concept of nutrition.

Nature and ethics of the profession needs to have an underpinning philosophy/ies.

Top-up Programmes:

Whereas in principle we view this as being a potentially positive step, there are nonetheless considerable issues.

Some comprise only theory and the clinic component from the basic programme (for example a secondary school education) only being counted and verified as complying with the Directive.

Some are not those as referenced in the Directive.

Top-up programmes need to respond to and embrace the components of wider educational developments (such as The Bologna Accord) including life-long learning and achievement of competencies.

With top-up programmes, in essence we are being asked to APEL but there is no provision for this in the Directive.

There are two entry points regarding top-up programmes: top-up for someone who has already completed some form of nursing and top-up for those who did not do nursing and who are now fast-tracked into nursing. The Directive does not reflect such a difference.

The lack of a pan-European standard with built-in audit and quality assurance mechanisms is of concern.

Whereas a top-up programme may meet the legal minimum of the Directive, it may not be commensurate with current scientific and technical progress. Coupled with this, the range of skills or practices that a nurse is expected to perform or to be accountable for may not be indicated.

The need for audit and quality assurance needs to permeate the Directive.

The Directive needs to be futures-driven and needs to be able to embrace on-going changes. Examples of where the prescriptiveness of the Directive does not embrace changes relate to

recent reports on expected aspects relating Workforce and Chronicity of the Population (OECD, 2009).

Our above concerns of the Directive have resulted in practice issues. Some nurses and midwives are finding it difficult to adapt within the practice setting. This can lead to the need for remedial action, even for those already registered. All this adds to an already stretched healthcare system in terms of resources and costs. There has been very costly fitness to practice cases where the nurse and midwife were found not to be fit-for-purpose.

C.10b. Furthermore, are the knowledge and skills required by the directive still relevant for patient safety and up to date? Please specify.

We consider that the Directive is not sufficiently focussed on patient/client safety and public protection.

The many aspects that support public protection/patient safety are absent including:
Quality Assurance
Audit
Risk Management
Evidence-based practice
Advocacy.

C.10c. What about the conditions relating to the duration of training?

In relation to programme duration there is ambiguity. The meaning of three years is open to wide variation. The meaning of the word "or" in 4,600 hours or three years does not seem to be used consistently. In Ireland our programmes are a minimum of 4,600 hours AND a minimum of three years in duration. But on assessment of applications, this is not always the case.

There are no clear parameters as to the meaning of "part-time" in relation to duration.

There can be considerable difficulties in getting clarity regarding the duration of an applicant's programme, with often wide variation between documents including two different documents from the same source.

Determining the duration, theoretical and clinical, of top-up programmes can prove problematic.

C.11a. The Directive is based on mutual trust between Member States. To what extent is such trust actually achieved?

There is not always trust.

With certain countries trust works very well where we have built up a strong relationship over time.

However in other situations this has not been the case. Our concern is where it is stated that applicant meets the Directive but on assessment does not. At times the co-operation is not sufficient and there is a sense that our assessment and questioning regarding an application is not welcomed.

Some examples include:

If a nurse does not inform certain competent authorities that she/he has not been working as a nurse, the competent authority assumes that she/he has been working as a nurse and verifies acquired rights. But when we cross-match with application form /CV and references, we often find this not to be the case. In numerous cases the applicant has actually been working in Ireland in a variety of non-nursing jobs.

In certain situations it is stated that the programme undertaken by the applicant meets the Directive but on assessment this is not always found to be the case. An example is where an applicant has undertaken a top-up programme following a secondary medical school education. In some such incidences the top-up programme is not referenced in the Directive or it is one based solely on a theoretical input. Yet the competent authority declares that applicant meets the Directive when on assessment this is found not to be the case.

 Refer: mneary@nursingboard.ie

C.11b. Are training programmes accredited in your country?

An Bord Altranais is legally empowered and required to set requirements and standards for all education programmes leading to registration and to monitor their development. For details of the requirements and standards refer to:
http://www.nursingboard.ie/en/publications_current.aspx

Training programmes are approved by An Bord Altranais as the competent authority. The Nurses Act 1985 provides for the role of the Board in determining the suitability and approval of hospitals and institutions for the training of nurses or of candidates for registration in the register of nurses. We are conferred with the authority to specify conditions of suitability for hospitals and institutions through rules.

The Act states that The Board shall, from time to time as occasion may require but, in any event, not less than once every five years satisfy itself as to the suitability of the education and training for nurses provided by any hospital or institution approved of by the Board.

The Nurses Rules (2010) plus all other previous Rules that were superceded by these 2010 Rules, signed by the Minister for Health and Children gives authority to An Bord Altranais to draft the requirements and standards that determine the standards of theoretical and practical knowledge .

These requirements and standards are the audit criteria and structure adopted by the Board in relation to programme approval and the audit (inspection) of the quality of the theoretical and clinical learning experience provided to students.

This audit (inspection) process is undertaken by the Board to all Higher Education Institutions (Universities and Institutes of Technology) and associated clinical placements providing nurse and midwifery education under the Act.

This process includes, among other factors, a full assessment to ensure that the Directive is being met.

The process of audit requires a minimum of two team members undertaking the audit of the clinical site: one member of the Board and one member of the Board Executive team.

Following consideration by the Board of An Bord Altranais, a detailed report is sent to all the key stakeholders. Conditions may be attached and a clear timeframe given as to when these must be met.

Each Higher Education Institution has its own systems of audit, quality assurance and approval.

Our concern is that whereas we have stringent approval and accreditation mechanisms, we are not aware of what mechanisms are used in all of the other member states.

C.11c. Does accreditation of a training program in another Member State enhance trust or is it not relevant?

Our knowledge of the accreditation process in other member states is limited. But, where known, it does not influence us. We still go through the full procedure in relation to the application process.

C.12a.To what extent are the existing Directive provisions (see recital 39 and Article 22(b) on continuous professional development (continuous training) adequate?

They are not strong enough. The word "may" is too vague. It is not legally binding and will be incongruent with the new Act for Nurses and Midwives in Ireland (22a). The provisions could be strengthened to reflect current and on-going competence to ensure safe and effective high quality care. "Keeping abreast" is too vague and is open to varied interpretation (22b).

C.12b. Is continuous training mandatory in your country and what are the exact conditions?

An Bord Altranais was established under 1950 Nurses Act and re-defined under 1985 Nurses Act. There is no provision in either Act for mandatory continuous training. However a new Act is imminent. The Nurses and Midwives Bill 2010 Part 11 addresses the Maintenance of Professional Competence.

Although not yet mandatory, competence is strongly reference in An Bord Altranais publications: Code and Scope of Practice.

An Bord Altranais *Code of Professional Conduct for Each Nurse and Midwife* (April 2000) states:
"In determining his/her scope of practice the nurse or midwife must make a judgement as to whether he/she is competent to carry out a particular role or function. The nurse or midwife must take measures to develop and maintain the competence necessary for professional practice."

An Bord Altranais *Scope of Nursing and Midwifery Practice Framework* (April 2000) states " It is essential for each nurse and midwife to engage in continuing professional development following registration in order to acquire the new knowledge and competence which will enable him/her to practise effectively in an ever-changing health care environment.
Continuing professional development is required in order to maintain and enhance professional standards and to provide the highest quality of health care; it should also contribute to the nurse's and midwife's personal development.
The individual nurse and midwife have a responsibility to assess the professional development needs of their staff and to provide appropriate support for staff to enable them to practise to high standards in the interests of quality patient/client care."

C.12c. How do you define continuous professional development in your country?

There have been various references in different publications by An Bord Altranais to continuing professional development as far back as 1994.

An Bord Altranais (April 2000) *Scope of Nursing and Midwifery Practice Framework* states, "Continuing professional development encompasses experiences, activities and procedures that contribute towards the development of a nurse or midwife as a healthcare professional. This means it is a lifelong process of learning, both structured and informal. Continuing education is a vital component of continuing professional development and takes place after the completion of the pre-registration education programme for nurses and midwives. It consists of planned learning experiences that are designed to augment the knowledge, skills and attitudes of a registered nurse or registered midwife, for the enhancement of nursing and midwifery practice, patient/client care, education, administration and research... Examples of activities that might contribute to nurse's and a midwife's professional development include formal education programmes, reflective practice, journal clubs, case-conferencing, clinical supervision, learning sets, preceptorship, mentorship, workshops, distance learning, accessing and sourcing information."

D.ADMINISTRATIVE COOPERATION

D.13. To which extent does administrative cooperation, as outlined in Articles 8, 50, and 56 of the Directive, simplify procedures for the migrant professionals?

There can be great variation between competent authorities.

Where An Bord Altranais has established a relationship with competent authorities in specific countries and direct contact with staff members the process runs quite smoothly overall.

With some countries there is a sense of not fully co-operating. This can be the case if it is perceived that we are requesting too much information/clarification.

We have encountered situations where the competent authority will not send us documentation/clarification but will give it to the applicant. We have as our mission statement public protection and patient/client safety and are concerned about fraudulent documentation. Therefore documentation must come from source. In other situations the competent authority would not provide clarification and send us elsewhere for it. We perceive that possibly some countries are making it difficult for their nurses to move elsewhere.

It is not always clear who is the competent authority in the country where the applicant trained. This can be further exacerbated in countries where there is more than one competent authority whereby there is both National and Regional structures.

In some countries, we get verification and Directive compliance from one source but have to go to another source for evidence of good standing. The trouble is with knowing who to contact.

Often the applicant is understandably confused and does not know the details of the competent authority. On several occasions, applicants have confused the competent authority with the professional body in their country. Indeed in some instances we have received documents from such professional bodies that are neither competent nor regulatory.

Competent authorities need a common frame of reference to work towards.

D.14. Is the competent authority in your country registered with IMI? Under which circumstances does your competent authority use IMI? Please comment on your experience of using IMI. If not registered, why not and what would be the conditions for changing this situation?

An Bord Altranais is registered with IMI.

At the outset we would like to state that this is an excellent idea in theory and has the potential to expedite the application process and considerably reduce costs regarding the translation process. However in our efforts to use the IMI, we have found that it does not always address our needs.

Whereas it uses languages from six countries (Netherlands; France; Denmark; Italy; Portugal; Spain) it does not have the facility to translate into the languages pertaining to all the countries where an applicant has trained (Refer Tables pp 13 & 15).

When we do use it, it does not always prove to be user-friendly. There are often a lot of screens and tick boxes to go through before we ever get to what we are looking for. Questions are very specific and it can take time to get to free-flow text box.

It would be useful to have a feedback mechanism from competent authorities to the IMI. If, for example, if the IMI audited usage and found that a high percentage of usage pertained to a specific country, it might be an indicator that there is an actual issue with that country. There is need for a feedback loop to act as one mechanism towards audit and quality control.

D.15. How could a professional card (see Recital 32 of the Directive) facilitate recognition of professional qualifications and provision of temporary services? Under which conditions could it be issued by professional associations? In what respect would a professional card add value over the Europass CV?

An Bord Altranais acknowledges that the concept of a professional card has the potential to speed up the whole process of application.

There would need to be further dialogue and protocols to deal with aspects of a professional card including:
Clear trust between competent authorities
Security risks
Prevention/minimizing of fraud
Audit controls
Quality assurance mechanisms
Ensuring public protection and patient/client safety
The issue of cost.

Our experience with the Europass CV is very limited but our concerns with public protection and patient/client safety would need to permeate any consideration of its use as part of our registration process.

D.16.How do you share information about suspensions/restrictions with competent authorities in other Member States? Could more be done in this respect? Should an alert mechanism be put in place?

An Bord Altranais philosophy is to share information to the maximum extent possible from a legal perspective.

If there is a pending fitness to practice case, and we receive a request for a Certificate of Current Professional Status (verification) we inform the applicant that we will inform the competent authority requesting the verification that there is a pending case and we ask the applicant if she/he wishes to continue with the application. But under the principle of "innocent until proven guilty" it is difficult to share information while a case is pending.

If fitness to practice case is proved against the applicant, the competent authority/ies in which applicant trained or where applicant worked, is/are informed. Some competent authorities always actively follow-up such notification from An Bord Altranais, whilst some do not even acknowledge receipt of the notification. In a recent fitness to practice case an applicant had received registration in Ireland on the basis of acquired rights based on 25 years experience in the country where training took place. The outcome of the fitness to practice case was whereby the person was found guilty of professional misconduct and the name removed from the register. An Bord Altranais informed the competent authority In the country where the person trained and worked but no acknowledgement was received.

Details of fitness to practice cases are published in our publication *An Bord Altranais News* and put on our website
http://www.nursingboard.ie/en/fitness_to_practise_findings_and_decisions.aspx

In a situation where we are informed of a pending case, the application goes through the full process and a recommendation. The final decision is not made or released until the outcome of the case is known.

Whereas it may be comparatively easy to enter the register, it is cumbersome and very costly to remove a person from the register. Fitness to practice costs is significant and the above sample case cost in excess of €121,000.

An Bord Altranais does not know if all EU Member States have a disciplinary procedure and if such a procedure exists, whether or not information is published. It is difficult to get this information in any systematic way. There is a need for an EU database with this information.

An Bord Altranais is concerned that not all competent authorities operate in an open and transparent manner and believe that in the essence of patient/client safety and public protection, there is need for a pan-EU system of sharing information.

E.OTHER OBSERVATIONS

E.17. 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?

Non-EU applicants, where English is not the main/first language, must submit proof of English competence. Our current application process does not provide for testing English competence from EU applicants. Testing needs to be allowed using a quality assured testing system. Once a person is registered, the only mechanism for restricting their practice is through a costly fitness to practice process.

An Bord Altranais has given guidance to the employers regarding language skills and strongly encouraged employers to test language skills as a pre-requisite to employment.

There have been several examples of where communication skills encompassing English language competency has been an issue in terms of patient safety including:

Failed adaptation and assessment
Reports from employers
Fitness to Practice cases.

It should be noted that Professional Misconduct includes seriously failing to practise to an expected standard and this includes competency in English language.

E.18.Do you charge any fee for the recognition process? If so, how much?

Yes: €200

E.19.What is your experience with applying article 11 in the context of nursing?

Our training programmes are at Level D.
In theory, there should be no difficulty in applying this Article 11.
However, the issue arises where a competent authority tells us that the applicant meets EU Directive but when we assess this is not always the case.
In some instances where we follow up with the competent authority concerned, clarification is given but in other cases we are told that "it is as it is" and we have no right to question.

Nursing programmes in Ireland are at level 11(d) i.e. four years and therefore An Bord Altranais is required to consider applicants whose programme is at level 11 (c) i.e. at least one year. The quantitative and qualitative difference between programmes at level (c) and level (d) can be very significant and is a serious cause of concern for An Bord Altranais. This is especially the case when the level (c) programme was undertaken many years ago.

Increasingly countries are providing evidence of an education that is aligned to the Bologna Accord. But Article 11 does not have an immediate compatibility with such developments.

National implementation report for EU Directive 2005/36/EC

Nursing profession

Country: **SPAIN**
ESPAÑA

Organisation: MINISTERIO DE SANIDAD Y POLÍTICA SOCIAL

Autoridad Competente para el reconocimiento de todas las profesiones sanitarias reguladas en España.

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Evaluating the Professional Qualifications Directive
Experience reports from competent authorities

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?

Yes, we accept e-mailed or online applications. The required documents accompanying the application for the recognition shall be original documents or certified copies. We must verify the authenticity of the documents accompanying the application, therefore applicants shall submit them on paper; we do not admit telematic submissions unless they have the digital signature certificate. In order to ensure the authenticity of the documents, we, the relevant authorities for the recognition should have a record of digital signature certificates to issue the required documents (diplomas, certificates in accordance with the Directive 2005/36, etc.).

2. What is the yearly number of applications for 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[1].

We do not have this information, given that until September 2009 the relevant Authority for professional recognition was the Ministry of Education of Spain, where we were informed that this information was already provided to the Commission.

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.

[1] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

The automatic system based on diploma as regards harmonisation of training to obtain a degree, diploma or qualification, has the advantage of reducing the required documentation to be provided by the applicant, as well as the procedures and verifications to be carried out by the relevant authority in order to make the recognition. This simplification makes this system faster than the general system.

The automatic system based on acquired rights has also the advantage of being faster than the general system; however, it has been observed that the applicants are often unaware of the Directive 2005/36, and when their recognition is based on acquired rights, they do not provide the certificates issued by the relevant authorities to prove compliance with the requirements of the Directive. In such cases, they must be required to provide these certificates and the period for resolution of the recognition is longer.

Some difficulties are found when assessing the experience time since Directive 2005/36 does not specify if the reported experience must be full-time or part-time (there should be an indication of minimum hours per month). On the other hand, it is not easy to check the authenticity of documents which certify professional experience of applicants.

In principle, the automatic system involving full confidence in the certificates issued by the relevant Authorities of the EU is considered advantageous since training is harmonised. This same advantage may become a disadvantage if the certificates issued do not ensure compliance with the requirements established for the recognition in the Directive.

Recognition based on the general system involves a more complex procedure and more requirements to the applicant for further documentation than in the automatic system. For instance, it requires the comparison of the training programmes and the establishment of Expert committees for their verification and the adoption, where appropriate, of compensatory measures; this implies a longer period for resolution. Therefore, it would be advisable to extend the automatic system to occupations that currently do not have it established.

Finally, in relation with Annex V, we have noticed that in certain cases, the denomination of the diplomas listed therein do not match with the diplomas presented by the applicants, these being subsequent to the reference dates indicated in the Annex and fulfilling the requirements of training of the Directive, thus the procedure is delayed for a certificate of compliance with the Directive has to be requested.

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.

As a matter of fact, when the conditions for automatic recognition are not fulfilled, the general system is applied, which, as we have already indicated, requires a more complex procedure thus it is delayed in time.

These are the main difficulties found on application of compensatory measures:

- High economic impact for the Member State, if trying to make it free for the applicant.
- Big training and knowledge gaps have been reported by supervisors of adaptation periods. Many candidates are not ready enough to go to a hospital even if they are constantly monitored.
- Serious concern about serious consequences that could come for patients.
- Difficulties when trying to obtain a professional responsibility insurance policy, as candidates are not recognized yet as nurses in our country and so they are not members of a proffesional association (it is compulsory to be a member of a professional association to practice).
- Discrimination against the proffesional education of spanish nurses.

In those cases where degrees are not specialist degrees, compensatory measures are complicated either because other Public Administrations not belonging to this competent authority have to be involved or because the cooperation of Professional Associations has to be requested. Moreover, if volume becomes significant, it may result expensive for our System.

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))?

So far, we have not had problems with professional qualifications obtained in a third country and already recognised in a State Member. Those who have applied for recognition in this way and have presented a certificate (of the EU Member State that made the recognition) stating that this first recognition has been made according to the terms required in Title III of Chapter III of the Directive, but in most cases they did not have the certificate of three years of experience in that country thus we could not apply the procedure of the Directive.

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

Ministry of Health and Social Policy of Spain

- Director-General for Professional Organisation, National Health System Cohesion and Senior Inspectorate, who is the head of the relevant Body for the resolution of the procedures, by delegation of the Minister.
- Deputy-Director for Professional Organisation, who runs, supervises and makes the proposals for resolution to the Director-General.
- Head of Area, who advises and makes proposals for resolution.
- Head of Service, who coordinates the administrative support staff, supervises their work and makes proposals for resolution.
- Administrative support assistants.

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) [2]?

Since September 2009, the date on which the Ministry took over the responsibility for professional recognition, only one recognition has been made (not being a nurse) to practice the profession temporarily or occasionally. We believe that this is because the applicants prefer to apply for permanent recognition, which means that they do not need to renew their application and which does not require prior declaration of the provision of services that they intend to carry out.

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 requirement for legal establishment in the State of origin to practice the profession in question shall be proven by the applicant submitting a supporting certificate issued by the relevant authority of the said State.

- 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?

Applicants shall describe the services to be provided in their prior declaration, with particular reference to their continuity or temporality, as well as to their periodicity.

9. Why is a prior declaration system necessary? What do competent authorities do with the information received? Are other possibilities conceivable?

As we have already mentioned in answer number 7, since September 2009, the date when this Ministry of Health and Social Policy of Spain took over the responsibility, in our country there has only been an application for temporary establishment. Applicants choose to request for permanent recognition, which we believe is because the procedure is virtually the same and to avoid future renovations. The non-requirement of fees for temporary establishment is not an advantage, since in Spain no fees are currently being charged either for permanent professional recognition.

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[2] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

The non-requirement of joining a professional association for temporary establishment shall not be regarded as a significant advantage for applicants.

Prior declaration is necessary since it replaces the application for recognition and it specifies the temporality of services.

C MINIMUM TRAINING REQUIREMENTS

10. To what extent are the common minimum training requirements set out in Title III Chapter III of Directive 2005/36/EC and the compulsory training subjects as 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?

We consider the common minimum conditions of training established in Title III, Chapter III, of the Directive 2005/36/CE to be appropriate and valid today.

As for the conditions relating to the duration of training, we consider the establishment of minimum periods of training to be adequate.

11. 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?

In principle, we trust the veracity of the certificates issued by the relevant authorities for the recognition of the EU, and we believe that a prior harmonisation of the requirements has been made for automatic recognition as regards training.

We recognise diplomas (based on certain programmes that we do not require) in the automatic system. Recognition requires prior verification of the training programme in the general system. There are no accredited foreign training programmes, we have only accredited ours. Recognition of a training programme by another State improves confidence but is not significant.

12. 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?

We believe that the provisions of the Directive in this point referred to continuous training are enough.

In Spain, pursuant to the Spanish Act on the Organisation of Healthcare professions (LOPS), continuous training is a right and an obligation of workers; and it is taken into account both in terms of selective tests and for the professional development and career.

D. ADMINISTRATIVE COOPERATION

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

It is an effective instrument to simplify the procedure.

14. 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?

Yes, Spain is registered in the Internal Market Information System (IMI). We use it when in doubt or when we need information, as well as to answer questions from other relevant authorities.

However, considering that it is a great step forward, it should be further improved since it is very slow and the closed question system not always responds to the need. We have sometimes observed that e-mail communication is faster and more effective.

15. How could a professional card (see Recital 32 of the Directive) facilitate recognition of professional qualifications and provision of temporary services? Under which conditions could it be issued by professional associations?

We find it an interesting initiative that must be taken into account, although we do not have the required instruments to implement it with all the necessary guarantees of security and veracity.

16. How do you share information about suspensions/restrictions with competent authorities in other Member States? Could more be done in this respect?

Among the documents we require is the certificate of good standing issued by the relevant authorities of the State of origin, provided by the applicants or directly by the relevant authorities.

There is a need to articulate mechanisms allowing for greater assurance of good practices; this issue should be addressed monographically.

E. OTHER OBSERVATIONS

17. 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 after recognition. Currently in the resolutions for recognition it is established that the beneficiary shall have the necessary language skills for the practice of the profession.

We are concerned about this issue because there have already been complaints from both patients and employers and we believe it should be required in advance.

As it has been said, language skills are not tested if automatic recognition is applied, but in case of general system, the applicant needs to have a minimum knowledge to manage to pass either the adaptation period or the aptitude test.

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National implementation report for EU Directive 2005/36/EC

Nursing profession

Country: **France**

Organisation: Ordre national des infirmiers

The *Ordre national des infirmiers* (ONI) is an independent professional organisation created by an Act of Parliament (21 December 2006) to gather all nurses authorised to practise in France, except those in the Armed forces.

Its National Council and its 123 councils in the country's regions and "*départements*" are financed by an annual fee paid by each nurse on the *Ordre*'s register (amount: € 75 in most cases).

The ONI controls access to the profession on grounds of qualification, independence and morality. It issues a code of conduct and can enforce it through conciliation and disciplinary procedures. It defends the profession's honour and independence. It contributes to public health and the quality of healthcare. In particular, it furthers nurses' competence through professional guidance and continuous professional development; it also advises health authorities on all subjects where nurses are concerned. Last but not least, it must promote the role and future of the nursing profession in the healthcare system.

As regards the implementation of Directive 2005/36/EC, the Ordre is the competent authority in charge of the automatic recognition of qualifications, while the Ministry of Health operates the general system.

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Evaluating the Professional Qualifications Directive
Experience reports from competent authorities

QUESTIONNAIRE FOR THE NURSING 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 ONI and the French Ministry of Health do not operate an on-line registration procedure at present. However, incomplete applications submitted on paper are often supplemented by information sent by electronic mail.

2. What is the yearly number of applications for recognition, as well as negative and positive decisions 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[1]. What is the average duration of the process for both automatic and general systems?

- The Ordre national des infirmiers, formally created by an Act of Parliament of 21 December 2006, became operational in 2009 and started registering nurses in the last quarter of that year. Therefore, it does not have annual figures concerning its various operations yet.

At this time, no estimation of the recognition process average duration can be given. It appears that the ONI's councils have received only a very limited number of applications submitted by nurses from other EU member states.

- The average time needed to process the applications falling under the general system is 3 months.

However, we cannot provide recent specific data for this procedure. The government has just been implementing a national territorial policy reform which is not yet completed, and the former competent authorities who were in charge of statistics have been redeployed.All the information available is already in the regulated professions database.

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:

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[1] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

- automatic recognition based on diploma

- The automatic recognition system (either on the grounds of diplomas or acquired rights) has several advantages: it is faster and based on objective criteria, even though the actual content of nurses' training and experience remain diverse among EU Member States.

- automatic recognition based on acquired rights

- recognition based on the general system.

- The general system is satisfactory. There are still some difficulties to analyse and appreciate the applicants' training, when it comes to compare it with the national requirements and especially with diplomas of specialized nurses. Their training and the description of their practice seem to be hard to match with the French system.

So, even if implementing the general system is complex, the practicalities should not be an argument for including professions that are not harmonized enough between the Member States, into the automatic recognition.

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 adaptation periods and aptitude tests.

- Pursuant to the Public health code, the general system always applies when the conditions for automatic recognition are not met. Under the general system, where the applicant's training or professional experience substantially falls short of those demanded by French legislation, a compensation measure is required. This may consist in an aptitude test or an adaptation period, as the nurse chooses.

The compensating measures are decided at regional level by the representative of the Ministry of Health in the regional district ("Préfet de region"), after a committee for European qualifications, which is composed of seven members, of which four nurses, including a member of the Ordre's regional council, has made a recommendation.

When the applicant has to complete an adaptation period of up to three years or to take an aptitude test, he has always the choice between the two compensation measures.

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))?

We do not have many cases of third country nurses' qualifications recognised in a first Member State.

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

In France, two competent authorities are in charge of recognising professional qualifications of nurses:

a) the Ordre national des infirmiers (ONI) for automatic recognition, whether based on diplomas or acquired rights:

- at local level, through its 100 conseils départementaux (CDOI), for migration on a permanent basis;

- at national level, through its National council (CNOI), for temporary mobility.

The Nursing Council is independent and does not report to the Minister.

b) the Ministry of Health applies the general system, through the "préfets de region", who are the representatives of the Minister in each of France's 26 regional districts. These representatives are also responsible for organising the compensation measures.

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) [2]?

The ONI and the Ministry of Health have not received such applications so far.

- The ONI assume that it is because potential service providers are still unaware of the procedure, recently transferred to the Ordre (in March 2010).

- The Ministry of Health, however, suspects that some European nurses illegally provide services, but through ignorance and not dishonesty.

This situation can happen especially with nurses who supervise and take care of a group of elderly people on a trip to another Member State. They assume that as long as the "patients" are from their own country, it is okay not to declare anything; as they remain in the EU, they believe they enjoy the freedom of movement for workers and freedom of providing services.

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?

   - 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?

- Like the directive itself, French legislation does not include specific definitions of those notions. This will obviously pose problems when the CNOI has to deal with such cases.

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[2] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

- The Ministry thinks that this will be a problem, especially if we cannot ask the migrant about the duration of his services.
A predefined length of time (x months per year) would be too strict and the criteria of the Gebhard case law[3] are flexible enough to prevent a misuse of this procedure.
But to avoid any fraud and to secure the safety of the patients, the Member States should be entitled to ask for evidence. There is no reason why such evidence would be a burden for the migrant and would discourage him to practise in other Member States.

9. Why is a prior declaration system necessary? What do competent authorities do with the information received? Are other possibilities conceivable?

- In principle, the prior declaration system is of great interest to allow the competent authority to make sure that the service provider is properly qualified and of good conduct, to assure patients' quality of care and safety. However, it remains to be seen whether providers will actually make such declarations in the very short time (one month) they are supposed to do so, also keeping in mind that competent authorities will probably not be informed if they do not.

- As for the difference between the authorisation (establishment) and a declaration (temporary provision of services) this matter remains unclear; a declaration is a kind of authorisation and the use of two different terms is a little confusing, and could be interpreted, legally, in very different ways, generating a lot of litigation.

Another difficulty about temporary mobility is the provision in the Directive stating that when there is a substantial difference between the professional qualifications and the training required, the provider should be given the opportunity to show that he is indeed qualified, "in particular by means of an aptitude test."
And as "In any case, it must be possible to provide the service within one month of a decision [to check the qualifications or not]" we do not see how an adaptation period could be organised within this month, if necessary.
The different periods are also quite confusing in Article 7.4 which should be rephrased, but not substantially modified. It would avoid different interpretations between the different Member States.

C MINIMUM TRAINING REQUIREMENTS

10. To what extent are the common minimum training requirements set out in Title III Chapter III of Directive 2005/36/EC and the compulsory training subjects as defined in Annex V in line with scientific progress and professional needs? Furthermore, are the knowledge and skills required by the directive still relevant for patient safety and up to date? Please specify. What about the conditions relating to the duration of training?

The minimum training requirements mentioned in Directive 2005/36/EC and its Annex V largely reflect those included in Directive 77/453/EEC, the drafting of which dates back nearly four decades ago. They must be updated as soon as possible, with a view to:
- take into account major changes in health needs and healthcare over this long span of time, so as to tailor nursing practice in line with present demands;

[3] ECJ – 30/11/1995 (C-55/94)

- prepare nurses for the broader responsibilities and new roles that they ought to be able to assume in tomorrow's healthcare systems, in the context of an aging population and possible shortages of medical doctors in certain areas in particular;

- allow the evolution of the profession, in every Member State, to take root in the major European trends, in order to harmonise training and practice throughout the EU.

In this spirit, integrating nurse training into university education is a must, to guarantee such harmonisation of qualification levels at European level, and therefore allow relevant and reliable mutual recognition.

Nurse training must therefore be defined with reference to the principles of the Bologna process; it should include all three levels of academic studies (Bachelor's, Master's and Doctoral degrees) in a course of graduated expertise.

In Annex V (point 5.2.1) of Directive 2005/36/EC, the "training programme for nurses responsible for general care" only mentions subjects, without specifying the outputs expected from nurses in terms of actual competences (knowledge, skills, behaviour and attitudes). Furthermore, certain major subjects are missing: health economics, research methodologies, IT, management, team leadership...

As regards patient protection, other key notions are absent: quality assurance, risk management, evidence-based practice, advocacy...

The minimum duration of training (expressed in hours or years, with possible part time training) remains vague. This does not guarantee the necessary level of knowledge and competencies to assure patient safety. So, even within the field of automatic recognition, differences in qualifications remain significant between nurses among member states.

It also appears necessary that the Directive take on board the notion of auditing and accrediting the quality of nursing training programmes (see answer to question 11 below).

Lastly, the Directive should provide for compulsory continuous professional development (CPD). This could be defined as a process, to be periodically repeated, which:

- allows to evaluate the quality of a nurse's practice and his or her needs for further competencies (knowledge, skills, behaviour and attitudes), with a view to reinforce that quality or to assume new responsibilities;

- and takes training actions to follow up the outcome of that evaluation.

11. 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?

The accreditation of training programmes does enhance trust by attesting to their content and expected outcomes. It also furthers harmonisation of their quality. It is therefore invaluable to encourage mobility and the mutual recognition of European professionals' qualifications, be it in respect of initial training or continuous professional development.

In France, the curriculum of initial training in nursing is set by a ministerial order. This ensures its consistency throughout the country. On the other hand, the arrangements made

by individual training organisations (instituts de formation en soins infirmiers) to implement that curriculum are not subject to any formal accreditation at present.

12. 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? How do you define continuous professional development in your country?

Recital 39 and Article 22 (b) of the Directive do not mention, let alone deal with, continuous professional development. They only refer to "ongoing training" and "continuing education and training", i.e. they do not include the evaluation exercise which is an integral part of CPD (see answer to question 10 above). They ought to be updated in line with the international consensus and best practice in this field.

Until an Act of Parliament of 21 July 2009 on "hospitals, patients, health and territories", the Public health code did mention compulsory continuing education for nurses, but did not organise any framework to enforce it. The 2009 Act now provides for "continuous professional development". That CPD "aims to evaluate practice, improve professional knowledge and the quality and safety of care, to take into account public health priorities and the control of healthcare expenditure based on medical criteria".

The detailed conditions to implement compulsory CPD (regarding its content, the evaluation of training organisations and their programmes, their financial resources, allowances for nurse trainees, the evaluation of their practice, the enforcement of their CPD obligation, etc.) will be laid out in government orders which should be published shortly.

D. ADMINISTRATIVE COOPERATION

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

As Annex VII of the Directive does not allow Member States to ask for much information, administrative cooperation has been helpful.

14. Is the competent authority in your country registered with IMI? Under which circumstances does your competent authority use IMI? Please comment on your experience of using IMI. If not registered, why not and what would be the conditions for changing this situation?

- The ONI having just registered with IMI, it is too early for it to comment on this point.

- The Ministry of Health is also registered. Although the interface is not user-friendly at all, the system works fine and is a guarantee that an answer will be given in time. The translation system is also a very good utility, and developers should keep working on it for other languages.

15. How could a professional card (see Recital 32 of the Directive) facilitate recognition of professional qualifications and provision of temporary services? Under which conditions could it be issued by professional associations? In what respect would a professional card add value over the Europass CV?

By allowing the professional's authentication and, in time, by giving on-line access to information about him or her, this card would indeed facilitate the regulators' role and enhance patients' trust in migrating healthcare professionals.

16. How do you share information about suspensions/restrictions with competent authorities in other Member States? Could more be done in this respect? Should an alert mechanism be put in place?

An alert mechanism could be helpful. This matter should be further discussed, especially linked with the ECRIS project[4]. At present, we have limited means to share this kind of information and we use IMI.

E. OTHER OBSERVATIONS

17. 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 may be checked by ONI's councils at département level (CDOIs) at the time of registration with their registers, as necessary, on a case by case basis. Such verification would be more difficult at national level, if and when the National council receives declarations of temporary mobility.

- The Ministry of Health has had a few complaints about the fact that the languages skills required are not exclusively technical. The reason is that, for health professions, personal interaction with the patient is central, and body language cannot suffice: it is often necessary, for instance, to explain a treatment and sometimes to be able to convince the patient about the need to follow it.

18. Do you charge any fee for the recognition process? If so, how much?

The ONI does not envisage to charge any specific fee in this respect, on top of the annual fee (€ 75) paid by nurses to get and stay registered with the Ordre.

19. What is your experience with applying article 11 in the context of nursing?

The ONI has no experience in this matter.

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[4] http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32009D0316:EN:HTML

National Implementation Report for EU Directive 2005/36/EC

Nursing profession

Country: **CYPRUS**

Organisation: CYPRUS NURSING AND MIDWIFERY COUNCIL

The Cyprus Nursing and Midwifery Council is a government body regulated by the Nursing and Midwifery Laws 1988 to 2009. It is responsible for the registration of professional nurses (General Nurses and Mental Health Nurses) and of midwives. The Council also has disciplinary responsibilities.

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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?

For the time being there is no online application system available for registration with the Cyprus Nursing and Midwifery Council. However, applicants can download the registration form from the official website of the Ministry of Health, in PDF© or Microsoft Word© doc format. The form is accompanied with full instructions and is available both in the Greek and English language.

Due to the fact that application for registration requires certified copies of certain documents, such as diplomas or degrees, nurses from EU member states are requested to send their applications via the post or by personal delivery. The Registrar has an office at the Ministry of Health staffed by a qualified person who receives the applications and is able to give all the necessary advice.

The Council acknowledges the importance of an online application system and when the necessary technological back up is available we will proceed to create such a system.

The Council does use electronic mail to answer queries concerning registration on a daily basis.

2. **What is the yearly number of applications for 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[1].** *available data is as follows please see Annex 1:

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**:

No major problems have been encountered with automatic recognition. Automatic recognition based on diploma is a success up to the point in that it essentially acknowledges common educational backgrounds. However, in reality, there may be differences in educational levels and differences in nurses' scope of practice among the EU member states and this, apart from mobility, may limit the ultimate purpose of the Directive such as quality, safety and public health outcomes. Another aspect is the necessity of continuous update of the qualification titles and educational institutions which requires the necessary update of the annexes.

- **Automatic recognition based on acquired rights**. There is some doubt concerning the potential lack of competency of applicants becoming registered via acquired right. Also, some lack of trust may exist between competent authorities or doubts as to whether competent authorities get reliable information about the professional's fitness to practice. One specific problem encountered by the Cyprus Nursing and Midwifery Council is when a member state certifies professional practice which took place in another member state.

- **Recognition based on the general system.** There are difficulties in obtaining professional educational transcripts for assessment by the Council via the General System route.

In general, the Directive as the minimum regulatory educational and practice standard serves for mutual recognition of professional qualifications of nurses, safeguards at least to a minimum level the public and the public health and serves as a common as well as fair check point for the evaluation of third country applicants.

The question of insufficient professional evidence based knowledge / competencies / skills and lack of post-registration competency maintenance and development remains unattended at EU level.

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[1] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

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.**

Yes, the General System is applied when the conditions for automatic recognition or acquired rights are not met. However, major difficulties do arise due to inadequate documentation or documents presented which require clarifications, or even because some Nursing Schools have ceased to exist so the applicant is unable to submit a transcript of his or her training programme.

The most significant problem which arises from the application of the general system is when we encounter educational programmes which exhibit profound deficiencies, but we are bound by the general system to offer compensatory measures. It is felt that on some occasions we are actually discriminating against the professional education of a number of Cypriot Nurses. By offering these measures are we actually upgrading some programmes to a level to which they do not belong? Furthermore, these measures cannot be considered as actual extra professional education.

Compensation measures offered – adaption periods are arranged at Public Hospitals. Practice is carried out under supervision of a registered nurse and is without payment. The procedure for offering this practice can be completed within 3 weeks of the applicant's choice of compensatory measures. Nearly all applicants select the adaptation period as opposed to the aptitude test. Only one applicant up to now has chosen an aptitude test.

However the problem remains as to who pays for the supervision and evaluation of these applicants, for the time being the Government of Cyprus does. We have problems with applicants whose professional education was obtained in a third country but later acquired E.U nationality. Some of the programmes are seriously insufficient (substantial differences) mainly in theory but also in practical input (Article 2).

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))?** We have no such experience.

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

In Cyprus the Regulatory Body for Nursing and Midwifery is the Council of Nursing and Midwifery, which is a government body that belongs to the Ministry of Health. The nine members are appointed by the cabinet of Ministers for a 2 year period. Four members are voted for (by nurses belonging to the Cyprus Association for Nurses and Midwives) and five are appointed in order to ensure the representation of midwifery, health visitors, mental health nursing, general nursing and nursing education. The members then elect the president, vice president and secretary. The main responsibilities of the council, as stipulated by National Legislation (Nursing and Midwifery Laws 1988-2009), are the evaluation and approval of applications for registration. The Council is also responsible for assessing the language competence and also for the investigation of complaints and any other issues of discipline and ethical issues in the exercise of the profession.

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) [2]

No applications have been received for temporary or occasional practice.

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? All the rights of Greek Cypriots as employees are applied for the temporary employees (social security and other benefits). The migrant needs to notify the Host country about his or her intentions.

- **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?** There were no such cases in our country.

9. Why is a prior declaration system necessary? What do competent authorities do with the information received? Are other possibilities conceivable? We have not yet dealt with this situation.

C MINIMUM TRAINING REQUIREMENTS

10. To what extent are the common minimum training requirements set out in Title III Chapter III of Directive 2005/36/EC and the compulsory training subjects as 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?

Despite of advancements in healthcare and in professional education, the Directive still deals with the minimum requirements which have to remain until all member states advance to that level, or at least up to 2012. Thus, the number of hours remains as 4,600 (It is easier to translate hours to ECTS than vice versa), theory and practice remain in conduct hours and not as students' effort, overall competencies to be achieved and minimum activities of nurses.
Though, it could be suggested that:

- "Research methodology", "patient safety" "quality", "risk" and "evidence-based" knowledge and competencies could be added.
- The word "training" could be amended to "education", the word "trainee" to "student nurse" and the word "teachers" to "academics" or "educationalists".

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[2] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

- General secondary education of 10 years to change to 12 years. This amendment will identify that nursing education is at a higher and university level education (to ensure a post-secondary education).

11. 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? There are differences among member states in the educational level, content, clinical practice, practice settings, and competencies acquired. There are difficulties in getting information on changes in midwifery educational programs and on tracking those changes through the Directive.

Overall trust prevails between most countries. The education of nurses is now accredited. Nursing education in Cyprus is now at degree level. Accreditation from another country would enhance trust.

12. 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?

CPD is not yet mandatory in Cyprus. However, it is in the process of approval and will be related to the renewal of nurses' registration which currently is on a permanent basis. This change is likely to take place in 2011.

D. ADMINISTRATIVE COOPERATION

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

Administrative co-operation is very significant; meetings are of great importance always taking into account each member state's national relative legislation.

14. 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?

Our competent authority is registered with the IMI. The circumstances under which it is used are: To confirm qualifications, to check the authenticity of documents, to confirm if an applicant is registered in the home country according to the EU Directives and to ask if there are disciplinary measures taken against the applicant.

15. How could a professional card (see Recital 32 of the Directive) facilitate recognition of professional qualifications and provision of temporary services? Under which conditions could it be issued by professional associations?

A professional card would facilitate mobility. It would also offer assurance about the professional's identity and legal status. It could include useful information about the holder, such as the educational institution graduated from, professional qualifications, specialisations and information on professional experience. It should be issued under strict conditions of

safety so as to prevent the use of cards from the non-holders and issued by regulatory bodies. These cards should be standard for all E.U member states.

16. How do you share information about suspensions/restrictions with competent authorities in other Member States? Could more be done in this respect?

For the moment we are sharing information through the IMI and exchange of letters some times we used the assistance of the police and the Europol. When a Greek Cypriot Nurse applies for registration in another EU country a certificate of current professional status is issued. There is a lot to be done in this respect, for example to introduce an information exchange system of these cases like the IMI Alert Mechanism.

E. OTHER OBSERVATIONS

17. 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?

The applicant is offered temporary registration of 6 months until he or she acquires a basic knowledge of the host country language (Greek). For this purpose the regulatory body has created a committee for the evaluation of the applicant's basic language knowledge. It works with a framework created in cooperation with the University Faculty of languages. This is stipulated by national legislation which was amended in 2009 and states that in order to practice nursing in Cyprus the applicant must have a basic knowledge of the Greek language. The Council has received several complaints from patients and employees about insufficient language skills of migrants and therefore compromise of patient safety.

ANNEX 1

Registration of General Nurses from EU member states from 2003 to 2009

	U.K *	Greece *	Poland	Slovakia	Slovenia	Romania	Bulgaria	Czech R	Ireland	Holland	Germany	Lithuania	Belgium	Austria	Latvia	Spain	Malta	Sweden	France	Hungary	TOTAL
2003	4	14	-	-	-			-	-	-	-	-	-	-	-	-	-	1	-	-	**20**
2004	12	12	2	2	-			1	-	2	3	3	-	-	-	-	-	2	-	-	**40**
2005	60	13	3	3	-			-	1	-	2	1	1	-	1	1	-	-	-	-	**86**
2006	18	26	1	5	1			7	-	-	5	-	1	1	1	-	1	1	-	-	**70**
2007	10	19	4	-	-	4	6	-	-	-	1	-	-	1	1	-	-	-	-	-	**46**
2008	17	23	2	-	-	4	41	1	2	1	1	-	-	-	-	-	-	-	2	1	**95**
2009	9	42	1	-	-	2	14	-	-	-	1	-	-	-	-	-	-	-	-	-	**69**

** For U.K and Greece all, from which Cyprus receives the majority of applications, applicants are registered by automatic recognition*

National implementation report for EU Directive 2005/36/EC

Nursing profession

Country: **Latvia**

Organisation: Health inspectorate

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15.06.2010.

Notification about the recognition of professional qualifications from the competent authorities of the Republic of Latvia

The recognition of Professional qualifications is responsible and regulated process in national level as well as all around the European Union and every case is appraised individually. Professional qualifications obtained in the foreign states in the professions regulated in Latvia have to go through the procedure of the recognition of professional qualifications. In Latvia it is allowed to work if the person's professional qualification has recognised according to the Law on Regulated Professions and Recognition of Professional Qualifications (20.06.2001.) and the person has received the certificate of the recognition of professional qualifications. With this Law the Directive 2005/36/EC of the European Parliament and of the Council on the recognition of professional qualifications standards have been captured. The recognition of professional qualification obtained in foreign states includes recognition of education documents, as well as other documents that recognize the professional qualification and job experience.

Since 1st October 2009, the Health Inspectorate accomplishes the recognition of professional qualification:

- nurses in the regulated profession of nurses;
- midwifes in the regulated profession;
- doctor assistant in the regulated profession;
- nurse assistant in the regulated profession;
- beautician in the regulated profession;
- dentist assistant in the regulated 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?

Applicant submits an application and added package of documents in the information institution – the Academic Information Centre (AIC). (Section 11.1 of Education Law determines: The Academic Information Centre issues the certificate to determine which education document issued in Latvia, or which academic degree conferred in Latvia, is equivalent or may be considered as equivalent to the education document issued abroad, or to the attesting document in regard to the academic degree conferred abroad.) AIC accepts the documents in presence, processes the evaluation, and sends the certificate and added copies of documents to the institution that issues the certificate of recognition of professional qualification in the regulated profession.

The institution that issues recognition certificates examines the submission of the applicant and documents appended there to that are received from the information institution and evaluates the information provided in the statement of the information institution. If the documents submitted by the applicant attest to the conformity of the educational and professional qualification of the applicant to the requirements for the

acquisition of professional qualifications in the regulated profession specified in the Law On Regulated Professions and Recognition of Professional Qualifications or are supplemented (if the conformity is partial) with documents that attest to conforming professional experience within the relevant profession in the state of residence of the applicant, and no substantial discrepancies are set out in the statement of the information institution, then the institution that issues recognition certificates makes a decision regarding the recognition of professional qualifications.[1]

The Health Inspectorate takes a decision of recognition of professional qualification in the professions of nurse, midwife, doctor assistant, nurse assistant, beautician, dentist assistant.

2. What is the yearly number of applications for 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[2].

The Health Inspectorate has information about the cases of professional recognition since 2006. 1st table shows the data about the recognition of professional qualification obtained in foreign states in the time period of 2006-2009. 2nd table shows the number of provided documents in Latvia for recognition of professional qualification in foreign states in the time period of 2001-2009.

1st table

Recognition of professional qualification obtained in foreign states in Latvia				
	2006	*2007*	*2008*	*2009*
1.Documents issued in European Union	0	2	3	1
1.1.Automatic recognition	0	2	3	1
1.2.General recognition	0	0	0	0
2. Documents issued outside the European Union (General recognition)	2	1	3	3

2nd table

1 Cabinet of Ministers Regulation No 525 Adopted 19 July 2005 "Procedures for Recognition of Professional Qualifications to Perform Permanent Professional Activities in the Republic of Latvia", Clause 11 and 12.

2 Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

Provided documents in Latvia for recognition of professional qualification in foreign states										
	2001	*2002*	*2003*	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*Kopā*
Applicable Directive 2005/36/EC	1	3	0	7	47	59	37	49	143	346
Outside the European Union	1	1	1	3	2	5	6	3	3	25
No information	0	4	0	1	3	1	0	0	0	14

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.

In view of the experience of recognition of professional qualification the Health Inspectorate has, we abstain from evaluation of success of recognition system.

Automatic recognition system is applied if professional qualification obtained in European Union or in the member state of European Free Trade Association, and satisfies the unified minimum training conditions (Directive 2005/36/EC, Annex V). In this case the recognition of professional qualification is build on the fact that different states agreed on unified minimum training conditions for the education of professional qualification in regulated professions, and have specified needed documents that satisfies the conditions. The Health Inspectorate receives the certificate about the conformity of applicant's education and professional qualification to the conditions of the Republic of Latvia, as well as copies of the application and added documents from the information institution (AIC). Then the Health Inspectorate can examine the documents and make a decision in order of the Cabinet of Ministers:

If the decision is made about automatic recognition of professional qualification – the Health Inspectorate processes the certificate of the recognition of professional qualification, according to the time-limits appointed in the Law.

If the decision is partly to approve / disapprove the professional qualification – the Health Inspectorate processes the decision and justification extract, according to the time-limits appointed in the Law. If the differences between the professional qualifications obtained in the foreign state and conditions for the specific profession in Latvia are established, then these differences can be compensated with job experience, or there can be established adaptation period or the examination of the qualification compliance. If the professional qualification is obtained outside the European Union and does not satisfy the regulation in Latvia, person has to satisfy the

conditions that are established in Latvia. The Health Inspectorate determines the time period of adaptation for the applicant, and confirms the specialist-supervisor. Applicant receives the evaluation after the adaptation period. Also, the Health Inspectorate establishes the list of courses or subjects that has to be acquired, so the person could practice in particular profession. As well, determines detailed examination procedure of recognition of qualification.

The applicant makes the payment for the recognition of professional qualification obtained in foreign states in AIC (LVL 40.00 + VAT), according to the Regulation No.298 "Procedure the Applicant Covers the Expenses Related to a Person's Professional Qualifications Recognition" of the Cabinet of Ministers of Republic of Latvia Paragraph 4. Above mentioned payment amount includes expenses of the institutions that issues certificates of the recognition of professional qualification.

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.

General recognition system of professional qualification determines that any professional qualification obtained in the foreign states have to be compared to the conditions of specific profession in Latvia. This includes:

- education level,
- education duration,
- education content,
- professional activities – if particular foreign professional qualification includes all professional activities that are relevant to this profession in Latvia.

If the differences between the professional qualifications obtained in the foreign state and conditions for the specific profession in Latvia are established, then these differences can be compensated with job experience, or there can be established adaptation period or the examination of the qualification compliance. If the professional qualification is obtained outside the European Union and does not satisfy the regulation in Latvia, person has to satisfy the conditions that are established in Latvia.

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

Since 1st October 2009 the Health Inspectorate did not have to evaluate that kind of situation.

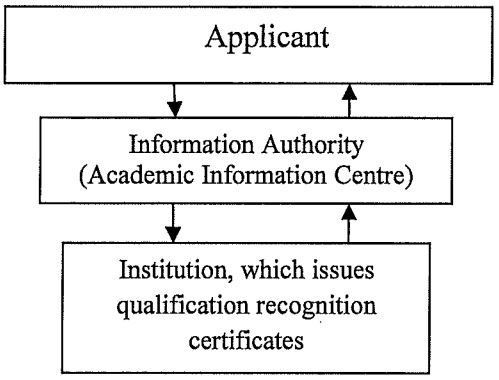
The Point 3 of the Transitional Provisions of the Law „On Regulated Professions and Recognition of Professional Qualifications" provides, that the persons, which have received the rights to operate in one of the regulated professions before the Law came into force (until the 19th of July, 2001 including) keep those rights also if those persons' professional qualification does not meet the requirements of the Law. These rights are kept for the time that complies with the time between the

certification and repeated certification (re-certification) if such is foreseen in the relevant profession. The further rights to operate in this profession are stated by the requirements and results of the repeated certification (re-certification).

If the person, including EU citizen, has received education outside the EU and the qualification has not been recognized in other EU country, the valid law which regulates professional education and qualification for the recognition of the professional qualification is applied.

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

Applicant submits documents to the Information Authority → Information Authority examines submitted documents, prepares a reference and sends all documents to the institution, which issues qualification recognition certificate → institution, which issues qualification recognition certificate, examines received documents, takes a decision and sends it to the Information Authority → Information Authority registers the decision and informs the applicant about it.



Detailed structure of HEALTH INSPECTORATE can be found:
http://www.vi.gov.lv/print.php?sadala=100

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) [3]?

Since the 1st October, 2009 Health Inspectorate has not had to evaluate such case.

[3] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

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?

   - 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?

Since the 1st October, 2009 Health Inspectorate has not had to evaluate such case.

9. Why is a prior declaration system necessary? What do competent authorities do with the information received? Are other possibilities conceivable?

Health Inspectorate does not have previous experience.

C. MINIMUM TRAINING REQUIREMENTS

10. To what extent are the common minimum training requirements set out in Title III Chapter III of Directive 2005/36/EC and the compulsory training subjects as 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?

Health Inspectorate does not an experience of such extent concerning the professional qualification recognition in order to evaluate accordance of requirements stated in the Directive with the development of scientific progress and professional needs.

11. 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?

Health Inspectorate cannot make an evaluation about the development of scientific progress and professional needs in the last ten years.

12. 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?

Recognition of the professional qualification in regulated professions obtained in foreign states includes not just only recognition of educational documents, but also other documents that verifies the professional qualification and recognition of work experience.

13. 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?

The organization of the Further education is not the competence of Health Inspectorate.

The rights to practise as a nurse are assigned for five years. In order to maintain the rights to practice (the nurse register would be extended for the next 5 years), the nurse must acquire the knowledge and skills in amount of 150 hours within 5 years time from the moment of registration in order to develop professional qualification.

Further education programs for the improvement of qualification for nurses are implemented by individual merchants, higher education institutions and medical colleges. Further education process is coordinated by the Latvian Nurse Association.

The nurse professional qualification development is ensured by not only further education programs, but also there is offered an opportunity to acquire accredited second level professional higher education program for nurses.

D. ADMINISTRATIVE COOPERATION

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

Health Inspectorate provides an answer to the host country request, which refers to service providers' status legitimacy, as well as about any professional character disciplinary or penalty nonbeing.

15. 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?

In the Republic of Latvia IMI coordinator in the professional qualification recognition area is Mr. Dainis Ozoliņš, Senior Officer of Policy Co-ordination Department's International Affairs Divisions of the Ministry of Education and Science of the Republic of Latvia.

There are two liaison officers in Health Inspectorate in professional qualification recognition area. Health Inspectorate is in IMI system from November 2009. The experience in working in IMI system is little (given replies on two requests).

16. How could a professional card (see Recital 32 of the Directive) facilitate recognition of professional qualifications and provision of temporary services? Under which conditions could it be issued by professional associations?

Health Inspectorate cannot give comments.

17. How do you share information about suspensions/restrictions with competent authorities in other Member States? Could more be done in this respect?

Health Inspectorate does not have an experience in such cases in order to be able to comment.

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?

The recognition of professional qualification in Latvia is provided in Latvian. Health Inspectorate does not have any information about claims.

The amount of the knowledge of the official language of the state in order to fulfill the professional tasks and those require by the post is regulated by the Regulations of the Cabinet of Ministers No 733 (from 7 July, 2009) "The Regulations On the Level of the State Language Proficiency And the Order of Its Examination For Performing the Professional and Job Duties, For Receiving the Permanent Residence Permit And For Obtaining the Status of Permanent Resident of the European Community, As Well As the Amount of the State Duty To Be Paid For the Examination of the State Language Proficiency". Providing health care service affects the legitimate interests of society, so the health care providers have a requirement to have a good command of state language. The use of state language providing professional duties controls State Language Centre which is under the supervision of Minister for Justice.

National implementation report for EU Directive 2005/36/EC

Midwife profession

Country: **Republic of Lithuania**

Organisation: Ministry of Health

The Ministry of Health of the Republic of Lithuania is an institution that exercises executive powers, carries out State administration functions established by the laws and other legal acts in the health care sector, and implements State policy in the health care sector.
Mission is to form and implement health policy that ensures public health, high quality health promotion activities, and rational use of resources.
One of the strategic goals is to execute active policy of health professionals planning, to ensure health professionals qualification and administrative competence upgrading.
There are regulated professions: medical doctor, dental practitioner, nurse, midwife, pharmacist, dental assistant (dental nurse), dental technician, oral hygienist, pharmacy technician (pharmacist's assistant), physiotherapist, occupational therapist, masseur, biomedical technician: radiographer, clinical technologist, pathological technologist, physiology technologist. The regulation consists of setting of requirements for training, specialisation, postgraduate training; continue professional education, recognition of professional qualification, registration, licesing, planning of health professionals.

Contact details:

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Jonas Bartlingas
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Evaluating the Professional Qualifications Directive
Experience reports from competent authorities

QUESTIONNAIRE FOR THE NURSING 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?

We could not accept applications by email.

2. What is the yearly number of applications for recognition, as well as negative and positive decisions 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[1]. What is the average duration of the process for both automatic and general systems?

Recognition of professional qualification obtained in foreign states in Lithuania {Applicants / positive decisions}											
	2000	*2001*	*2002*	*2003*	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	
1.Documents issued in European Union:											
1.1.Automatic recognition	*n.a.*	*n.a.*	*n.a.*	*n.a.*	*0*	*0*	*0*	*0*	*0*	*0*	
1.2.General recognition	*n.a.*	*n.a.*	*n.a.*	*n.a.*	*0*	*0*	*0*	*0*	*0*	*0*	
2. Documents issued outside the European Union (General recognition)	*n.a.*	*n.a.*	*n.a.*	*n.a.*	*5*	*2*	*0*	*1*	*5*	*2*	

The average duration of the process for both automatic and general systems from 1 month till 3 months.

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

[1] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

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.

We have low experience in recognition of EU education and couldn't submit comments.

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 adaptation periods and aptitude tests.

We have low experience in recognition of EU education and couldn't submit comments.

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))?

We haven't such applicants from EU citizens who obtained qualification in a third country and already recognized in a first Member State.
We will accept recognized procedure, if person present to us certificate according Article 3(3).

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

Structure of competent authority:
Ministry of Health of the Republic of Lithuania
Personal Health Care Department
Health Care Resources Management Division
Responsible person: Jonas Bartlingas (Head of the division)

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) [2]?

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[2] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

Unfortunately any EU citizen was interesting in using the provisions for exercising their professional activities on a temporary and occasional basis in Lithuania.

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?

   - 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?

Our Lithuanian competent authority requires from the migrant have legally provided his services in his home Member State.
In Lithuania are assessed all criteria: duration, frequency, regularity and continuity.

9. Why is a prior declaration system necessary? What do competent authorities do with the information received? Are other possibilities conceivable?

A prior declaration system is necessary for issuing permissions for taking services in Lithuania. Competent authority received information storages, share this information with supervisory institutions.

C MINIMUM TRAINING REQUIREMENTS

10. To what extent are the common minimum training requirements set out in Title III Chapter III of Directive 2005/36/EC and the compulsory training subjects as defined in Annex V in line with scientific progress and professional needs? Furthermore, are the knowledge and skills required by the directive still relevant for patient safety and up to date? Please specify. What about the conditions relating to the duration of training?

Lithuania had been harmonized all training programs to the Directives before entry to EU and they are in line of scientific progress. The duration of all training programs are harmonized also.

11. 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?

Lithuania trusts other Member State fully. University and colleges training programs are accredited by Centre for Quality Assessment in Higher Education (CQAHE) of Lithuania (http://www.skvc.lt/en/?id=0). This center also evaluates training programs accredited in another Member State under suspicion.

12. 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? How do you define continuous professional development in your country?

The continuous training is mandatory in Lithuania and during 5 year each nurse has to collect 60 hours of continuous training.

D. ADMINISTRATIVE COOPERATION

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

The competent authority of Lithuania cooperates with other EU competent authorities and exchange required and wanted information by post, by email, by IMI. Most popular cooperation way is by e-mail, IMI system.

14. Is the competent authority in your country registered with IMI? Under which circumstances does your competent authority use IMI? Please comment on your experience of using IMI. If not registered, why not and what would be the conditions for changing this situation?

The competent authority of Lithuania is registered with IMI. Mostly uses IMI for answers to inquiries of competent authorities of the other Member States.

15. How could a professional card (see Recital 32 of the Directive) facilitate recognition of professional qualifications and provision of temporary services? Under which conditions could it be issued by professional associations? In what respect would a professional card add value over the Europass CV?

Lithuania haven't such cards.

16. How do you share information about suspensions/restrictions with competent authorities in other Member States? Could more be done in this respect? Should an alert mechanism be put in place?

We can share information about suspensions/restrictions in our country with competent authorities in other Member States by post. We had not suspensions/restrictions for nurse according court decision.

E. OTHER OBSERVATIONS

17. 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 of migrants usually are checked by employer. We haven't such complaints regarding insufficient language skills of migrants.

18. Do you charge any fee for the recognition process? If so, how much?
We do not ask any fee for the recognition process.

19. What is your experience with applying article 11 in the context of nursing?
We have been used article 11 of Directive 2005/36/EC in the context of nursing and haven't any problems with this application.

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National implementation report for EU Directive 2005/36/EC

Nursing profession

Country: **Luxembourg**

Organisation: Ministère de l'Education Nationale et de la Formation Professionnelle & Ministère de l'Enseignement Supérieur et de la Recherche & Ministère de la Santé

Ministère de l'Education Nationale et de la Formation Professionnelle & Ministère de l'Enseignement Supérieur et de la Recherche :
Formation & Reconnaissance des Diplômes & Inscription des Titres & Mesures compensatoires

Ministère de la Santé :
Autorisations d'Exercer & Prestations de Services

Contact details:

Ministère de l'Education Nationale et de la Formation Professionnelle :

1. SERVICE DE LA RECONNAISSANCE DES DIPLOMES

Ministère de l'Éducation nationale et de la Formation professionnelle
29, rue Aldringen
L-1118 Luxembourg
Tél.: (+352) 247 – 85910
http://www.men.public.lu/reco_diplomes/index.html

Ministère de la Santé :
Service Professions de santé, professions médicales et pharmaciens - Autorisations d'exercer

Ministère de la Santé
Villa Louvigny - Allée Marconi
L - 2120 Luxembourg
Tél. : (+352) 247-85521 / Tél. : (+352) 247-85525
http://www.sante.public.lu/fr/travailler-sante-social/autorisation-exercer/index.html

Evaluating the Professional Qualifications Directive
Experience reports from competent authorities

QUESTIONNAIRE FOR THE NURSING 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? Non Under which conditions can they send documents and declarations electronically? What are your experiences in this respect?

2. What is the yearly number of applications for recognition, as well as negative and positive decisions 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[1].

La très grande majorité des décisions de reconnaissance se fait via le système de la reconnaissance automatique, en effet les reconnaissances fondées sur les droits acquis ou le système général représentent moins de 2% du total des décisions de reconnaissance.

What is the average duration of the process for both automatic and general systems? 1 mois

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.

L'application du système facilite la libre circulation des professionnels, mais ce système a également quelques inconvénients (cf. réponses n° 10 et 17).

Please submit comments for:

- automatic recognition based on diploma : facile et rapide pour le professionnel ; sans possibilité d'évaluer les connaissances et aptitudes effectives du professionnel.

- automatic recognition based on acquired rights: facile et rapide pour le professionnel ; sans possibilité d'évaluer les connaissances et aptitudes effectives du professionnel.

- recognition based on the general system. moins facile et moins rapide pour le professionnel, mais beaucoup plus sûr pour le patient, car davantage de moyens de contrôle permettant d'évaluer les connaissances et aptitudes effectives du professionnel.

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[1] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

4. Is the general system applied in your country each time the conditions for automatic recognition are not met? Oui Are there major difficulties in the recognition procedure under the general system? Non Please include any comments you may have on the implementation of adaptation periods and aptitude tests. Les procédures sont claires et précises, la majeure partie des requérants choisissent l'épreuve d'aptitude; la disponibilité des postes de stage d'adaptation dépend du marché de l'emploi.

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))? Ces diplômes ont jusqu'à présent été reconnus, sans que des problèmes majeurs ne soient apparus.

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

Ministère de l'Enseignement Supérieur et Ministère de l'Education Nationale

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? Non, pas de prestation de service signalée jusqu'à ce jour. How many citizens used this new system in 2008 and 2009 (per month, per year)[2]? 0

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?

Ce critère est analysé individuellement pour chaque demande. Le demandeur doit être titulaire d'une autorisation d'exercer dans son pays.

   - 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?

Ces critères sont examinés au cas par cas, en prenant en compte les caractéristiques individuelles de chaque prestation de services.

9. Why is a prior declaration system necessary? Pour garantir la sécurité des patients What do competent authorities do with the information received? Les déclarations de prestations de services sont inscrites dans un registre tenu auprès du Ministère de la Santé. Are other possibilities conceivable? non

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[2] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

C MINIMUM TRAINING REQUIREMENTS

10. To what extent are the common minimum training requirements set out in Title III Chapter III of Directive 2005/36/EC and the compulsory training subjects as defined in Annex V in line with scientific progress and professional needs? Ces contenus sont désuets et ne correspondent plus aux exigences professionnelles actuelles. Furthermore, are the knowledge and skills required by the directive still relevant for patient safety and up to date? Please specify. Les contenus devraient absolument être mis à jour. What about the conditions relating to the duration of training? Le critère de la durée exprimée en années (trois ans au moins) nous semble important; les 4600 heures ne correspondent plus à une durée relevant de quelque système éducatif que ce soit.

11. 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? Les programmes de formation sont définis par le Ministère de l'Education nationale et le Ministère de l'enseignement supérieur. L'institution d'enseignement doit se conformer à ces exigences. Does accreditation of a training program in another Member State enhance trust or is it not relevant? Comme les autorités nationales doivent reconnaitre la qualification professionnelle sur base de la simple présentation d'un diplôme, l'accréditation d'une formation étrangère n'est pas relevant dans la procédure de reconnaissance.

12. 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? How do you define continuous professional development in your country? La formation continue est obligatoire au Luxembourg, néanmoins jusqu'à présent elle a été ni évaluée ni contrôlée.

D. ADMINISTRATIVE COOPERATION

13. To which extent does administrative cooperation, as outlined in Articles 8, 50, and 56 of the Directive, simplify procedures for the migrant professionals? Il n'y avait jusqu'à présent pas de nécessité d'échange d'informations relatives à des sanctions disciplinaires ou pénales.

14. Is the competent authority in your country registered with IMI? Oui Under which circumstances does your competent authority use IMI? Des informations sont demandées en cas de doute concernant des diplômes non énumérés en annexe. Please comment on your experience of using IMI améliorations restent possibles. If not registered, why not and what would be the conditions for changing this situation?

15. How could a professional card (see Recital 32 of the Directive) facilitate recognition of professional qualifications and provision of temporary services? Une carte professionnelle émise par une association ne peut remplacer la reconnaissance d'un diplôme ou l'autorisation d'exercer la profession. Under which conditions could it be issued by professional associations? La législation prévoit qu'une carte professionnelle est émise par le ministre. In what respect would a professional card add value over the Europass CV?

16. How do you share information about suspensions/restrictions with competent authorities in other Member States? Par contact téléphonique direct Could more be done in this respect? Non Should an alert mechanism be put in place? non

E. OTHER OBSERVATIONS

17. How and when are the necessary language skills of migrants checked after recognition of the professional qualifications? Après la reconnaissance du diplôme, le professionnel doit encore obtenir une autorisation d'exercer du Ministre de la Santé. Cette autorisation est en outre soumise à la condition que le professionnel dispose des connaissances linguistiques nécessaires à l'exercice de sa profession soit en français soit en allemand. Il doit également avoir ou acquérir des connaissances nécessaires à la compréhension des trois langues administratives du Grand-Duché de Luxembourg (luxembourgeois, allemand, français). Le professionnel peut prouver ses facultés par tout moyen ; uniquement en cas de doute un contrôle plus approfondi ne sera effectué.

Are you aware of any complaints (especially from patients/clients/employers) about insufficient language skills of migrants? Oui, les plaintes sont quotidiennes et nombreuses, surtout par les patients mais aussi par les employeurs. Ceci s'explique par le pourcentage élevé de personnes avec origine migratoire présentes au Luxembourg, aussi bien dans la patientèle qu'auprès des professionnels. Dans ce contexte des problèmes de communication sont inévitables.

Do you charge any fee for the recognition process? If so, how much? Non

17. What is your experience with applying article 11 in the context of nursing? L'article 11 ne trouve pas d'application dans le cadre de la reconnaissance des titres de formations d'infirmiers.

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National implementation report for EU Directive 2005/36/EC

Nursing profession

Country: **Hungary**

Organisation: Office of Health Authorisation and Administrative Procedures

The Office is responsible for the recognition of the foreign healthcare diplomas and qualifications and the registration of all the healthcare professionals.

The Office's website: www.eekh.hu

Contact details:
Dr. András Zsigmond
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Evaluating the Professional Qualifications Directive
Experience reports from competent authorities

QUESTIONNAIRE FOR THE NURSING PROFESSION

Hungary – Office of Health Authorisation and Administrative Procedures

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 application form can be submitted electronically as well.
   The certified copies and official translations of the documents should be submitted by post, or personally. According to our experiences, our clients like the possibility of the personal consult at least when they do their application.

2. What is the yearly number of applications for recognition, as well as negative and positive decisions 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[1]. What is the average duration of the process for both automatic and general systems?

Applications					
2007		2008		2009	
EEA	3rd countries	EEA	3rd countries	EEA	3rd countries
26	7	42	12	32	8

Positive decisions					
2007		2008		2009	
EEA	3rd countries	EEA	3rd countries	EEA	3rd countries
36	10	30	9	26	8

In case of the recognitions falling under the general system, the procedure (strictly the administrative procedure) takes maximum 3 months, which can be renewed once with 22 working days if necessary. However this doesn't mean that we can issue the decision on

[1] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

the recognition within this period, because in case the applicant is to take an aptitude test or an adaptation period, we make a preliminary decision in which we put a deadline for the fulfilment on the condition (this depends on the length of the adaptation period or the theme of the test).

The automatic recognition procedure can not last longer than 3 months.

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

     This possibility simplifies the procedures also for the applicants, but for the competent authorities as well. It is a very simple procedure, if the denomination, reference date and other conditions are met.

     We see the following phenomena a bit problematic: Hungary is one of the Member States where more levels of nurse qualifications exist, which satisfy the minimum training requirements laid down in the Directive (3 level: MSc, BSc and post-secondary level). The denomination of these three qualifications are in Annex V of the Directive.

     This situation causes the following problem: it is not always clear to determine that which Hungarian qualification matches to the conform foreign qualification submitted by the applicant, because we are not entitled to examine the training requirements (nor the length nor the level of the training). We suggest to revise the Annex V. 2. of the Directive and during this revision the Member States should declare the level of their conform qualifications in general nursing.

   - automatic recognition based on acquired rights

     Though the Directive's general aspect is built on the mutual trust between the competent authorities, we find the most problems concerning the certificate of acquired rights, mostly in the cases where the professional's residence MS (or his/her pursue of the medical activity) has changed several times during the last five years period.

     In the Directive, it is not regulated that during the three consecutive years in the last five years in how many hours the applicant has to work in order to be able to apply for the certificate of acquired rights. (it is an extreme example, but it is possible to benefit the acquired rights even if the professional pursues his/her activities just 1 hour monthly).

     We also had some problems with the interpretation of the criteria "effective and lawful practice" laid down in Article 23.1.

     According to Articles 110-113. of Act CLIV of 1997 on Health (our national legislation), we have two registers of the healthcare professionals: basic register and operational registry.

Basic register functions as a register of the qualifications, which means that all the healthcare qualifications obtained/recognised (or formerly nostrificated) in Hungary are registered automatically in the basic register.

It is a requirement in case of all the regulated professions that the professional (and his/her qualification) is registered in the basic register (which means he/she holds a valid qualification).It is in accordance with Article 1 of the Directive.

The healthcare activity concerned can be pursued in Hungary with or without supervision.

The registration into the operational registry is upon the application of the professional. The registration period is valid for 5 years and can be renewed if the professional satisfies the requirements (collect points on practical and theoretical CPD activities etc.)

The valid operation is a condition on the pursuit of the healthcare activity without supervision. But according to the abovementioned legislation it is also possible to practise the healthcare activity with supervision if the professional does not hold a valid operational legislation.

The Commission has informed us, that according to their interpretation if in Hungary only professionals who are registered in the so called "operational registry" can exercise independently all the activities of the profession in question, only their professional experience can be considered as an "effective and lawful practice" of a profession in the sense of Article 23(1) of the Directive, and only they can receive a certificate on the effective and lawful exercise of the profession.

We'd also welcome if the condition of the full time healthcare activity would be put in Article 23.1. of the Directive.

We have experienced similar situations and problems with regards certificate of acquired rights issued by other Member States competent authorities.

- recognition based on the general system.

  This system works well, because we can examine the training requirements directly. Sometimes it is hard to find out if a profession is regulated profession in the Member State of origin or not.

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 adaptation periods and aptitude tests.

   In all cases where not all the conditions for the automatic recognition are met we apply the general system for the procedures. When it is necessary we ask our national experts to examine the training requirements/professional experiences of the applicant, and we decide in a preliminary decision (in aware of the expert's opinion) about the conditions of

the recognition. We always put a deadline to complete the conditions and inform the applicant about all the necessary information in the decision itself.

We haven't got any negative feedback concerning nor the aptitude test nor the adaptation period, in some cases the applicant's had problems with their completion because they didn't have the sufficient knowledge of language.

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))?

We do not have too many experiences with the application of Articles 2 (2) and 3 (3).

We've some experiences in case of applicants with EU citizenship who obtained their qualifications in non member states, but recognised/nostrificated them in Hungary and wish to move to another MS. we usually issue them certificates which attest the lawful and effective pursuit of the activity concerned.

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

The Office of Health Authorisation and Administrative Procedures was founded on 1st April 2003 by the Government in accordance with Hungary's preparation to join the European Union. The Office is an independent centralised national authority, with national competences regarding different administrative matters. Our Office works under the supervision of the Minister of Health.
The Department of Migration and Monitoring works - amongst others - as the Hungarian competent authority with regards to 2005/36/EC Directive on the recognition of professional qualifications for medical professional qualifications:
- this department is responsible for the recognition of most of the foreign medical professional qualifications (EEA countries and non EEA countries)
- it issues different kinds of certificates that are necessary for the recognition of the Hungarian medical professional qualifications in other countries
- it shares information concerning the conditions of the recognition and registration with other competent authorities.

The Office is also responsible for the registration: we have a so-called basic register (diploma register) and an operational registry.

A healthcare professional can only practice his/her medical activities in Hungary without supervision, if he/she holds a valid operational registration, otherwise he/she can only practise the activities under supervision.

The national coordinator and the contact point in Hungary is the Educational Authority/Hungarian Equivalence and Information Center.

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) [2]?

   We only had some queries from nurses from the neighbouring countries, but no applications or statements were submitted in 2009.

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?

   - 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?

   We do not have too many experiences concerning temporary mobility.

9. Why is a prior declaration system necessary? What do competent authorities do with the information received? Are other possibilities conceivable?

   As the number of the notifications concerning temporary mobility is very low, we think that the service providers do not always inform us about their service. The reason might be that they do not know about this obligation, or they find that the procedure is too complicated.

   In case of healthcare I think the prior declaration/notification would be essential, because it could only guarantee the supervision of the service, and all the information could be provided concerning it later on, in case of any problems with it.

   The system could work more efficiently, if its enforcement was more efficient, like developing some kind of common sanctions in case of not complying with the requirement of prior declaration.

C MINIMUM TRAINING REQUIREMENTS

10. To what extent are the common minimum training requirements set out in Title III Chapter III of Directive 2005/36/EC and the compulsory training subjects as defined in Annex V in line with scientific progress and professional needs? Furthermore, are the knowledge and skills required by the directive still relevant for patient safety and up to date? Please specify. What about the conditions relating to the duration of training?

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[2] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

This regulation is out of date, as it was taken over from the Directives 77/452/EEC and 77/453/EEC, revision would be much welcomed.

We suggest to determine the minimum requirements and competences according to the different levels of qualifications as mentioned in our comment for question 3, this would be able to safeguard more also the patient safety.

11. 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?

When we ask, or provide information concerning the recognition of professional qualifications we have experienced that the mutual trust exists. We found that the competent authorities can work effectively together mostly on a case-by-case basis.

We just had some problems concerning the certificates of acquired rights as mentioned previously.

We also have some problems with countries where the competent authorities are organized on territorial basis because it is sometimes very hard to find out who to ask to get the relevant information.

We exchange information concerning state accredited trainings and qualifications.

12. 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? How do you define continuous professional development in your country?

Requirement of the continuous professional development exists in Hungary, all the healthcare professionals who want to practise their activities without supervision, are to have a valid operational registration. The registration is valid for five years, and one of the conditions of the renewal is to collect enough credits on CPD activities.

It would be useful, if the CPD elements could be mutually recognized or transferred in each Member States national system because the professionals could benefit a lot from this possibility. We would welcome the introduction of a common framework of the CPD in the Directive.

D. ADMINISTRATIVE COOPERATION

13. 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 simplifies the situation of the applicants. We found it problematic that there is no deadline nor sanction in order to answer a question. This results in some cases it is very hard to get the relevant information.

We usually directly contact the competent authority questioned (if we can identify them), but sometimes we try to get the information through other ways like the SOLVIT centre.

14. Is the competent authority in your country registered with IMI? Under which circumstances does your competent authority use IMI? Please comment on your experience of using IMI. If not registered, why not and what would be the conditions for changing this situation?

The Office is registered in the IMI system we send and answers questions very often.

We find it a very useful tool to communicate amongst the competent authorities, and we would warmly welcome to make the use of the IMI compulsory for all the MS's competent authorities.

We found that using the pre-formulated questions and also the free text common boxes it is very easy to understand the individual applicant's situations, and we also have very good feedbacks from the applicants, because we are dealing these matters on a fast and effective ways, and they are not obliged to gather all the information personally.

IMI could be used more efficiently, if strict deadlines were built into the mechanism, because in some cases (and from some authorities) the answer arrives very slowly.

We'd also welcome the introduction of the alert mechanism into the IMI system also for PQ modul as it already exists for services.

15. How could a professional card (see Recital 32 of the Directive) facilitate recognition of professional qualifications and provision of temporary services? Under which conditions could it be issued by professional associations? In what respect would a professional card add value over the Europass CV?

In Hungary a professional card exists with regards all the healthcare professionals but this card does not give any information about their training requirements.

A sophisticated system should be developed to ensure that the information accessed by using the card, or printed on the card are up-to-date.

We find that Europass CVs and certificates of good standing/current professional status are the best source to get the relevant information.

16. How do you share information about suspensions/restrictions with competent authorities in other Member States? Could more be done in this respect? Should an alert mechanism be put in place?

The Healthcare Professionals Crossing Borders initiative (HPCB) has launched some surveys and consultations on this matter to clearly see the national settings on the information sharing.

They identified two types of information sharing: reactive information sharing on case-by-case basis, and proactive information sharing.

Some countries (like Hungary) can only share information reactively, because of the national data protection legislation, until the requirement of proactive information sharing would not be introduced in the Directive itself.

Some other countries sends the information (mostly concerning fitness to practice issues) proactively, and we find it very useful to have these information, when it affects some of our registrants.

If we are informed about a case, we can investigate directly whether it has any effect on the registrant under our national law.

The HPCB has a memorandum of understanding on this matter.

We think that the IMI system could also be used as an alert mechanism in this field (it would be similar to the application of the tool with regards the services directive) if proactive information sharing would be compulsory, which would be the fastest and more secured way to inform other authorities.

E. OTHER OBSERVATIONS

17. 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?

The sufficient language knowledge is not a condition to examine during the recognition procedure, though in cases falling under the effect of the general system, when the applicant is to complete a compensation measure (adaptation period, aptitude test) the knowledge of the language is necessary.

The sufficient knowledge of language would be a condition during the registration, but we can not systematically check it, nor ask any formal evidences of the applicant's language knowledge.

The applicants are to make a self-declaration concerning their language knowledges when they apply for the registration, and their former employers can interview them.

18. Do you charge any fee for the recognition process? If so, how much?

The fee of the recognition procedure is laid down in Act C of 2001, it is based on the minimum wages (3/4 of a monthly minimum wage).

The fee of the procedure in 2010 is 55125 HUF (approximately 200 euros).

19. What is your experience with applying article 11 in the context of nursing?

As we have explained in our answer for question 3 sometimes it is very hard to identify the level of the qualification and the competences even in the cases of nurses responsible for general care.

The situation is more complex with regards specialised nurses, so it would be very useful to use a common framework (article 11 classification or the EQF) to determine the level of qualifications.

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National implementation report for EU Directive 2005/36/EC

Nursing profession

Country: **Malta**

Organisation: Council for Nurses and Midwives

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Evaluating the Professional Qualifications Directive
Experience report from the Council for Nurses and Midwives Malta

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?

We do not accept applications by e-mail or online because applicants must have the documents authenticated and signed by the Department of Foreign Affairs. The original authenticated copies have to be presented with the application form.

2. What is the yearly number of applications for 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[1].

We are only able to give data from 2005 onwards as we only became members of the European Union in 2004.

Midwives

	APPLICATIONS RECEIVED	*REGISTRATIONS*
2005	*0*	*0*
2006	*3*	*0*
2007	*0*	*0*
2008	*0*	*0*
2009	*2*	*2*

In 2009 we had two registrations from Member States one on the basis of Acquired Rights and one on basis of Automatic Recognition.

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 works well and it is fairly easy to assess applications in this way by making reference to the Annex. However a translation of all names in a single language would be very helpful as some alphabets are a bit tricky to match.

[1] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

- automatic recognition based on acquired rights

It is a fact that when using recognition based on acquired rights one must heavily rely on mutual trust between member states and competent authorities. This implies that sometimes the training programme that the applicant would have followed will not be up to standard.

- recognition based on the general system.

The general system is a very fair system whereby the transcript is well analysed and therefore our authority will be sure that the course followed is up to standard. However some applicants find difficulty in producing a transcript with their application especially those who did their course in the seventies or eighties.

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.

The general system is always applied when the other conditions for automatic recognition are not met. There are no major difficulties in applying this system. With regards to compensation measures these were never resorted to till now. However although the adaptation period is transposed in National Law, the Health Care Professions Act (Ch464)the Council has difficulty in organising adaptation periods and aptitude tests due to the lack of both human and financial resources. One could also question the possible variability in implementing the adaptation period.

Small countries like Malta face difficulties in implementing compensatory measures and the government is not in a position to fund this. Hence it is suggested that EU funds are made available through existing channels like Lifelong Learning programmes to bridge the knowledge and skills of certain applicants.

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))?

We never met with such a case till now.

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

The Council for Nurses and Midwives, Malta (CNM) regulates the Nursing and Midwifery Professions in Malta. Its functions are defined in the Health Care Professions Act 2003.

The Council is a partially autonomous body since it receives some funding from the government and the government also appoints members on the Council. Only the Registrar is employed full time with the Council. There is the President, who is a lawyer, and four members are appointed by the government while seven members are elected, then there is also the Director for Nursing Standards who is an ex-officio member of the Council.

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) [2]?

Till date there was no interest from EU citizens to use temporary provision to exercise their professional activity in our country.

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?

Not applicable

   - 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?

Not applicable

9. Why is a prior declaration system necessary? What do competent authorities do with the information received? Are other possibilities conceivable?

As already stated above till date there was no interest to use these provisions in our country however we believe that a prior declaration system is necessary for our authority to be able to control the fitness to practice of a midwife and in the end protect both the mother and baby.

C MINIMUM TRAINING REQUIREMENTS

10. To what extent are the common minimum training requirements set out in Title III Chapter III of Directive 2005/36/EC and the compulsory training subjects as 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?

The minimum training requirements for midwives as outlined in the directive are not in line with modern needs. The number of hours of study does not satisfy the current method of evaluation based on competencies. The minimum training requirements do not reflect the vast advances in technology which have happened since the sectoral Directive was drafted.

11. 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

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accreditation of a training program in another Member State enhance trust or is it not relevant?

Mutual trust between Member States is compromised by changes in the curricula of courses offered by other Member States since they were first incorporated in the Directive. It is hence suggested that there should be an overarching regulatory body to ensure that all midwifery courses throughout all Member States are all up to standard and in line with the requirements of the Directive. This needs to be harmonised and is necessary to ensure mobility and both the mothers and babies safety across borders. This will enable competent authorities to use the automatic recognition based on diploma without any doubts about the standard of the courses followed by applicants.

Alternatively, the EC needs to support small countries with limited resources like Malta to review midwifery courses offered in other Member States. If Malta is obliged to consider and possibly register midwives, then we need the support since at the moment we do not have adequate resources to check these things.

Training programmes are accredited by the Malta Qualifications Council which uses the European Qualifications Framework system.

Accreditation of a training program in another Member State does not have any relevance.

12. 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?

Continuous training is not mandatory in our country. However one has to say that CPD's are country specific and context sensitive and hence this needs to be looked into when harmonisation of CPD is looked into in the future.

D. ADMINISTRATIVE COOPERATION

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

The Directive stipulates administrative cooperation between competent authorities; this increases the likelihood that problems can be solved quickly. Better cooperation between competent authorities will only benefit the migrants and also the profession at large.

14. 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?

Our authority is registered with IMI and it is usually used to check the authenticity of the requested documents. However when using IMI, because the system is not an obligatory one it makes it less effective. Also IMI could be extended to cover wider functions like an alert system.

15. How could a professional card (see Recital 32 of the Directive) facilitate recognition of professional qualifications and provision of temporary services? Under which conditions could it be issued by professional associations?

A professional card would certainly facilitate the recognition of professional qualifications and it would eliminate the need for the competent authority to ask for certain documents like the certificate of current professional status for example. This will further facilitate the free movement of professionals between Member States besides making it safer for the competent authority to accept such professionals, and finally safer for the patient.

However the issuing of such a professional card requires adequate Human Resources and financial funding which currently our competent authority lacks.

16. How do you share information about suspensions/restrictions with competent authorities in other Member States? Could more be done in this respect?

Letters or e-mails are sent to concerned competent authorities in Member States

E. OTHER OBSERVATIONS

17. 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?

The language skills are not monitored prior to recognition. It is up to the employer to check the language skills of migrants coming from Member States. There have been complaints with regards to language, but nothing official to allow the authority to take the necessary actions.

However, even if language skills are not monitored we believe that language proficiency, at least in our case in English, should be mandatory both for temporary and permanent requests for recognition.

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MALTA

Evaluating the Professional Qualifications Directive
Experience reports from competent authorities

QUESTIONNAIRE FOR THE NURSING PROFESSION MALTA

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?

We do not accept applications by e-mail or online because applicants must have the documents authenticated and signed by the Department of Foreign Affairs. The original authenticated copies have to be presented with the application form.

2. What is the yearly number of applications for recognition, as well as negative and positive decisions 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[1]. What is the average duration of the process for both automatic and general systems?

We are only able to give data from 2005 onwards as we only became members of the European Union in 2004.

	APPLICATIONS RECEIVED	*REGISTRATIONS*
2005	*27*	*3*
2006	*29*	*6*
2007	*29*	*6*
2008	*165*	*83*
2009	*57*	*20*

	DIPLOMA	*ACQUIRED RIGHTS*
2005		*3*
2006	*1*	*5*
2007	*1*	*5*
2008	*50*	*33*
2009	*12*	*4*

The average duration of an application for recognition, both on basis of acquired rights and on diploma, is that of a month.

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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 works well and it is fairly easy to assess applications in this way by making reference to the Annex. However a translation of all names in a single language would be very helpful as some alphabets are a bit tricky to match.

   - automatic recognition based on acquired rights

It is a fact that when using recognition based on acquired rights one must heavily rely on mutual trust between member states and competent authorities. This implies that sometimes the training programme that the applicant would have followed will not be up to standard.

   - recognition based on the general system.

The general system is a very fair system whereby the transcript is well analysed and therefore our authority will be sure that the course followed is up to standard. However some applicants find difficulty in producing a transcript with their application especially those who did their course in the seventies or eighties.

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 adaptation periods and aptitude tests.

The general system is always applied when the other conditions for automatic recognition are not met. There are no major difficulties in applying this system.

Although the adaptation period is transposed in National Law, the Health Care Professions Act (Ch464) the Council has difficulty in organising adaptation periods and aptitude tests due to the lack of both human and financial resources. One could also question the possible variability in implementing the adaptation period. The Commission needs to establish a programme based on competencies and skills rather than number of hours.

Small countries like Malta face difficulties in implementing compensatory measures and the government is not in a position to fund this. Hence it is suggested that EU funds are made available through existing channels like Lifelong learning programmes to bridge the knowledge and skills of certain applicants.

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))?

I need help with this re nursing

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

The Council for Nurses and Midwives, Malta (CNM) regulates the Nursing and Midwifery Professions in Malta. Its functions are defined in the Health Care Professions Act 2003.

The Council is a partially autonomous body since it receives some funding from the government and the government also appoints members on the Council.

Only the registrar is employed full time with the Council. The president, who is a lawyer and 4 members are appointed by the government while 7 members are elected. The Director for Nursing Standards is an ex-officio member of the Council.

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) [2]?

There is occasionally some interest from nurses to use the provisions to exercise their professional activities on a temporary or occasional basis, usually they come to our Member State as part of a team together with doctors and specialists and they stay here for a very short period. We had one nurse in 2008 and another nurse in 2009.

2008 Medecins sans Frontieres had agreed with the Maltese government to provide 2 doctors and a nurse to provide medical assistance to undocumented migrants and asylum seekers in detention centres in Malta. The duration of the contract of employment started from 3 months.

CNM informed MSF that according to LN and in line with Directive 36.2005 any health care professionals interested in providing temporary services in Malta need to make a declaration to the same Council. It is a policy of the Council that no one can work on a temporary basis for more than 3months without presenting the necessary documentation showing that the professional is registered to work in his European country of origin. One can only apply for temporary registration once. If the nurse is working in Malta for more than 3 months or on a permanent basis, then one has to apply and submit all the requested documents.

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?

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[2] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

When a nurse comes to our Member State on a temporary basis our competent authority is informed in writing. The nurse is then asked to provide a covering letter stating the reason of the visit, a curriculum vitae and a certificate of current professional status issued by the competent authority of the home Member State. Our authority will then verify the documents and give the go-ahead.

- 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?

Our competent authority does not assess the duration, frequency, regularity and continuity of the activity of the migrant.

So what happens with those nurses on the temporary register??

9. Why is a prior declaration system necessary? What do competent authorities do with the information received? Are other possibilities conceivable?

A prior declaration system is necessary so that the essential verifications are made to ensure patient safety. We open a file titled visit by... to provide temporary services at...from ...to...., and put all the information received in it in case a complaint is received by the competent authority. However we do not give a registration certificate and the name of the migrant is not written down in a temporary register; the migrant only receives a letter from the competent authority that gives him or her the green light to be able to start working.

C MINIMUM TRAINING REQUIREMENTS

10. To what extent are the common minimum training requirements set out in Title III Chapter III of Directive 2005/36/EC and the compulsory training subjects as defined in Annex V in line with scientific progress and professional needs? Furthermore, are the knowledge and skills required by the directive still relevant for patient safety and up to date? Please specify. What about the conditions relating to the duration of training?

The minimum training requirements for nurses as outlined in the directive are not in line with modern needs. The number of hours of study does not satisfy the current method of evaluation based on competencies. The minimum training requirements do not reflect the vast advances in technology which have happened since the sectoral Directive was drafted. It is suggested that common minimum training requirements are changed to a number of basic core competencies and additional optional competencies. It is not possible to cover a vast range of competencies because of the need to keep up to date with the knowledge and skills related to each.

The Directive does not allow room for flexibility in the duration of training. While a minimum period for completion of the nursing training should be set to ensure that the basic training is covered by students, one should also consider more flexible options for training which include but is not limited to part time courses and courses which are longer than 3 years.

11. 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?

Trust is compromised by changes in curricula of courses offered by other MS *since they incorporated within the Directive. It is hence suggested that there should be an overarching regulatory body to ensure that all nursing courses throughout all MS are all up to standard and in line with the requirements of the Directive. This needs to be harmonised and is necessary to ensure mobility and patient safety across borders. This enables competent authorities to use the automatic recognition based on diploma without any doubts about the standard of the courses followed by applicants.*

Alternatively, the EC needs to support small countries with limited resources like Malta to review nursing courses offered in other MS. If Malta is obliged to consider and possibly register nurses, Malta needs support since at the moment we don't have the resources to check.

Training programmes are accredited by the Malta Qualifications Council which uses the European Qualifications Framework system..

Accreditation of a training program in another Member State does not have any relevance.

12. 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? How do you define continuous professional development in your country?

Malta is currently working towards the goal of having CPD programmes of education which ensure competencies related to a particular area of practice.
Continuous training is not mandatory in our country.
Malta is not in a position to offer it at the moment because most of the older generation of nurses are not ready for it and due to a serious problem with provision.

Malta had made great improvements in educational opportunities for qualitified nurses. A fully online diploma to degree topup is offered which allows nurses to work and study outside working hours. This opportunity was necessary since nurses are not allowed to leave work to attend classes given the shortage of nurses Malta is experiencing.

CPD are country specific and context sensitive and hence this needs to be looked into when harmonisation of CPD is looked into in the future.

D. ADMINISTRATIVE COOPERATION

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

The Directive stipulates administrative cooperation between competent authorities; this increases the likelihood that problems can be solved quickly. Better cooperation between competent authorities will only benefit the migrants and also the profession at large.

14. Is the competent authority in your country registered with IMI? Under which circumstances does your competent authority use IMI? Please comment on your experience of using IMI. If not registered, why not and what would be the conditions for changing this situation?

Our authority is registered with IMI and it is usually used to check the authenticity of the requested documents. However when using IMI, because the system is not an obligatory one it makes it less effective. Also IMI could be extended to cover wider functions like an alert system.

15. How could a professional card (see Recital 32 of the Directive) facilitate recognition of professional qualifications and provision of temporary services? Under which conditions could it be issued by professional associations? In what respect would a professional card add value over the Europass CV?

A professional card would certainly facilitate the recognition of professional qualifications and it would eliminate the need for the competent authority to ask for certain documents like the certificate of current professional status for example. This will further facilitate the free movement of professionals between Member States besides making it safer for the competent authority to accept such professionals, and finally safer for the patient.

However the issuing of such a professional card requires adequate Human Resources and financial funding which currently our competent authority lacks.

16. How do you share information about suspensions/restrictions with competent authorities in other Member States? Could more be done in this respect? Should an alert mechanism be put in place?

Letters or e-mails are sent to concerned competent authorities in Member States

E. OTHER OBSERVATIONS

17. 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?

The language skills are not monitored prior to recognition. It is up to the employer to check the language skills of migrants coming from Member States. There have been complaints with regards to language, but nothing official to allow the authority to take the necessary actions.

18. Do you charge any fee for the recognition process? If so, how much?

Yes we charge a fee of €12 for the recognition process

19. What is your experience with applying article 11 in the context of nursing?

When we are in doubt of a qualification level we ask the Malta Qualifications Council to give us a detailed explanation on the qualification itself and the institution it was obtained from. And therefore there are usually no problems in applying article 11 in the context of nursing.

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National implementation report for EU Directive 2005/36/EC

Nursing profession

Country: **The Netherlands**

Organisation: Ministry of Health, Welfare and Sport
CIBG
(Central Information point Professions in Health Care)

Competent Authority in case of registration of professionals with a basic qualification.
Doctor, dentist, pharmacist, clinical psychologist, psychotherapist, physiotherapist, midwife and nurse

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Evaluating the Professional Qualifications Directive
Experience reports from competent authorities

QUESTIONNAIRE FOR THE NURSING 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?

   Applications for the recognition of foreign diplomas sent by e-mail or otherwise electronically submitted are not accepted by CIBG. Only original diplomas or certified copies of the diploma are accepted. The application form needs to be signed by the applicant, a copy is not accepted.
   These conditions are almost always met.
   Only additional information can be submitted by e-mail.

2. What is the yearly number of applications for recognition, as well as negative and positive decisions 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[1]. What is the average duration of the process for both automatic and general systems?

   These are the data we can give to you.

   Automatic Recognition nurses:
   2000 000
   2001 126
   2002 143
   2003 202
   2004 124
   2005 088
   2006 082
   2007 074
   2008 095
   2009 110
   2010 055 (till September).

   Otherwise:
   2000 000

[1] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

2001	*150*
2002	*163*
2003	*224*
2004	*145*
2005	*106*
2006	*086*
2007	*075*
2008	*103*
2009	*112*
2010	*59 (till September)*

For applications for automatic recognition, the duration of the recognition process is 15 days on average. For recognition based on acquired rights the process takes 30 days on average. For recognition based on the general system the process takes longer because advice by an independent professional body needs be asked. This process takes 90 days on average.

The legislation which provides that nurse specialist have to registrate, started in 2009 so the committee has not experienced this during the period 2000 to 2009.

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:

In 2009 the universities, as well as the staff members who provide the education of nurse specialist, had to be accredited. Than we first experienced how to deal with foreign diploma's.

- automatic recognition based on diploma

The system is fast, simple and cost effective.

There are major differences in the education systems of the member states. In some states the level of education is far above the minimum standards while in other states it is not. Language proficiency is essential to be able to function well in a profession.

Since the system of automatic recognition is based on recognition of the primary qualification there is no assurance that the current knowledge and skills of the migrating professional are up to date.

- automatic recognition based on acquired rights

We have experienced problems concerning interpretation of the rules for automatic recognition based on acquired rights.

In case of automatic recognition based on acquired rights it is in principle not possible to verify whether a certificate for automatic recognition was issued rightly and according to Directive 2005/36/EC. However, occasionally verification is

possible using a former application file if the migrant applied in the past (before accession of the country of origin) or using information provided by the migrant unasked, like a curriculum vitae. Several times it turned out that certificates for automatic recognition were issued wrongly and not according to Directive 2005/36/EC. For example: the migrant had not been engaged in the activities in question for at least three during the five years preceding the award of the certificate; the migrant had not been engaged in the activities in question effectively and lawfully, as he had been working under supervision; the migrant had been engaged in the activities in question in a third country.
This means that the total number of wrongly issued certificates for automatic recognition must be much higher.

The registration committee for nurse specialist has not received such a request yet.

- recognition based on the general system.

We concur fully with the answer of Denmark in this respect.

*"Recognition based on the **general system** is good for the migrants, as they have the right to be recognised in other EU member states even though there may be substantial differences in educations. It can, however, often be difficult for the applicant to get documentation with details of the education undergone. The persons in question often have an education that goes back many years. Furthermore translation of documents will often be required, a substantial expense for the applicant.*

Compensation measures are not easily applicable. When applicants do not master the local language (Danish) they have difficulties finding positions for adaptation periods. Having to pass an aptitude test in a foreign language is equally difficult.

It is difficult to have a test system that has to take individual educational deficiencies into consideration and it is very costly."

The registration committee for nurse specialist has not received such a request yet.

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 adaptation periods and aptitude tests.

The option of a test is extremely expensive for professions in the health care system. For some of these professions the test would only be used in approx. ten applications per year. Therefore, in situations that there are few recognition requests, aptitude tests are not available. The choice between an aptitude test and an adaptation period should be made not by the migrating professional, but by the host member state's competent authority.

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))?

The Netherlands does not simply follow another member state in its recognition of a third country diploma. The case law supports this practice. Each state has its own recognition procedures.

There are immigrants that will file a request for recognition of their qualifications in multiple member states. There is a concern that these individuals try to use a recognition from a member state where they do not wish to settle, to get recognition in another member state.

Some member states issue ill defined declarations concerning the (educational) recognition of third country diplomas. Migrants rely on these declarations in the process of recognition.

Where third country diplomas are the issue, member states should clearly specify in their declarations whether it is a declaration as meant in article 2 (2) or article 3 (3) of the Directive.

The procedure for EU citizens with third country diplomas and at least three years professional experience in the member state that recognized the third country diploma, is clear: according to article 10(g) the general system is applicable in these cases. That is not the case if there is less than three years professional experience in the home member state: in those cases the general system is not applicable and the competent authority in the host member state can apply national law, but has to deal with the request considering the Hocsman verdict. This should be more clear by the directive, for example with an article 42c of Directive 93/16/EEC.

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

The competent authority in cases of registration of professionals with a basic qualification is the Minister of Health Welfare and Sport. The procedure of recognition of professional qualifications is carried out by the BIG-register, that is a part of the government executive agency CIBG (Central Information point Professions in Health Care).

In cases of registration of professionals with a specialist qualification the authority is in hands of Specialist Registration Committees. These committees exercise this authority by order of the Ministry of Health, Welfare and Sport in the Netherlands.

In The Netherlands there's one register for nurse specialists, under the responsibility of Registratiecommissie Specialismen Verpleegkunde, in which five nurse specialism titles are registrated:

1. *verpleegkundig specialist preventieve zorg bij somatische aandoeningen;*
2. *verpleegkundig specialist acute zorg bij somatische aandoeningen;*
3. *verpleegkundig specialist intensieve zorg bij somatische aandoeningen;*
4. *verpleegkundig specialist chronische zorg bij somatische aandoeningen;*
5. *verpleegkundig specialist geestelijke gezondheidszorg.*

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) [2]?

In the Netherlands there is another possibility for professionals who wish to exercise their activities on a temporary and occasional basis. A nurse can work by order of a Dutch nurse. This Dutch nurse is fully responsible for the foreign nurse.

Because of this, EU citizens do not use the 'temporary mobility' provisions to work in The Netherlands. In 2008 and 2009 there were no nurses who used these provisions.

The only instances known to us are the following; in 2006 doctors in service of the Tour de France asked about the provisions. In 2008 a doctor specialist from Czech Republic asked about the possibility, but he did not decide to use the provisions.

We agree with the answer of the General Medical Council of the UK. For "United Kingdom", you also can read "the Netherlands":
"We firmly believe that members of the public have a right to expect that the protection afforded to them by the regulatory system should be the same regardless of whether the doctor practises in the United Kingdom temporarily or permanently. We would wish to require them to provide the same information as other applicants, i.e. asking the applicant to complete a fitness to practice declaration, which enables us to follow-up any issues in relation to potential impairment. There is anecdotal information to suggest that Section 18 is seen as a 'back route' to gaining registration."

Where there was no legislation that regulated the registration of nurse specialists during 2008 and a part of 2009, we don't know. Starting the registration in the last three months of 2009, we have not received that kind of request yet.

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 migrant has to provide all the information as mentioned in Article 7 of the Directive. In The Netherlands there is an easier method in place; working under

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[2] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

the direction of a Dutch doctor. Many migrants prefer this to the process of temporary mobility.

- 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 and occasional nature of the provision of services is assessed case by case.

  As mentioned above, the situation rarely occurs, so we have no experience to base our answer on.

9. Why is a prior declaration system necessary? What do competent authorities do with the information received? Are other possibilities conceivable?

   We prefer a system where a prior announcement is in place. The system in the Directive is very complicated. There are no cases in The Netherlands where the nurses have sent the declaration after the provision of services has taken place.

C Minimum training requirements

10. To what extent are the common minimum training requirements set out in Title III Chapter III of Directive 2005/36/EC and the compulsory training subjects as defined in Annex V in line with scientific progress and professional needs? Furthermore, are the knowledge and skills required by the directive still relevant for patient safety and up to date? Please specify. What about the conditions relating to the duration of training?

    We agree with the answer of the CMC of the UK. For "UK" you can read "the Netherlands" and for "NHS" "Dutch healthcare system":
    "The minimum times for training set out in the Directive are useful, but the lack of overall consistency of approach between member states means that the level of assurance that states can draw from the training obtained by migrants is limited. We have an example of a specialist who gained recognition in the UK under the Directive but subsequently found they requires a further four years of experience to gain employment as a specialist consultant in the NHS in the UK."
    (We have the same problem in the Netherlands.)

    In the Netherlands we demand a specialist studies, related to one of the nurse specialism with a minimum of 120 or 180 ECTS before registration.
    We started with legislation for less than one year. We are not in the position to give an opinion yet.

11. 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?

    Trust will be achieved when competent authorities correctly implement the Directive as well as proper safeguards to prevent abuse of such trust.

Misinterpretation of the Directive can harm bilateral trust. Implementation of the Directive and its effective use is made difficult due to vast differences between national law, which can cause miscommunication between member states.

Training programmes are accredited in the Netherlands. Accreditation in other Member States could enhance bilateral trust when the legal grounds and conditions in Member States are identical. Especially relevant in this regard is that the accreditation institute checks the training programmes regularly and consistently at the at the same (high) level.

12. 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? How do you define continuous professional development in your country?

Continuous professional training is not mandatory in the Netherlands. In 2009 a system was introduced requiring renewal of registration every five years. This requirement was introduced for basic professions: nurses, midwives and physiotherapists. The same system will be introduced other professions in installments over the next years, requiring professionals to meet minimum working condition every five years. The professional that does not meet the minimum conditions is required to follow training before renewed registration.

We agree with the answer of the CMC of the UK (for "doctors" you also can read "nurses").

"The Directive as it currently stands does not allow competent authorities to assure themselves that the doctors and healthcare professionals they register have kept their skills and competence up to date since the award of their professional qualifications. The inability of member states to obtain such assurance at the point at which they register or license a doctor to practice inevitably weakens the level of confidence that competent authorities can have in the fitness to practice of doctors entering the host state."

For (nurse) specialists a system of recertification is part of the legislation. The registration of all specialists is valid for five years. After five years, the specialist has to prove that he/she actually did work in his/her profession for at least 16 hours per week during the period of five years and took part in accredited CME activities for at least 40 hours per year.

D. Administrative cooperation

13. 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 will likely speed up and simplify the procedure, and allows competent authorities to exchange information directly and safely – without any need for the migrant to send in his/her personal documents.

We also refer to our answer to question 16.

We prefer the direct communication between competent authorities, without involving the migrant in question. Especially where pending restrictions are concerned the IMI can perform a vital function.

14. Is the competent authority in your country registered with IMI? Under which circumstances does your competent authority use IMI? Please comment on your experience of using IMI. If not registered, why not and what would be the conditions for changing this situation?

Yes, the BIG-register and the specialist registration committees – the Dutch competent authorities - are registered with IMI. In case of doubt or when additional information is needed, we refer to IMI.

The Registratiecommissie Specialismen Verpleegkunde had just started in 2009, so it does not use IMI (yet).

Our opinion is that the IMI is a useful and reliable tool to communicate with other competent authorities. Use of IMI can speed up procedures and often negates the need for further correspondence with the migrant, or for the migrant having to submit documents; IMI allows communication with competent authorities that otherwise would be difficult to reach, that would not respond within certain time limits, or with whom no communication would be possible due to language barriers.

On the other hand, IMI is not always user-friendly, and national law and discrepancies between systems of recognition (many national competent authorities exist for one profession) sometimes make the use of IMI challenging.

<u>Suggestions for improvement of the IMI</u>:

1. Registration with IMI should be mandatory for all competent authorities.

2. All competent authorities should be required to use IMI and respond within a given time limit.

3. IMI could be made more user-friendly, by (i) improving the interface (clustering and highlighting questions - some questions are used more often than others); (ii) implementing a system to monitor incoming and outgoing requests; (iii) improving the translation tool; (iv) implementing the option to identify competent authorities by profession (in all languages).

15. How could a professional card (see Recital 32 of the Directive) facilitate recognition of professional qualifications and provision of temporary services? Under which conditions could it be issued by professional associations? In what respect would a professional card add value over the Europass CV?

In our opinion, a "professional card" does not have any added value to facilitate recognition of professional qualifications. The development of such a system would be very expensive, while keeping the information contained in the card up-to-date would be nearly impossible. Furthermore, developing a European database would

be difficult and expensive when taking into account that every professional would need to get a card while only a few would practice their profession in another Member State.

It seems that professional cards are meant mainly to address problems at a national level that are not prevalent in all Member States. In the Netherlands, a public, online, current directory is made available: a professional may demonstrate his/her qualifications by submitting a registration number.

Two professional card systems are imaginable with regard to recognition of professional qualifications:
1. A card that contains data, or:
2. a card that provides access to a database.

With a card that contains data, the problem arises that data may not always beup-to-date. Also, this system would be more susceptible to data fraud. With a card that provides access to a database, the problem arises that competent authorities must maintain such a database. With a European database, a few problems would likely arise, such as: language barriers, the effort of keeping the data up-to-date, and differences in interpretation with regard to data. Furthermore, there is no added value when the card is meant to be used to access data through a closed network, because of the existence of the IMI. Member States are able to provide each other with information through use of the IMI, and may incorporate such data in a national database. Subsequently, employers and civilians or patients would be able to refer to such a national database.

Even a professional card will not prevent fraud and abuse. Furthermore, the card may imply the holder of that card to be qualified when this is not actually the case.

When taking into account the number of migrants vis-à-vis the number of residents, the costs versus the benefits of introducing and maintaining a card system linked to a European database would seem disproportionate.

Maintaining both a professional card system and a public online up-to-date database would be confusing and inefficient. Employers and civilians or patients should use the register, while competent authorities should exchange information through IMI directly.

From the viewpoint of cost reductions and efficiency, we feel it would make more sense to invest in the development of public, central databases in each Member State, while using IMI for the direct exchange of data between Member States.

16. How do you share information about suspensions/restrictions with competent authorities in other Member States? Could more be done in this respect? Should an alert mechanism be put in place?

Dutch decisions with regard to disciplinary action or criminal sanctions are made available online, at: www.bigregister.nl.

Other Member States do not inform us about nurse specialists.

The Netherlands are a partner in the Health Care Professionals Crossing Borders (HCPB) partnership. The Netherlands therefore issue Certificates of Current Professional Status (CCPS) according to the HCPB agreement. The CCPS, issued by the competent authority of the home member state, should be made a compulsory document to be carried by a migrant health professional within the EEA.

E. Other observations

17. 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 considered an essential part of the work quality of a professional. When a doctor, dentist, or pharmacist has received recognition from the government, he or she may immediately start working in the Netherlands.

Complaints have been received by the BIG-register and the specialist registration committees about insufficient language skills of migrating health professionals who were granted registration under the Directive on a regular basis. It is incomprehensible to employers and insurance agencies that a migrant can be recognized and registered even though he or she does not speak the Dutch language.

18. Do you charge any fee for the recognition process? If so, how much?

Not for the recognition process of a nurse.

For Dutch nurse specialist we have to charge a fee that matches with all costs. But where we don't have experience yet with migrants, until than we just charge the same fee as we do in case of a national request of registration.

19. What is your experience with applying article 11 in the context of nursing?

The levels of qualification differ greatly in the context of nursing training. Due to the Directive, we are required to accept migrants with lower levels of education than we would require of resident nurses. It is problematic to be required to accept as a nurse migrants with only an Assistant Nurse diploma and only three years of professional work experience, when Dutch assistant nurses need to study for up to two years to pass the necessary exam before he or she is accepted as a nurse.

HJS
2010-09-15.

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National implementation report for EU Directive 2005/36/EC

Nursing profession

Country: AUSTRIA

Organisation: FEDERAL MINISTRY OF HEALTH

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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?*

Applications from EU citizens for the recognition of foreign diplomas must be submitted by ordinary airmail. Applications sent electronically or on-line are not accepted in Austria. The application itself must be signed personally by the migrant.

As experience shows to avoid fake documents it is reasonable to require certified photocopies by notary, court or attorney-at-law sent by airmail to the competent authority.

General information about the different types of procedures and the necessary documents is on-line on the homepage of the Ministry of Health.

Naturally on-line requests are also answered by the competent authority.

2) *What is the yearly number of applications for recognition, as well as negative and positive decisions 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. What is the average duration of the process for both automatic and general systems?*

Information about the number of decisions (automatic recognition and general system) for the years 2007, 2008 and 2009 has already been provided to the European Commission in the database. In the database there is however no distinction between the decistion types according to Articles 21 and 23. If such detailed information is requested an adaptation of the database would be necessary and reasonable.

Please note that prior to 2007 there are only statistics for automatic recognition based on the Directives 77/452/EEC and 77/453/EEC, which have also already been provided to the European Commission.

The Austrian Ministry of Health can not provide seperate data about the duration of procedures for nurses from 2000 to 2008 since there is no structered documentation in this regard. For 2009 the average duration is as follows:

automatic recognition on diploma: 17 days

automatic recognition on acquired rights:	58 days
general system:	154 days

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.*

Costs of automatic recognition based on diploma:

Automatic recognition has to be granted to migrants irrespective of their knowledge of the German language. This can cause problems on the labour market.

In some cases there are difficulties to compare the formal qualifications / diplomas of the migrant professionals with terms in Annex V. Therefore in these cases a certificate of compliance by the competent authority of the origin Member State is inevitable (administrative costs).

Benefits of automatic recognition based on diploma:

The success lies in fast procedures. Furthermore the migrants are faster on the labour market.

Costs of automatic recognition based on acquired rights:

Automatic recognition has to be granted to migrants irrespective of their knowledge of the German language. This can cause problems on the labour market.

In some cases there are doubts if the activities of general nurses falling under Article 23 really included „full responsibility for the planning, organisation and administration of nursing care delivered to patient" referred to in Article 33 para. 1 (e.g. activities at dental practice; activities at general practitioner; activities as paramedic; on-call-duty regarding the *„three consecutive years"*-requirement during the last five years).

In this matter we would also like to draw your attention to the question if the professional practice laid down in Articles 23, 33 and 33a should be full-time or if part-time work is sufficient. The Austrian Ministry of Health suggests a clarification in this matter.

Furthermore there are doubts as to whether professional experience in the country of origin or in other Member States referred to in Articles 23, 33 and 33a is enough to compensate for (substantial) gaps in the training – especially in cases of 4-years-secondary-medical-schools.

Benefits of automatic recognition based on acquired rights:

The success lies in fast procedures. Furthermore the migrants are faster on the labour market.

Migrants holding a diploma which doesn't meet the minimum training requirements can benefit from their activities / practice in the past.

Costs of recognition based on the general system:

The recognition procedures are longer and migrants need more time for completing an adaptation period or taking an aptitude test.

Benefits of recognition based on the general system:

Migrants who prior to 2007 were excluded from the scope of the Directive can now benefit from the provisions (e.g. right to choose between adaptation period or aptitude test).

The competent authority has detailed information on the training of the migrant, thus there is a possibility to compensate for substantial gaps.

There is a chance for migrants to exercise the German language before / while completing an adaptation period or taking an aptitude test.

Current notification system:

The notification system for nurses is based on mutual trust between the Member States and also the European Commission. The notification system for general nurses is prefered to the notification system of architects and therefore should be maintained.

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 adaptation periods and aptitude tests.*

In Austria the general system is applied when the migrant does not meet the requirements of effective and lawful professional practice. This is the subsidiary application of the general system according to Article 10 (b).

Major difficulties at the implementation of compensation measures can arrise due to the lack of knowledge of the German language.

Furthermore in the general system the Austrian Ministry of Health is often confronted by applicants who are currently not authorised to pursue the profession in their country of origin because they did not do any retraining which is necessary for maintaining registration (e.g. Slovakia, UK, Poland).

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))?*

As for the recognition procedures for EU citizens with third country qualifications already recognised in a first Member State there are no major difficulties in Austria.

In most of the cases there is even no need to impose any compensation measures.

Furthermore the Austrian Ministry of Health does not require proof of professional experience of the migrant by the competent authority of the Member State which recognised the qualification at first. In these cases a quantified and qualified recommendation written by the employer is sufficient. Only in cases of doubts the competent authority of the first Member State has to prove the professional experience of the migrant.

In 2008 the Austrian Ministry of Health had 2 decisions and in 2009 5 decisions based upon Article 3 para. 3.

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

The procedures for recognition of foreign diplomas are done by a departement in the Ministry of Health.

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)?*

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?*
   - *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?*

9) *Why is a prior declaration system necessary? What do competent authorities do with the information received? Are other possibilities conceivable?*

The Austrian Ministry of Health has no experience with the provisions concerning temporary mobility so far.

Competent authorities of the federal provinces declared that for the years 2008 and 2009 there were no declarations for providing temporary or occasionally services.

10) *To what extent are the common minimum training requirements set out in Title III Chapter III of Directive 2005/36/EC and the compulsory training subjects as defined in Annex V in line with scientific progress and professional needs? Furthermore, are the knowledge and skills required by the directive still relevant for patient safety and up to date? Please specify. What about the conditions relating to the duration of training?*

The study programme for nurses responsible for general care in the Directive 2005/36/EG originates from the abrogated Directive 77/453/ECC. Since 1977 there have been huge changes and developments in the field of health care and health professions.

Already the Advisory Committee of the European Commission on Training in Nursing has set out recommendations for developing the training of nurses e. g. the „Report and Recommendations on Training in Cancer (III/D/248/3/88)" and the „Guidelines for primary Healthcare Instruction in training of nurses (XV/E/8391/3/96) responsible for general care".

These guidelines and recommendations show the necessity to rephrase and develope the training and the study programme set out in the Directive.

Regarding these developments the Austrian Ministry of Health would like to suggest to ammend the training by subjects which are in line with scientific progress such as

e.g. components of nursing science and research (basics), gerontology, geriatrics and geriatric psychiatry as well as geriatric and palliative care, communication, conflict management, supervision (monitoring) and creative training, nutrition (not only diets for ill people) and nursing; models, theories, process – nursing anamnesis and diagnosis, planning, steps, evaluation, documenting the nursing process.

Also the terminology in nursing has changed over time. The Austrian Ministry of Health suggests therefore to rethink the terminology and add some changes to it. An example can be given as the subject „mental health and psychiatry" is not common in these days. It had to be changed into „psychiatric nursing".

Nurse education in Austria:

In Austria the admission to general care nurse training is subject to the completion of 10 years of general education.

Austria has already set the goal to transfer the education of nurses responsible for general care from the secondary school level to the higer education level. Efforts have already been made by providing the general care nurse training at the Universities of Applied Sciences („Fachhochschule").

However for Austria it would be quite early and premature if EU provisions would regulate the general care nurse training only at higher education level. At this moment providing the education only on tertiary level could not be realized in Austria.

If the Member States should decide to raise the level of the training of nurses responsible for general care an adequate and sufficient transitional period would be necessary for Austria.

11) 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?

In the field of training on secondary level the authorities of the federal provinces in Austria approve / accredit the training institution and the training programme under the instruction of the Federal Ministry of Health.

In the case of the training at Universities of Applied Sciences the accreditation procedure is done by the so called „Fachhochschulrat", which is a Council under the supervision of the Federal Ministry of Science.

The accreditation of a training programme in another Member State enhances trust, however the Austrian Ministry of Health does not require any information about the accreditation as it is not listed as a document in Annex VII.

In cases where Articles 23, 33, 33a apply the mutual trust between the Member States can be undermined by questionable certificates regarding to Article 33 para. 1 (see question 3).

12)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? How do you define continuous professional development in your country?

In Austria continuous training is implemented in the nursing act 1997 by law and thus is mandatory (40 hours in 5 years). However if a nurse does not comply with this continuous training she will not lose the right to pursue the profession. Though in case of injury she can be held liable for not completing the continuous training.

In recognition procedures the Austrian Ministry of Health is often confronted by applicants who are currently not authorised to pursue the profession in their country of origin because they did not do any retraining / continuous training which is necessary for maintaining registration / their right to pursue the profession (e.g. Slovakia, UK, Poland). See also question 4.

In these Member States continuous training according to recital 39 and Article 22 (b) is necessary to maintain the right to pursue the profession. In case of migration to another Member State the consequences for not completing these requirements in the home Member State should be considered and also regulated.

13)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 can surely simplify procedures. It can be handled in various ways (e.g. phone, email). The type of cooperation should depend on each case and question.

It is the migrant professional who should provide the necessary information in the first place. Only in case of serious doubts the administrative cooperation should be launched.

14)Is the competent authority in your country registered with IMI? Under which circumstances does your competent authority use IMI? Please comment on

your experience of using IMI. If not registered, why not and what would be the conditions for changing this situation?

Yes, the Austrian Ministry of Health is registered with IMI. However in the lack of registration of nursing professionals in Austria some questions can not be answered by the Austrian Ministry of Health at all or only insufficiently.

The Austrian Ministry of Health sees the positive effects of IMI but it has not used IMI in many cases yet. Other forms of communications are preferred.

15)How could a professional card (see Recital 32 of the Directive) facilitate recognition of professional qualifications and provision of temporary services? Under which conditions could it be issued by professional associations? In what respect would a professional card add value over the Europass CV?

In the first place it has to be clarified, which authority / association would issue the professional cards. The Austrian Ministry of Health stresses that until now there is no legally recognized professional association in Austria for nursing professionals.

As to the formal qualification held by the migrant in the system of automatic recognition the professional card can merely facilitate the recognition procedure. Annex V 5.2.2. contains all relevant information regarding the evidence of formal qualification of the migrant.

On the other hand in cases of the general system the professional card could be useful regarding further specific information about the profession of the migrant, further trainings and his professional experiences as listed in Annex VII.

However it should not replace the requirement of submitting the formal qualification and a certificate of good character and health.

In the opinion of the Austrian Ministry of Health it would be useful to link the professional card on European level to the national professional cards which contain the relevant information regarding the current right of the professional to exercise the profession in the country of origin.

The resolution of the European Parliament about the „Creation of a European professional card for service providers" dated 19th of February 2009 (2010/C 76 E/08) notes in his recital 18 that, where appropriate, information contained in the EUROPASS-CV could also be included on the European professional card. Thus the value over the EUROPASS-CV is questionable.

16) *How do you share information about suspensions/restrictions with competent authorities in other Member States? Could more be done in this respect? Should an alert mechanism be put in place?*

In all cases the migrant has to prove that he is of good character or repute by submitting an extract of police and court records. The system of sharing information about suspensions / restrictions with competent authorities in other Member States is used by the nordic Member States however not for nursing.

As to the alert mechanism the Austrian Ministry of Health has to emphasize that in all cases the principle of „innocent until proven guilty" must be observed.

Furthermore we think that due to the different national data protection laws sharing and providing information would vary from Member State to Member State.

17) *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?*

Nurses are in every day and close contact to patients. Regarding patient safety and also interdisciplinary working conditions the knowledge of the language of the host Member State is inevitable. Furthermore nurses have to be able to fulfill qualified activities referred to in Article 33 para. 1 of the Directive.

In its resolution dated 23th of May 2007 about „The impact and consequences of the exclusion of health services from the Services Directive in the internal market (2006/2275(INI)" the European Parliament considers it important for health care providers directly in contact with patients to have a sufficient command of the language spoken in the host Member State.

The knowledge of the German language is a prerequisite for pursuing the nursing profession and enroling in a nursing school in Austria.

On one hand the professional is responsible for acquiring the necessary language skills. On the other hand the employer is responsible for determining whether the employees have the necessary knowledge of the German language.

During the recognition procedure (e.g. service hours) the Ministry of Health experiences that some migrants have almost no knowledge of the German language.

In case of automatic recognition (approx. 85 %) this situation can cause problems on the labour market. After being recognised as nurse in Austria migrants should take

their time to learn the language. However the majority seeks and takes up employment right after recognition, although the knowledge of the language is a legal prerequisite for pursuing the nursing profession. The Ministry of Health is aware of some complaints from employers about insufficient language skills of the migrant professionals.

The recognition based on the general system (approx. 15%) allows compensation measures. Without the necessary knowledge of the language it is impossible to enrole in a nursing school and to complete an adaptation period or to take an aptitude test. Therefore this means an obligation for migrants to acquire the necessary language skills prior to pursuing the nursing profession.

18)Do you charge any fee for the recognition process? If so, how much?

At the end of the recognition procedure a fee of approx. 140 € is charged for administrative efforts.

19)What is your experience with applying article 11 in the context of nursing?

As recital 13 states the different levels of Article 11 are established only for the purpose of the operation of the general system. Article 11 is thus not applicable in the system of sectoral professions such as for nurses responsible for general care.

Therefore in the system of automatic recognition Article 11 is not applied at all by the Ministry of Health.

As sectoral professions are not meant to be subsumed under Article 11 the Austrian Ministry of Health does not apply Arcticle 11 in the recognition of nurses responsible for general care in the general system – subsidiary application – either. The general system of Article 10 (b) is applied when the migrant does not meet the requirements of effective and lawful professional practice.

The concept of Article 11 was introduced to make comparisons and recognition in the general system – primary application – easier. Therefore the Austrian Ministry of Health has the opinion that only for the recognition of specialised nurses (Article 10 f) the system of levels of qualification can be useful.

Annex

Excerpt of the statistics for the years 2003, 2004, 2005, 2006, 2007, 2008 and 2009 (detailed information has already been submitted to the EC database)

2003

Automatic recognition based on Articles 21 and 23 of the Directive 2005/36/EC (ex Directives 77/452/EEC and 77/453/EEC): 307

2004

Automatic recognition based on Articles 21 and 23 of the Directive 2005/36/EC (ex Directives 77/452/EEC and 77/453/EEC): 713

2005

Automatic recognition based on Articles 21 and 23 of the Directive 2005/36/EC (ex Directives 77/452/EEC and 77/453/EEC): 1120

2006

Automatic recognition based on Articles 21 and 23 of the Directive 2005/36/EC (ex Directives 77/452/EEC and 77/453/EEC): 1033

2007

Automatic recognition based on Articles 21 and 23 of the Directive 2005/36/EC (ex Directives 77/452/EEC and 77/453/EEC): 549

2008

Automatic recognition based on Articles 21 and 23 of the Directive 2005/36/EC: 503
Recognition based on the general system according to Article 10b of the Directive 2005/36/EC (subsidiary application): 60

2009

Automatic recognition based on Articles 21 and 23 of the Directive 2005/36/EC: 485
Recognition based on the general system according to Article 10b of the Directive 2005/36/EC (subsidiary application): 90

National implementation report for EU Directive 2005/36/EC

Nursing profession

Country: **Poland**

Organisation: Ministry of Health

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Information on the Directive on recognition of professional qualifications - Poland

NURSING

A.

1. No such requests have been received as of today. We recognize requests submitted in writing.

2. The annual number of applications:

2005 - 1 application
2006 - 3 applications
2007 - 3 applications
2008 - 2 applications
2009 - 4 applications

These conclusions (except one) were recognized in the system of automatic recognition on the basis of a diploma. One proposal was considered in the overall system.

3. The system of automatic recognition of qualifications to be assessed positively. Due to its introduction procedures in all EU Member States have been standardized . The same criteria determine the recognition of qualifications in each EU Member State. The introduction of minimum training requirements resulted in the elimination of disparities in the training of nurses in different countries.

4. The general system of recognition is used every time when the condition for automatic recognition of qualifications are not met. This follows from Article. 11 g paragraph. 1b of the Act on professions of nurse and midwife. There are difficulties in the recognition of qualifications in the general system because of the need to compare educational programs. This procedure is time-consuming and expensive. In addition, there are problems in locating some training programs from the previous educational system. Difficulties in implementing the adaptation period and aptitude test has been observed. Procedures for the preparation of the adaptation period and aptitude test are laborious.

5. There was no such case.

6. According to the Act on professions of nurse and midwife, in matters of recognition of qualifications of nurses the appropriate bodies are the district councils of nurses and midwives, which are organs of regional chambers of nurses and midwives. There are 45 regional chambers in Poland. These are bodies of the the professional self-government.

B.

7. These provisions have not been used as of today.
8. These provisions have not been used as of today.
9. These provisions have not been used as of today.

C.

10. The Directive lays down the general requirements and therefore these not subject to frequent changes resulting from the scientific development and the development of professional needs. Each EU member state has the possibility to develop individual learning programs, the detailed contents of which can be reviewed as needed.

11. In Poland, the curricula for the nursing faculties have been standardized and introduced by an order of the Minister of Science and Higher Education. To conduct training, a nursing school is required to obtain accreditation of the National Accreditation Council of Medical Education, confirming compliance with the standards of education, including curriculum requirements set out in the order of the Minister of Science and Higher Education. The accreditation of schools offering nursing training increases confidence in the host country for the training received by the applicant.

12. Provisions of the Act on professions of nurse and midwife (Art. 10b) include a duty of continuing education. The nurse is obligated to constantly update her knowledge and professional skills in the following types of postgraduate education:

- specialty training
- qualification courses
- specialist courses
- refresher courses.

The organizers of postgraduate education for nurses may be entities which have been granted the approval of the Director of the Centre of Postgraduate Education of Nurses and Midwives for their training program for the type and mode of training and which have obtained the an entry in the proper register of entities conducting post-graduate training. Registration bodies for these entities are: The Main Council of Nurses and Midwives and the regional councils of nurses and midwives.

D.

13. This cooperation helps to dispel doubts arising upon receiving the application for recognition of qualifications. These doubts arise mainly from the fact that the documents are drawn up in different languages, but translations are not always satisfactory for the decisive body. Most authorities responde to questions, but there are situations where the answer is given late or no answer is given at all.

14. The Main Chamber of Nurses and Midwives is registered in the IMI system.

15. The introduction of a professional ID card could simplify the recognition of professional qualifications. A person using such a card would not have to present relevant certificates, and her qualifications would be recognized automatically.

16. Information on the suspension and restriction of professional licenses could be made available through the creation of a Europe-wide register of nurses and midwives containing such endorsements.

E.

17. The language Skills of EU citizens are confirmed by the applicant filing a proper declaration. The Main Chamber of Nurses and Midwives is aware of the potential claims related to inadequate language skills. So far there were no complaints about the insufficient knowledge of the language by a person whose qualifications as a nurse have been recognized.

18. There is no fee in connection with the recognition of qualifications.

19. In Poland there is the possibility to have one's qualifications recognized within the general system from the level specified in the Article. 11 (b).

National implementation report for EU Directive 2005/36/EC

Nursing profession

Country: PORTUGAL

Organisation: Ordem dos Enfermeiros

The **Ordem dos Enfermeiros** is a public association established in 1998, free and autonomous in the scope of its attributions, with juridical personality, independent of the State, competent authority and representative of nursing and midwifery graduates who practice in Portugal, in compliance with the principles of their constitution and the applicable legislation. The main aim of the **Ordem dos Enfermeiros** is to promote the defence of the quality of nursing care rendered to the population, as well as to develop, regulate and control the practice of nursing and midwifery, guaranteeing that ethical and professional deontology rules are respected.

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QUESTIONNAIRE FOR THE NURSING 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 Ordem dos Enfermeiros has online, on its website, the registration regulations as well as the necessary forms. However the application must be submitted in the headquarters of the Regional Section of the Ordem dos Enfermeiros where the applicant intends to practice.

Though the registration regulations do not exclude the possibility of electronic submission of applications, the mechanisms to assure safety and the authenticity of digitalized documentation are not created yet.

2. **What is the yearly number of applications for recognition, as well as negative and positive decisions 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[1]. What is the average duration of the process for both automatic and general systems?**

We provide this information, although the data for 2008 and 2009 have already been provided to the Commission.

ADMISSIONS NURSING	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	Total
DIRECTIVE 2005/36/CE	0	0	0	0	0	12	83	47	33	18	217
DIRECTIVE 77/452/CEE	278	756	620	642	303	236	7	0	0	0	2842
TOTAL	**278**	**756**	**620**	**642**	**303**	**248**	**90**	**47**	**33**	**18**	**3059**

NURSING - NEGATIVE DECISIONS	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	Total
DIRECTIVE 2005/36/CE	0	0	0	0	0	0	2	1	11	1	3
DIRECTIVE 77/452/CEE	0	1	2	3	3	4	1	1	0	0	15
TOTAL	**0**	**1**	**2**	**3**	**3**	**4**	**3**	**2**	**11**	**1**	**18**

[1] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

The OE has data on the average duration of the process. These numbers represent the entire period since the submission of the registration papers until the final decision on the application.

2008 – 80 days; minimum 14 days; maximum 564 days;
2009 – 71 days; minimum 10 days; maximum 292 days.

Under the Portuguese law 9/2009, 4th of March and the number 2 of article 51 of the Directive 2005/36/CE, the competent authority has 90 days to recognise the Professional qualification.

When any document is missing the competent authority has 30 days, counting from the data of inscription, to notify the professional of that situation.

In general the OE complies with the period established, and in several cases the duration of the process is quite shorter (in some cases less then 2 weeks).

The most common reasons for delays are:

1 – Delay or impossibility from the applicant to present the requested documentation.

The documents requested more often are: the statements on the length of professional experience for the application of the recognition based on acquired rights; and documents from the competent authorities stating the compliance of the professional title with the Directive 2005/36/CE.

2 – Before the implementation of IMI System we found serious delay in receiving an answer from other competent authorities to requests of information relating to doubts on the evidence of formal qualification or professional experience. Several times we received no answer. The IMI System brought several improvements in this aspect.

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**

We consider successful the system of automatic recognition as it provides a common framework for analysis and simplifies the administrative procedures (nevertheless there is room for improvement). So far in our country we are unable to identify any progress in what respects to labor market flexibilization and liberalization of the provision of services (two of the original aims of the directive).

From our perspective this is a process that sometimes has huge costs (namely in time consumption) although we recognize the bigger benefits.

- **automatic recognition based on acquired rights**

The OE has found difficulties with some names of qualifications presented by some applicants, because they are different from those stated in Annex V of the Directive.

There are also difficulties in checking the authenticity of the documents stating the professional experience of the applicant.

The OE, as competent authority for Portuguese nurses and midwives find it difficult to state the effective professional experience of Portuguese professionals in the process of migrating to another EU country. In fact, this information is collected with the professional employer and it depends on his accuracy and good will. Beside that, in some occasions the nurse is working as a liberal professional, making it harder to testify the time period of professional experience.

- **recognition based on the general system.**

Yes.
There are difficulties in what respects to the implementation of compensation measures due to the difficulties related to the process of gathering all necessary documentation of the migrant, in order to take a decision in due time.

See also question 4.

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 adaptation periods and aptitude tests.**

There are numerous difficulties in the recognition of courses with a special structure referred in Article 11 point (c) subparagraph (ii), because they are considered specialized in a very restrict area of nursing (Annex II of Directive 2005/36/CE). For that reason we find very hard to establish compensation measures as outlined in Article 14 of the Directive.

According to Annex II "List of courses having a special structure referred to in Article 11 point (c) subparagraph (ii)" the competent authorities are asked to recognize qualifications from professionals that did not have any formal training as general care nurse. These courses are exclusively for a specific nursing area, inexistent in Portugal making difficult or even impossible the recognition of the Professional title.

Having in regard patient safety and the free movement of professionals these means the creation of long and complex compensation measures for the applicants.

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))?**

None.

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

The Ordem dos Enfermeiros (OE) is a public association established in 1998, free and autonomous in the scope of its attributions, with juridical personality, independent of the State, competent authority and representative of nursing and midwifery graduates who practice in Portugal, in compliance with the principles of their constitution and the applicable legislation.
The main aim of the Ordem dos Enfermeiros is to promote the defence of the quality of nursing care rendered to the population, as well as to develop, regulate and control the practice of nursing and midwifery, guaranteeing that ethical and professional deontology rules are respected.

The Ordem dos Enfermeiros awards two titles:

- Nurse which qualifies nurses to provide general care;

- Specialist Nurse which qualifies nurses to provide specialised care in six specialised areas:
  - community nursing specialist;
  - infant health nursing and paediatrics specialist;
  - maternal health nursing and midwifery specialist;
  - medical and surgical nursing specialist;
  - mental health nursing and psychiatrics specialist.
  - rehabilitation nursing specialist;

The process of awarding the nurse and specialist nurse title have changed since the approval of the Law 111/2009 of 16th of September, representing the first change in the Ordem dos Enfermeiros constitution. The application of these changes started in the 1st of January 2010, and will pass through a transition period.

The Ordem dos Enfermeiros have five regional sections and each one has the same organizational structure that mimics the national one.
A General Assembly (all members) ; a Board of Directors (overall management); a Board of Jurisdiction (Ethics, Deontology and Discipline); a Board of Nursing (Professional issues); a Board of Audit (Supervision of due process). Only at national level, there are also Professional Specialty Colleges (one for each of the six currents specialties).

Registration is a task of the Regional Board of Directors and the attribution of titles are tasks of the Regional Boards of Nursing. Therefore applicants must submit their applications to the Regional Section where they intend to practice.
Although all administrative procedures are carried out at regional level, there is only one electronic national database. The individual files are archived in each region. If a member wishes to move from one region to another, his individual file is transferred.

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) [2]?

No. None.

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?**

- **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?**

We do not have any experience with temporary mobility. Even so, considering the difficulties found in other systems, underlined before, we have some concerns regarding public safety.

9. Why is a prior declaration system necessary? What do competent authorities do with the information received? Are other possibilities conceivable?

We believe that due to the nature of services rendered by nurses the prior declaration system is important.
The reinforcement of this mechanism in what regard the employers is welcome. See also question 16.
Perhaps through IMI System some of the major concerns can be dealt with, namely professional good standing and continuous education.

[2] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

C MINIMUM TRAINING REQUIREMENTS

10. To what extent are the common minimum training requirements set out in Title III Chapter III of Directive 2005/36/EC and the compulsory training subjects as defined in Annex V in line with scientific progress and professional needs? Furthermore, are the knowledge and skills required by the directive still relevant for patient safety and up to date? Please specify. What about the conditions relating to the duration of training?

The minimum training requirements are not in line with the current developments in the profession and nursing science. These requirements are more than 3 decades old.

Since the approval of the Munich Declaration, that nurses and governmental representatives have established, among other issues, the importance of providing a high level of initial preparation and on-going staff development
This development in initial nursing and midwifery education is already reflected on the fact that in a significant number of countries, the level of initial professional education corresponds to an university degree.
We must also remember how the 'Bologna Process' in the European Region supports this trend, to have university-prepared nurses and midwives, and is already recognized by many countries. Raising the level of initial professional education to the higher education sector in all countries of the EU must be an aim to accomplish in the coming years.

Several studies show that the great majority of European countries have 12 or more years of duration of general school education, before professional education. And almost 60% are on University level. And those situations must serve as a good example for Nursing organizations and Governments.
The Bologna Process also invites us to develop new educational curricula competency-based and research-/evidence-base.
That's why it's difficult to accept a new disposition on the Directive that doesn't consider the developments and trends on nursing education, namely:

- New areas of attention such as: new technologies; research and evidence based practice;
- The new terminology actually used in practice, nursing disciple, management and leadership.

Besides that the admission to the training of nurses responsible for general care, stated in article 31 of the Directive shall be contingent upon completion of general education equal or equivalent to University entry level.

In what regards the specialized training, absent from the Directive, in Portugal to be specialized nurses the Professional must first be a nurse responsible for general care, and we believe that only this condition grants the professional with the competencies required to a specialized care.

In Portugal, the Ordem dos Enfermeiros awards the title of **Specialist Nurse** which qualifies nurses to provide specialised care in six specialised areas: community nursing specialist; medical and surgical nursing specialist; rehabilitation nursing specialist; infant health nursing and paediatrics specialist; maternal health nursing and midwifery specialist; mental health nursing and psychiatrics specialist.

11. 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?

This mutual trust is limited and depends on several factors, namely the possibility of understanding the original language. Even the better translations have difficulty in passing on the "real significance" of words.
Yes, by the National Accreditation Agency, created as a consequence of the modifications introduced by the "Bologna Declaration".
Yes, as a principle. Although, the accreditation of training programmes regards mostly in academic elements and lesser in acquired competencies required to clinical practice.

The Directive stimulates mutual trust between competent authorities in what respects the Professional right to move in EU. But, the same legal framework discourages the mutual trust between competent authorities when it comes to share information on the duties of the professionals especially when they are not fulfilled. See question 16.

12. 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? How do you define continuous professional development in your country?

We believe that they should be reinforced.
Yes. We can say that, in Portugal, continuous professional development is mandatory for nurses, as a result of several legal dispositions (Code of Ethics and Deontology; Career progression and annual appraisal).
We do not have a national definition. In general, all educational and training activities carried out after initial graduation, are considered CPD.

D. ADMINISTRATIVE COOPERATION

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

When cooperation exists, we believe that things are simplified. This administrative cooperation between competent authorities is essential in order to obtain a speedy process. The identification of the right persons and the creation of informal networks between competent authorities are instrumental to the success of the process, for both the migrant professionals and competent authorities.

14. Is the competent authority in your country registered with IMI? Under which circumstances does your competent authority use IMI? Please comment on your experience of using IMI. If not registered, why not and what would be the conditions for changing this situation?

Yes. We have used it sometimes, both for making inquiries and responding to questions.
In some cases there are great delays in answer time.
We would welcome if the system could be extended to the topics presented in the question 16.

15. How could a professional card (see Recital 32 of the Directive) facilitate recognition of professional qualifications and provision of temporary services? Under which conditions could it be issued by professional associations? In what respect would a professional card add value over the Europass CV?

We believe that professional cards would be quite useful provided that they reflect the "current professional status" of the professional and that they are "valid and useful" both the in the nation of origin and in the EU.
We believe that the only professional associations that could issue this kind of cards are the ones that also regulate the profession (and preferably are also competent authorities). This requires a lot of work, but part of that has already been done in other European projects (Health Professionals Crossing Borders; HProCard) that have showed that, although difficult, it is possible to achieve consensus on a number of issues and that the biggest challenge is to create (and maintain) an European infrastructure that would "read the cards". Besides the common agreement on the issues to cover by the card and interoperability, they would have also to comply with national end EU legislation.
The added value of the card is that it would have an intrinsic assurance that the statements were true and updated.

16. How do you share information about suspensions/restrictions with competent authorities in other Member States? Could more be done in this respect? Should an alert mechanism be put in place?

We have never done it.
Yes, but we recognize that this is a difficult issue.
We think it is a good idea, provided that the alert mechanism is agreed and respects the national and EU legislation.

Also, the European Commission (EC) stimulates the mobility of professionals, making it easier the right for recognition of Professional qualifications through the EU. Right that we fully agree, even so the EC does not have the same attitude in what regards to the duties of those professionals, making it hard for competent authorities to share information that could promote public safety.

EU legal Framework imposes mutual trust between regulators in what regards to the recognition of the right to practice in another EU Member State, but in the situation where a competent authority use its powers to restrict the field of practice of a Professional based on misconduct, that measure could not be extended to another EU country – not even if both competent authorities agree with that measure in order to protect public safety.
Even if we recognize that these are exceptional cases or situations they are serious enough to be considered and we propose a serious study of measures that could solve these problems.

E. OTHER OBSERVATIONS

17. 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?

We have never done this.
No formal complaints were filed. However we have some anecdotal and unconfirmed reports of situations that have occurred.

18. Do you charge any fee for the recognition process? If so, how much?

No.

19. What is your experience with applying article 11 in the context of nursing?

To be a nurse in Portugal, the professional needs 4 year training. Considering the general system and the disparity of nursing programmes across the EU, competent authorities could be forced to create compensation measures very long, complex and in some cases insufficient to comply with actual state of nursing practice.
We also wonder how will the article 11 (actually organized in five levels of Professional qualification) correspond to new European Qualification Framework (organized in 8 levels).

This transposition will demand great attention from the competent authorities in each Member State in order to match with the national frameworks of qualification.

Also troubling for us, in some occasions, is establishing where the applicants are placed under article 11, with the information we receive.

National implementation report for EU Directive 2005/36/EC

Nursing profession

Country: **Romania**

Organisation: The Order of Nurses, Midwives and Medical Assistants in Romania

The Order of Nurses, Midwives and Medical Assistants in Romania is the professional regulatory organization, whose role is to elaborate rules and regulations in nursing and midwifery practice, so as the professionals can provide high quality services to their patients, under secure conditions.

The Organization was founded in 1994 and is currently running its activity under the Emergency Ordinance nr.144/2008. According to the law, The Order of Nurses Midwives and Medical Assistants in Romania, is a public interest organization and it benefits from an institutional autonomy. The organization has 42 branches in all the counties of Romania. It is headed by a General National Council, which includes representatives of the county branches and by the Executive Office, which includes elected members of the National Council.

The Order of Nurses Midwives and Medical Assistants in Romania has the role to register in The National Register, the nurses, midwives and medical assistants in Romania, entitled to practice. Upon registration, a Membership Certificate, equivalent to a License to Practice, will be issued.

The Order of Nurses Midwives and Medical Assistants in Romania is a professional jurisdiction body, who, according to the Professional Code of Ethics, judges cases of professional misconduct. The Order of Nurses Midwives and Medical Assistants in Romania elaborated its first Professional Code of Ethics, in 2001.

In 2003, The Order of Nurses Midwives and Medical Assistants in Romania had the initiative to elaborate a National Program of Continuing Education. According to it, the members of the

organization have to participate, annually, in a number of courses/conferences, etc., in order to maintain the professional training level.
The members of The Order of Nurses Midwives and Medical Assistants in Romania receive a number of credits, for participating to this continuing education. Credit accumulation is a mandatory condition for the annual reappraisal of The License to Practice.
In order to organize the annual exam for professional degrees and to elaborate other documents related to the three named professions, The Order of Nurses Midwives and Medical Assistants in Romania, collaborates with The Ministry of Health.
Since 2006, The Order of Nurses Midwives and Medical Assistants in Romania has been a member of FEPI (European Council of nursing regulators) and of UPLR (The Union of Liberal Professions in Romania).

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valuating the Professional Qualifications Directive
Experience reports from competent authorities

QUESTIONNAIRE FOR THE NURSING 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 online and via email applications are accepted, in Romania, by the Ministry of Health, but for the recognition only notarized copies are accepted. The documents are presented to the Ministry of Health and the recognition is done by the Ministry of Health in collaboration with The Order of Nurses Midwives and Medical Assistants.

2. What is the yearly number of applications for recognition, as well as negative and positive decisions 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[1]. What is the average duration of the process for both automatic and general systems?

   Automatic recognition based on diplomas – 7

   Automatic recognition based on acquired rights – none

   Automatic recognition based on the general system – 2

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.

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[1] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

The recognition based on the diplomas is a good system provided that it comes together with a certificate of conformity issued by the competent authority.

The recognition based on the general system incurs difficulties regarding the assessment of the qualification level, which varies depending on the country.

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 adaptation periods and aptitude tests.

   We use the general system of recognition. So far, we only subjected the applicants to aptitude tests.

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 were no such cases in our country.

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

   The competent authorities responsible for recognition in Romania are: CNRED (National coordinator for all the regulated professions), The Ministry of Health and The Order of Nurses Midwives and Medical Assistants.

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) [2]?

   So far, the recognition was requested only for the settlement.

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?

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[2] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

- 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?

There were no such cases in our country

9. Why is a prior declaration system necessary? What do competent authorities do with the information received? Are other possibilities conceivable?

There were no such cases in our country.

C MINIMUM TRAINING REQUIREMENTS

10. To what extent are the common minimum training requirements set out in Title III Chapter III of Directive 2005/36/EC and the compulsory training subjects as defined in Annex V in line with scientific progress and professional needs? Furthermore, are the knowledge and skills required by the directive still relevant for patient safety and up to date? Please specify. What about the conditions relating to the duration of training?

The requirements as defined in Annex V are not relevant. We believe that it is necessary for the Directive to be augmented with precise principles and necessary documents for the clinical practice.

11. 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?

The programs are accredited, but not always respected by the educational organizations/institutions.

12. 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? How do you define continuous professional development in your country?

CME (continuous professional development) is mandatory and it only refers to the updating of knowledge and keeping the acquired competences, not to specialization or obtaining other competences. The CME programs are organized by the Order of Nurses Midwives and Medical assistants and take place at its headquarters.

D. ADMINISTRATIVE COOPERATION

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

They don't simplify the procedures for the professionals but they are necessary for the competent authorities.

14. Is the competent authority in your country registered with IMI? Under which circumstances does your competent authority use IMI? Please comment on your experience of using IMI. If not registered, why not and what would be the conditions for changing this situation?

Yes. All the mentioned competent authorities are registered and they assure the information exchange with the authorities of other countries.

15. How could a professional card (see Recital 32 of the Directive) facilitate recognition of professional qualifications and provision of temporary services? Under which conditions could it be issued by professional associations? In what respect would a professional card add value over the Europass CV?

The authorities could benefit by all the data regarding the professional path and the penalties for malpractice. We believe that the started projects of implementation should be completed at European level. All the UE professionals should have a unitary system (data base and professional card reading- Recital 32 of the Directive).

16. How do you share information about suspensions/restrictions with competent authorities in other Member States? Could more be done in this respect? Should an alert mechanism be put in place?

The professional card would be the solution to this issue. For now, the Romanian authorities ask for information from the competent authorities from other Member States and, in what concerns the Romanian professionals, The Order of Nurses Midwives and Medical Assistants issue a certificate where this information is mentioned.

E. OTHER OBSERVATIONS

17. 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?

The applicants from other Member States who wanted to settle in Romania were checked in regards to their language skills during an interview (in case of automatic recognition) and during the aptitude test (in case of recognition based on the general system).

18. Do you charge any fee for the recognition process? If so, how much?
No.

19. What is your experience with applying article 11 in the context of nursing?

The qualification level is determined by the three competent authorities already mentioned. In some cases, it is specified by the applicant's Member State.

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National implementation report for EU Directive 2005/36/EC

Nursing profession

Country: **Slovenia**

Organisation: Ministry of Health

Contact details:
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Evaluating the Professional Qualifications Directive
Experience reports from competent authorities

QUESTIONNAIRE FOR THE NURSING 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?

In the procedure of professional qualification an application can be also sent by email. Applications can be sent electronically if they have electronic signature.
We have not received applications in electronic form.

2. What is the yearly number of applications for recognition, as well as negative and positive decisions 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[1]. What is the average duration of the process for both automatic and general systems?

Ministry of Health is competent authority for recognition of qualification from November 2008.

In the Year 2009 we have received 7 applications for recognition of qualification, 4 of them were recognized (automatic recognition), the others are still in procedure.

The average duration of recognition is 1,5 month.

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.

The system of automatic recognition is the fastest way for employment of qualified persons, but we noticed that there are major differences in knowledge. And of course the knowledge of language is on of the biggest problem and barrier to the mobility on internal market.

We prefer recognition on general system where the knowledge of nurse can be tested.

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[1] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

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 adaptation periods and aptitude tests.

We havn't had the case where general system would apply.

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))?

We havn't had the case.

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

recognizing and regulations issued for the implementation of the directives is responsible the Ministry of Labour, Family and Social Affairs of the Republic of Slovenia.
The procedures for recognising qualifications of doctors is conducted by Ministry of Health of Republic of Slovenia which is competent authority for all of health professions. The procedure of recognition of a qualification is initiated by a candidate lodging an application with the competent authority for a particular regulated profession or professional activity.

After the receipt of the application, the competent authority informs the candidate about any missing certificates and asks for additional documentation, as necessary. After the receipt of a complete application, the competent authority must issue a decision within two months.
In the course of the procedure, the competent authority may request a competent professional chamber or organisation to submit their opinion; if the latter is not provided, the competent authority shall issue its decision without it. An opinion of a competent professional chamber or organisation shall not be binding for a decision issued by the competent authority.

In the case of an automatic recognition procedure the applicant's documents are compared with the evidence requested in Annex V and if they meet the qualification is automatically recognized.

In the procedure, the competent ministry compares written documentation on the applicant's professional qualifications with the professional qualifications required by regulations in the Republic of Slovenia for the pursuit of the regulated profession or professional activity. If based on the comparison, the competent authority assesses that the applicant's professional qualifications are not adequate, it issues a provisional decision and calls on the applicant to take one of the following supplementary actions, depending on the circumstances, in order to obtain recognition of his/her professional qualifications:
– an aptitude test; or
– an adaptation period, during which the applicant will satisfy the conditions for recognition of professional qualifications which he/she initially failed to meet.

The competent authority issues a decision on the recognition of the candidate's professional qualification regarding the pursuit of a particular regulated profession or activity in the Republic of Slovenia:
a) when it is assessed –based on the application – that the candidate's professional qualifications comply with the qualifications required for the pursuit of a particular regulated profession or professional activity in the Republic of Slovenia;
b) when the candidate submits evidence of a successfully completed adjustment period or aptitude test

c) in case of automatic recognition on the basis of evidence that meets the evidence in Annex V.

On the basis of a decision on the recognition of professional qualifications, the candidate is enabled to pursue a regulated profession for which he/she has been qualified in a Member State of the EU, EEA or the Swiss Confederation under the same conditions that apply to Slovenian nationals, provided that the activities covered by that profession are comparable.

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) [2]? NON.

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?

For attesting legal establishment the migrant has to attaché next documents:
- certificate from competent authority,
- certificate of the professional licence,
- certificate of good standing,
- copy of the trade/economic register.

   - 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?

For determination of "temporary services " in declaration the migrant has to indicate how much time and how often will perform services.

9. Why is a prior declaration system necessary? What do competent authorities do with the information received? Are other possibilities conceivable?

The competent authority collect information for statistical and analytical purposes. Also are used for annual reports to the European Commission.
On the basis of the information we supervise the professionals pursuing services in our country.

Ministry of Health submits complete application to Nurse chamber of Slovenia, which temporary registers migrant in the register of nurses.

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[2] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

C MINIMUM TRAINING REQUIREMENTS

10. To what extent are the common minimum training requirements set out in Title III Chapter III of Directive 2005/36/EC and the compulsory training subjects as defined in Annex V in line with scientific progress and professional needs? Furthermore, are the knowledge and skills required by the directive still relevant for patient safety and up to date? Please specify. What about the conditions relating to the duration of training?

ZDENKA

11. 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?

Training programmes are accredited by

The mutual trust is not achieved, therefore in the procedure of professional qualification Ministry always requires certificate of obtained qualification, issued by competent authority.

ZDENKA

12. 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? How do you define continuous professional development in your country?

According to national law all (Health service act) health workers and health associates have the right and obligation of further professional training, thus an institution must enable them to:

- regularly to follow the development of health sciences;
- occasional practical further training in appropriate health institutions;
- occasional verifying of theoretical and practical knowledge.

D. ADMINISTRATIVE COOPERATION

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

It can fasten the procedure of recognition of professional qualification.

14. Is the competent authority in your country registered with IMI? Under which circumstances does your competent authority use IMI? Please comment on your experience of using IMI. If not registered, why not and what would be the conditions for changing this situation? Yes.

15. How could a professional card (see Recital 32 of the Directive) facilitate recognition of professional qualifications and provision of temporary services? Under which conditions could it be issued by professional associations? In what respect would a professional card add value over the Europass CV?

We think that professional card is not relevant in the procedure of professional qualifications.

16. How do you share information about suspensions/restrictions with competent authorities in other Member States? Could more be done in this respect? Should an alert mechanism be put in place?

IMI is the right tool for sharing the information with competent authorities about suspensions/restrictions. It could also be the right toll for sharing others relevant informations.

E. OTHER OBSERVATIONS

17. 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?

According to The act on the performance of medical professions in the Republic of Slovenia by citizens of other Member States of the European Union the employer specify in its employment regulations the level of knowledge of the Slovene languages and the method of its assessment, that are required in relation to individual work posts. The Government has set the standards for the level of Slovene language skills for typical work posts.

18. Do you charge any fee for the recognition process? If so, how much?

We charge administrative fee in amount of 17. 73 EUR.

19. What is your experience with applying article 11 in the context of nursing?

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National implementation report for EU Directive 2005/36/EC

Nursing profession

Country: **Slovenská republika - Slovak Republic**

Organisation: Ministerstvo školstva, vedy, výskumu a športu Slovenskej republiky - Ministry of Education, Science, Research and Sport of the Slovak Republic

Ministerstvo zdravotníctva Slovenskej republiky - Ministry of Health of the Slovak Republic

Ministerstvo školstva, vedy, výskumu a športu Slovenskej republiky - Ministry of Education, Science, Research and Sport of the Slovak Republic :
Regulation of training, accreditation of university studies, *recognition of basic qualifications*, National coordinator for directive 2005/36/EC

Ministerstvo zdravotníctva Slovenskej republiky - Ministry of Health of the Slovak Republic:
Regulation of training, accreditation of further education of health professionals, recognition of specialised qualifications (further education), issuing of certificates on conformity of study laid down directive 2005/36/EC.

Contact details:

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Evaluating the Professional Qualifications Directive
Experience reports from competent authorities

QUESTIONNAIRE FOR THE NURSING 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?

Nie, Ministerstvo zdravotníctva SR v prípade uznávania špecializačných dokladov sestier vyžaduje overené kópie spolu s úradným prekladom do štátneho jazyka. Neuvažuje so zavedením možnosti elektronického podávania takýchto žiadostí.

2. What is the yearly number of applications for recognition, as well as negative and positive decisions 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[1]. What is the average duration of the process for both automatic and general systems?

Počet uznaných kvalifikácii v SR:

Rok	Počet uznaní	Pozitívne	Negatívne
2004	0	0	0
2005	4	4	1
2006	2	0	2
2007	10	10	0
2008	6	3	3
2009	6	5	1
2010	Údaje nie sú k dispozícii		

Ministerstvo zdravotníctva SR má priemernú dĺžku procesu uznávania v prípade automatického systému cca 2 – 3 týždne v prípade všeobecného systému cca 2 mesiace.

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

[1] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

Automatický systém na základe dokladu uvedeného v prílohe V je relatívne dobré rozpracovaný, avšak v prípade niektorých členských štátov by si vyžadoval precíznejšiu špecifikáciu dokladov o vzdelaní

- automatic recognition based on acquired rights

Automatický systém na základe tzv. nadobudnutých práv, považujeme za nedostatočné definovaný, jeho charakteristika je príliš všeobecná, čo umožňuje rôzne aplikačné prístupy zo strany jednotlivých členských štátov. Navyše v prípade dokladov z bývalého Československa je nespravodlivý. Používanie dátumu 1. 1. 1993 je v tejto súvislosti diskriminačné. Neberie do úvahy skutočnosť že aj ČR aj SR sú členskými štátmi EU, teda súčasný systém, ktorý je nastavený obdobne ako v príde Slovinska vo vzťahu k bývalej Juhoslávii a pobaltských štátov vo vzťahu k bývalému Sovietskemu zväzu je v prípade bývalého Československa vo vzťahu k žiadateľom nezmyselný.

- recognition based on the general system.

Všeobecný systém považujeme za alternatívu automatického systému uznávania. Vidíme však priestor v zdokonaľovaní systému kompenzačných mechanizmov. Podľa nášho názoru zámerom EK a jednotlivých členských štátov by malo byť harmonizovať koordináciu vzdelávania v čím väčšom počte kvalifikácií. Privítali by sme vybudovanie modelu uznávania špecializácií sestier obdobne ako v prípade lekárov.

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 adaptation periods and aptitude tests.

Áno v prípade nemožnosti aplikovania automatického systému uznávania Ministerstvo zdravotníctva SR vždy v prípade občanov EÚ a dokladov z EU aplikuje všeobecný systém uznávania. Zatiaľ však nemáme dostatočné skúsenosti s aplikáciou kompenzačných mechanizmov v uznávaní.

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))?

Ministerstvo zdravotníctva SR rešpektuje uznanie v inom členkom štáte a v prípade troch rokov praxe takýto doklad v súlade so smernicou uznáva automaticky.

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

Kompetentný organ pre uznávania základných kvalifikácií (basic qualifications) je Ministerstvo školstva SR, Kompetentný orgán pre uznávanie dokladov o ďalšom vzdelávaní je Ministerstvo zdravotníctva SR. Kompetentným orgánom na vydávania tzv. potvrdení o rovnocennosti podľa tzv. nadobudnutých práv je Ministerstvo zdravotníctva SR. Slovenská komora sestier a pôrodných asistentiek vydáva tzv. potvrdenia o dobrej povesti („good standing")

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) [2]?

Ministerstvo zdravotníctva SR neeviduje v tomto období žiadnu žiadosť sestry ani pôrodnej asistentky o dočasné poskytovanie služieb. Systém zatiaľ v SR využili len lekári.

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?

Hosťujúca osoba, ktorá prichádza vykonávať zdravotnícke povolanie na územie Slovenskej republiky po prvýkrát, je povinná pred začatím činnosti písomne oznámiť výkon zdravotníckeho povolania ministerstvu zdravotníctva. Oznámenie musí obsahovať meno, priezvisko, dátum narodenia, miesto trvalého pobytu, miesto výkonu zdravotníckeho povolania v inom členskom štáte a informáciu o poistení zodpovednosti za škodu spôsobenú osobám v súvislosti s výkonom zdravotníckeho povolania. Hosťujúca osoba je povinná k oznámeniu priložiť

a) doklad o štátnom občianstve,

b) doklady o vykonávaní zdravotníckeho povolania v inom členskom štáte v súlade s právnymi predpismi tohto členského štátu a doklad o tom, že v čase oznámenia nebol hosťujúcej osobe výkon zdravotníckeho povolania zakázaný, a to ani dočasne,

c) doklady o vzdelaní alebo ich súbory

   - 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?

Zdravotnícke povolanie vykonáva ojedinelo alebo príležitostne, ak nepresiahlo na území Slovenskej republiky sedem po sebe nasledujúcich kalendárnych dní alebo celkovo 30 kalendárnych dní v kalendárnom roku.

9. Why is a prior declaration system necessary? What do competent authorities do with the information received? Are other possibilities conceivable?

Je potrebné nakoľko kompetentný orgán musí mať možnosť preverenia relevantných údajov o poskytovateľovi služieb, nakoľko ide o samotné zdravie príjemcu služieb

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[2] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

C MINIMUM TRAINING REQUIREMENTS

10. To what extent are the common minimum training requirements set out in Title III Chapter III of Directive 2005/36/EC and the compulsory training subjects as defined in Annex V in line with scientific progress and professional needs? Furthermore, are the knowledge and skills required by the directive still relevant for patient safety and up to date? Please specify. What about the conditions relating to the duration of training?

Detailné definovanie minimálnych požiadaviek na vzdelanie, vrátane formy, obsahu a dĺžky vzdelávania považujeme za veľmi dôležité. V uvedenom kontexte považujeme súčasnú špecifikáciu uvedenú v čl. 3(3): "tri roky štúdia alebo 4 600 hodín teoretickej a klinickej odbornej prípravy" za nejasnú a umožňujúcu rôzne výklady. Uvítali by jednoznačnú a presnú úpravu, najjednoduchšie by bolo nahradenie slova" „alebo, slovom: „a"

11. 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?

Vzdelávanie sestier v SR je akreditované. Ministerstvo zdravotníctva dôveruje informáciám poskytnutým kompetentnými orgánmi iných členských štátov, avšak z dôvodu možnej rôznej interpretácie čl. 31 by sme privítali jeho jednoznačnú úpravu

12. 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? How do you define continuous professional development in your country?

Sústavné vzdelávanie zdravotníckych pracovníkov je v SR povinné. Hodnotí sa v päťročných cykloch počtom získaných kreditov. Pri jeho nenaplnení je možné aj odobrať registráciu, teda znemožniť ďalší výkon povolania.

D. ADMINISTRATIVE COOPERATION

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

Administratívna spolupráca je mimoriadne dôležitá pri výmene potrebných informácií. Ministerstvo zdravotníctvo SR aktívne komunikuje v písomnej aj elektronickej forme s mnohými partnermi s iných členských štátov. Súčasný stav považujeme za dostatočný.

14. Is the competent authority in your country registered with IMI? Under which circumstances does your competent authority use IMI? Please comment on your experience of using IMI. If not registered, why not and what would be the conditions for changing this situation?

Ministerstvo zdravotníctvo SR je aktívne zapojené do IMI systému od jeho založenia. IMI systém hodnotíme vysoko pozitívne, či už v pozícii príjemcu o informáciu alebo žiadateľa o informáciu.

15. How could a professional card (see Recital 32 of the Directive) facilitate recognition of professional qualifications and provision of temporary services? Under which conditions could it be issued by professional associations? In what respect would a professional card add value over the Europass CV?

Projekty ako profesijná karta či europass vnímame pozitívne, avšak bez jednoznačnej legislatívnej opory zo strany EK (presné pravidlá určené právnymi predpismi EÚ záväznými pre všetky členské štáty) vnímame predovšetkým zavedenia profesijných kariet z pohľadu uznávania kvalifikácii za nedostatočné, nakoľko vždy je predmetom uznania doklad o vzdelaní, čo podľa súčasnej legislatívy nemôžu nahradiť údaje na karte, teda v súčasnosti je takýto systém z pohľadu efektívnejšej aplikácie smernice 2005//36/ES nepoužiteľný.

16. How do you share information about suspensions/restrictions with competent authorities in other Member States? Could more be done in this respect? Should an alert mechanism be put in place?

Výmena informácii v tejto oblasti momentálne prebieha na základe konkrétnej žiadosti partnera z iného členského štátu.

E. OTHER OBSERVATIONS

17. 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?

Počas výkonu zdravotníckeho povolania musí zdravotnícky pracovník ovládať slovenský jazyk a odbornú terminológiu v slovenskom jazyku v rozsahu nevyhnutnom na výkon zdravotníckeho povolania. Táto podmienka sa nespája s procesom uznávania kvalifikácie. Túto podmienku po uznaní kvalifikácie preferuje zamestnávateľ.

18. Do you charge any fee for the recognition process? If so, how much?

Ministerstvo zdravotníctvo SR v procese uznávania dokladov v o ďalšom vzdelávaní nevyžaduje žiadny správny poplatok.

19. What is your experience with applying article 11 in the context of nursing?

Jeho možné rôzne interpretácie prinášajú v niektorých prípadoch nedorozumenia, privítali by sme jeho presnejšie rozpracovanie.

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SLOVAK REPUBLIC

Evaluating the Professional Qualifications Directive
Experience reports from competent authorities

QUESTIONNAIRE FOR THE NURSING 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?

No. In the case of the recognition of the specialist diplomas of nurses, the Slovak Ministry of Health requires a certified copy of the document, accompanied by an official translation into Slovak. The Ministry does not envisage making provision for such requests to be submitted electronically.

2. What is the yearly number of applications for recognition, as well as negative and positive decisions 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[1]. What is the average duration of the process for both automatic and general systems?

Number of qualifications recognised in the Slovak Republic:

Year	Number of recognitions	Positive	Negative
2004	0	0	0
2005	4	4	1
2006	2	0	2
2007	10	10	0
2008	6	3	3
2009	6	5	1
2010	Data not available		

The average length of time taken for applications to pass through the Slovak Ministry of Health recognition process is approximately 2-3 weeks for the automatic system and approximately 2 months for the general system.

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:

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[1] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

- automatic recognition based on diploma

The automatic system of recognition based on diplomas mentioned in Annex V is relatively well developed. However, for some Member States, the evidence of formal education needs to be specified more precisely.

- automatic recognition based on acquired rights

We consider automatic recognition based on acquired rights to be insufficiently defined, as its characteristics are too general in nature, leading to a variety of different approaches in individual Member States. In addition, it does not provide a fair treatment of documents from the former Czechoslovakia. The use of the date of 1 January 1993 is discriminatory in this respect. It fails to take into account the fact that both the Czech and Slovak Republics are EU Member States, which means that the current system, which is set up the same for Slovenia in respect of the former Yugoslavia and the Baltic States in respect of the former Soviet Union, does not make sense for applicants in the case of the former Czechoslovakia.

- recognition based on the general system.

We regard the general system as an alternative to automatic recognition. However, we can see room for improving the system of compensatory mechanisms. In our opinion, the European Commission and the individual Member States should aim to harmonise educational coordination for a greater number of qualifications. We would welcome the creation of a model of recognition for specialised nurses, similar to that used for doctors.

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 adaptation periods and aptitude tests.

Yes, where it is not possible to apply the automatic recognition system, the Slovak Ministry of Health always applies the general system of recognition for EU citizens and documents originating from the EU. However, to date we have not had sufficient experience of applying compensation mechanisms in the recognition procedure.

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))?

The Slovak Ministry of Health respects recognition in other Member States and in accordance with the Directive automatically recognises diplomas where the applicant has three years' practical experience.

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

The competent authority for the recognition of basic qualifications is the Slovak Ministry of Education. The competent authority for the recognition of documents attesting to further education is the Slovak Ministry of Health. The competent authority for confirming

equivalence based on acquired rights is the Slovak Ministry of Health. The Slovak Chamber of Nurses and Midwives issues confirmations of good standing.

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) [2]?

The Slovak Ministry of Health does not have any record of any applications from nurses or midwives for temporary activities during that period. In Slovakia, to date the system has been used only by doctors.

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?

A migrant who wishes to exercise a health profession in Slovakia for the first time is required to declare this in writing to the Ministry of Health before commencing the activity. The declaration must include the name, surname, date of birth, the normal place of residence, the place of exercise of the health profession in the other Member State and information on professional indemnity insurance in connection with the exercise of the health profession. The migrant is required to attach the following to the declaration:

a) a document proving their nationality;

b) documents referring to the exercise of the health profession in the other Member State in accordance with the law of that State and a document demonstrating that at the time of the declaration, the migrant was not barred from exercising a health profession, even on a temporary basis;

c) documents attesting to formal qualifications or sets of qualifications

    - 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 health profession activity is deemed to be one-off or occasional where exercised in Slovakia for no longer than seven consecutive calendar days or a total of 30 calendar days in a calendar year.

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[2] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

9. Why is a prior declaration system necessary? What do competent authorities do with the information received? Are other possibilities conceivable?

It is necessary because the competent authority must be able to analyse the relevant data on the services provided, since at stake is the health of the recipient of the services.

C MINIMUM TRAINING REQUIREMENTS

10. To what extent are the common minimum training requirements set out in Title III Chapter III of Directive 2005/36/EC and the compulsory training subjects as defined in Annex V in line with scientific progress and professional needs? Furthermore, are the knowledge and skills required by the directive still relevant for patient safety and up to date? Please specify. What about the conditions relating to the duration of training?

We regard as very important the detailed definition of the minimum training requirements, including the form, content and length of the training. In the context described above, we regard the current requirement laid down in Article 31(3): 'three years of study or 4 600 hours of theoretical and clinical training' as unclear and allowing for different interpretations. We would welcome amendment of the text to make it clearer and more precise; the simplest approach would be to replace the word 'or' with 'and'.

11. 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?

Training for nurses in Slovakia is accredited. The Ministry of Health trusts the information provided by the competent authorities in other Member States. However, owing to the possibility of different interpretations of Article 31, we would welcome an amendment to make the text clear.

12. 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? How do you define continuous professional development in your country?

Continuous training is compulsory for healthcare professionals. It is assessed in five-year cycles on the basis of the number of credits obtained. In cases where the training is not completed, it is also possible to withdraw registration, which renders further exercise of the profession impossible.

D. ADMINISTRATIVE COOPERATION

13. 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 especially important for the exchange of the necessary information. The Slovak Ministry of Health actively communicates in both written and

electronic form with its many partners in other Member States. We regard the current state of play as satisfactory.

14. Is the competent authority in your country registered with IMI? Under which circumstances does your competent authority use IMI? Please comment on your experience of using IMI. If not registered, why not and what would be the conditions for changing this situation?

The Slovak Ministry of Health has been an active user of the IMI system since its establishment. Our assessment of the IMI system is highly positive, whether as a recipient of information or a requester of information.

15. How could a professional card (see Recital 32 of the Directive) facilitate recognition of professional qualifications and provision of temporary services? Under which conditions could it be issued by professional associations? In what respect would a professional card add value over the Europass CV?

We welcome projects such as professional cards and Europass. However, without clear legislative backing from the European Commission (i.e. precise rules laid down by EU legislation that is binding on all Member States) we regard the adoption of professional cards in particular as insufficient from the point of view of qualification recognition, because this is always subject to recognition of a document attesting to formal qualifications, which under the existing legislation cannot be replaced by the data on the cards. Therefore at present, such a system is not workable in terms of applying Directive 2005/36/EC more effectively.

16. How do you share information about suspensions/restrictions with competent authorities in other Member States? Could more be done in this respect? Should an alert mechanism be put in place?

The exchange of information in this area is ongoing, on the basis of specific requests from partners in other Member States.

E. OTHER OBSERVATIONS

17. 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?

- *When working as a health professional, the migrant must have a command of Slovak and specialised terminology in Slovak sufficient to be able to do the job. This condition is not linked to the qualification recognition process. This condition is something employers look for after the recognition of the qualifications.*

18. Do you charge any fee for the recognition process? If so, how much?

The Slovak Ministry of Health does not charge any administrative fee in the recognition process for documents attesting to further education.

19. What is your experience with applying article 11 in the context of nursing?

We would welcome a more precise wording because the possibility of different interpretations may cause confusion in some cases.

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17 June 2010

National implementation report for EU Directive 2005/36/EC

Nursing profession

Country: **Finland**

Organisation: The Finnish National Supervisory Authority for Welfare and Health

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Evaluating the Professional Qualifications Directive

Experience reports from competent authorities; Questionnaire

A. Recognition procedure in case of migration on a permanent basis

1. The Finnish National Supervisory Authority for Welfare and Health (Valvira) accepts only applications for the recognition of foreign diplomas that have been signed by the applicant. Valvira accepts only certified copies of diplomas and other official documents. No documents or declarations are accepted electronically.

2. From 2000 to 2009 Valvira has made the following number of decisions: (To be filled in later)

3. To be filled in later.

4. When the conditions for automatic recognition are not met, Valvira always applies the general system. The adaptation period as well as the aptitude test is implemented in national law (Act on Healthcare Professionals 559/1994).

5. If the applicant has been working in the Member State that has already recognised the professional qualifications for 3 years, Valvira has almost every time recognised the professional qualifications based on the working experience. If the applicant doesn't have the working experience required in Article 3 (3) of the Directive 2005/36/EC the recognition procedure is similar to the recognition procedure for non-EU citizens who have obtained their qualifications in a non-Member State.

6. When the recognition concerns healthcare professionals according to the Finnish Act on Healthcare Professionals, the competent authority is Valvira. Valvira is an independent office under the Ministry Of Social Affairs and Health.

7. Valvira has not received any questions or declarations according to the Art. 7 of the Directive 2005/36/EC of applicants concerning the exercising of their professional activities on a temporary and occasional basis.

8. No practice.

9. It is important for patient safety reasons that the national supervisory authority is aware of who has the right to practice in Finland.

10. It has not come to Valviras knowlegde that the minimum training requirements would not be in line with the provisions of the Directive. The Ministry of Education and Culture is the competent authority when it comes to educational requirements.

11. Valvira does not question the authenticity of proofs issued by other competent authorities according to Annex VII 1 (d). However, there has been uncertainty when it comes to proofs about compliance with the directive issued by some Member States.

12. Continuous professional development (continuous training) is mandatory in Finland. According to Section 18 of the Act on Health Care Professionals (559/1994) health care professionals must maintain and improve their professional knowledge and skills

required to carry on their professional activity and familiarise themselves with the provisions and regulations concerning them. Employers of health care professionals shall create opportunities for participation of the latter in necessary further training for the profession.

13. Active administrative cooperation is crucial for the functioning of the Directive. Administrative cooperation simplifies and quickens the procedure.

14. Valvira is registered with IMI. Valvira uses IMI whenever it needs clarifications from a competent authority concerning an application.

15. A professional card can only work if the competent authority could be sure that the information on the card is reliable and up to date. The professional card could be issued by professional associations if they are a competent authority or they issue the cards in co-ordination with the national competent authorities.

16. Valvira shares information about suspensions/restrictions with the competent authorities of the other Nordic countries.

17. According to Section 18a of the Act on Health Care Professionals health care professionals must have adequate language skills that are required by the work tasks of this particular health care professional.

18. Valvira charges 300 euro for a recognition decision. If Valvira needs a statement of an educational institute to define whether there are substantial differences, the educational institute may charge for its statement up to 300 euros. The applicant is to pay this fee.

Mari Laurén
Senior Officer, Legal Affairs

National implementation report for EU Directive 2005/36/EC

Nursing profession

Country: **Sweden**

Organisation: National Board of Health and Welfare (Socialstyrelsen)

Responsible for registration of 21 regulated health-care professions in Sweden

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Evaluating the Professional Qualifications Directive
Experience reports from competent authorities

QUESTIONNAIRE FOR THE NURSING 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?

   We accept applications sent by email, but most applicants send in an application form by post. We demand that certified copies of diplomas and other official documents are sent in by post.

2. What is the yearly number of applications for recognition, as well as negative and positive decisions 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[1]. What is the average duration of the process for both automatic and general systems?

   Yearly number of applications with positive decisions 2003-2009

2003	2004	2005	2006	2007	2008	2009
474	426	223	196	288	280	212

   In 2009 there were 55 negative decisions.

   We can at present not submit specific data for applications for automatic recognition based on diplomas, automatic recognition based on acquired rights and recognition based on the general system. In 2009 approximately 10 % of the positive decisions were on basis of acquired rights.

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

   When the applicant has the qualification listed in Annex V and the training began after the reference date the recognition process is quick and cost-effective.

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[1] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

The information in Annex V is not always up to date. The process of recognition could be quicker if the Annex was updated more frequently. It would also be useful to include historical information, including the denomination of the documents that have been issued in the past and when they have been issued.

- automatic recognition based on acquired rights

In some cases we have received certificates stating that the applicant has been working in the Member State of origin when the CV shows that the professional has been residing in Sweden during that time.

We have also experienced difficulties in certifying professional experience in Sweden since the applicants sometimes do not provide us with the relevant documentation.

- recognition based on the general system.

Recognition based on the general system can be quite complicated, time-consuming and cost-intensive. It is often difficult to get relevant documentation regarding the content of the training and the professional experience. Furthermore translation of the documents will often be required, a substantial expense for the applicant.

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 adaptation periods and aptitude tests.

   Yes, the general system is applied each time the conditions for automatic recognition are not met. When the training is more than one level below in article 11 (d) in the Directive there will be a negative decision.

   We look at every case individually when deciding upon compensatory measures.
   When the applicant has chosen an adaptation period he must himself find a place. Knowledge of the Swedish language is normally necessary to successfully go through the adaptation period. No one has yet chosen to take an aptitude test.

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))?

   When the professional qualifications obtained in a third country is recognised in a Member State it is automatically recognized in Sweden, thus the three years of experience is not mandatory.

   We have experienced difficulties in certifying professional experience in Sweden since the applicants sometimes do not provide us with the relevant documentation.

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

The National Board of Health and Welfare (Socialstyrelsen) is an authority under the Ministry of Health and Social Affairs. Socialstyrelsen is responsible for the registration and supervision of all regulated health care professionals.

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)[2]?

   No one has yet used this system. We believe that they instead apply for permanent recognition. There might also be persons exercising their professional activities on a temporary and occasional basis in Sweden that are unaware of the procedure or for other reasons refrain from informing The National Board of Health and Welfare.

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?

   We do not have any practise since no one has used the provisions. In the regulation incorporating the provisions it is stated that the applicant has to meet all the conditions for practising that profession in the host Member State and is not prohibited from practising that profession.

   - 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?

9. Why is a prior declaration system necessary? What do competent authorities do with the information received? Are other possibilities conceivable?

   To ensure patient safety it is important for the supervisory authority to know when health care professionals are exercising professional activities in Sweden.

C MINIMUM TRAINING REQUIREMENTS

10. To what extent are the common minimum training requirements set out in Title III Chapter III of Directive 2005/36/EC and the compulsory training subjects as defined in Annex V in line with scientific progress and professional needs? Furthermore, are the knowledge and skills required by the directive still relevant for patient safety and up to date? Please specify. What about the conditions relating to the duration of training?

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[2] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

It has not come to the attention of The National Board of Health and Welfare that the minimum training requirement would not be in line with scientific progress and professional needs.

11. 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?

    Mutual trust is achieved when competent authorities correctly implement the directive Misinterpretation of the directive and wrongly issued certificates can harm bilateral trust.

    Training programmes are not formally accredited in Sweden, but they must follow nationally regulated curricula, supervised by the Swedish National Agency for Higher Education. There are also regulations stating the responsibility of every caregiver to secure that all their employees have adequate competence and training. Those regulations are supervised by the National Board of Health and Welfare. The high specialization of health-care and the various conditions in the different countries makes it necessary to have this local training. All newly employed health-care personnel should therefore get an introduction to secure that he or she is adequately skilled.

12. 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? How do you define continuous professional development in your country?

    All health-care personnel have a responsibility to maintain and improve their professional knowledge and skills required to carry out their profession. As stated under 11 it is also the responsibility of every caregiver to secure that all their employees have adequate competence and training.

    A number of universities provide training for Postgraduate Diploma in Specialist Nursing according to a nationally regulated curriculum. The education is free of charge and open for all nurses with three years' postgraduate training and a diploma in general nursing.

D. ADMINISTRATIVE COOPERATION

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

    Active administrative cooperation simplifies the procedure considerably. The process is quicker and simpler for the applicant as well as for the competent authority

14. Is the competent authority in your country registered with IMI? Under which circumstances does your competent authority use IMI? Please comment on your experience of using IMI. If not registered, why not and what would be the conditions for changing this situation?

    Yes The National Board of Health and Welfare is registered with IMI. We use it when we need clarification concerning an application. It is a useful tool to communicate with other competent authorities. However not all professions are included in the IMI system and

some competent authorities are not in the system. Registration with IMI should be mandatory and more widely used. IMI could be improved to be more user-friendly.

We would also welcome the introduction of an alert mechanism in the IMI system. The system could also be used to proactively share information about suspension/prohibition to pursuit the profession.

15. How could a professional card (see Recital 32 of the Directive) facilitate recognition of professional qualifications and provision of temporary services? Under which conditions could it be issued by professional associations? In what respect would a professional card add value over the Europass CV?

In order for a European Card for health professionals to work effectively the competent authorities must be sure that the information on the card is reliable and up to date. We believe that public registers, e.g. web-based searchable lists of authorisation/registrations and/or exchange of information via IMI would be better tools.

16. How do you share information about suspensions/restrictions with competent authorities in other Member States? Could more be done in this respect? Should an alert mechanism be put in place?

We believe that the administrative cooperation in this regard could be improved. At present we inform the Nordic countries when a registered health personnel has been suspended, disqualified or prohibited from practicing the profession We also receive information from the UK.

We would welcome the introduction of an alert mechanism.

E. OTHER OBSERVATIONS

17. 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?

It is the employer that checks the necessary language skills. We have gotten complaints from employers and patients regarding insufficient language skills.

In order to ensure patient safety we believe that it should be possible, when appropriate, to require minimum language skills as part of the recognition procedure regarding health care personnel.

18. Do you charge any fee for the recognition process? If so, how much?

We do not charge any fee.

19. What is your experience with applying article 11 in the context of nursing?

We find it difficult to apply the levels in Article 11 to specialized nurses.

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National implementation report for EU Directive 2005/36/EC

Nursing profession

Country: **United Kingdom**

Organisation: Nursing and Midwifery Council

The Nursing and Midwifery Council regulates nurses and midwives in England, Wales, Scotland, Northern Ireland and the Islands

The Nursing and Midwifery Council is a regulatory body. This means that we set standards for nurses and midwives to meet in their working lives. Nurses and midwives have a code of conduct that they must stick to, that states how they must work and behave.

We set standards for education, to make sure nurses and midwives have the right skills and qualities when they start work. We also set standards for education throughout nurses' and midwives' careers, after they initially qualify. Nurses and midwives must continually train and take part in learning activities to show that their skills and knowledge are up to date. We keep a register of all nurses and midwives in the UK. It is illegal to work as a nurse or midwife without being on the NMC register. In order to be on the register, nurses and midwives must pay a yearly fee and prove that they fulfil our requirements for keeping their skills and knowledge up to date. We make arrangements for midwives to be supervised during their education and careers. Midwives must prove that their work is supervised in order to be on the register.

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Evaluating the Professional Qualifications Directive
Experience reports from competent authorities

QUESTIONNAIRE FOR RECOGNITION OF NURSING QUALIFICATIONS

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 NMC accepts application requests by email and made online. When a nurse applies for registration they are sent an application pack containing bar-coded forms which are then scanned into the NMC's application database on return. This system is used due to the large number of applications that the NMC receives. It would be impractical to receive large numbers of applications via email.

   At the start of each application every nurse and midwife is also sent a detailed information booklet which sets out each stage of the application process, and the likely outcome of their application, depending on which recognition regime they follow.

   The system of application forms is also used to gather as much information as possible so that the applicant does not receive multiple requests for further information from the NMC. The forms themselves along with any required certified copies or translations must be returned to the NMC through the post. On certain occasions the NMC also sees applicants on a face to face basis, in order to discuss problematic applications.

   We do accept some scanned documents via email from other EU competent authorities, in regard to problematic applications; however this is now being superseded by use of the IMI system.

2. **What is the yearly number of applications for recognition, as well as negative and positive decisions 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[1]. What is the average duration of the process for both automatic and general systems**

   Statistics relating to decisions have been supplied via the national contact point and the UK department of health. The NMC receives a large number of requests for applications each year, for example in 2009 we issued over 7,000 application packs to EU nurses and midwives.

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

The NMC aims to make decisions on all applications as swiftly as possible. Currently we aim to make decisions on most applications within one month of receipt. We would

always make decisions within the three month timeframe for automatic recognition and acquired rights cases as set out in EU guidance, and within four months for general systems cases. However in reality assessment times for applications are usually much quicker.

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

This recognition route generally works very well for the majority of applicants. Reference dates in the annex are generally clear. When the qualification presented by the migrant is listed in the annex and it was gained after the reference date, and all other paperwork is correct, then recognition of that qualification follows swiftly, enabling the migrant to access the job market. Costs are also low in terms of information that the applicant has to supply and in terms of administration costs for the NMC.

However, on occasion the NMC has found that some countries issue documentation stating that the nurses training met the minimum standards before the stated reference date. There should be a formal evidence based study into these claims if mutual trust is to be achieved. In such cases, where the NMC has also seen a transcript of training for the same applicants, they often have significant shortfalls. This does not enhance mutual trust between competent authorities.

Some countries have different names for their qualifications than those stated in the annex. Also, some countries use exactly the same name for a qualification that does meet the requirements having been awarded post accession, and for one awarded pre-accession that does not meet the requirements.

Significant confusion has arisen where a single qualification has been presented which the applicants home competent authority claims meets the requirements for automatic recognition for two separate professions. For example the NMC has received applications from two member states who have confirmed that a single qualification, of four and a half years in length, meets the requirements for automatic recognition for both general care nurses and midwives. This does not fit with the standard outlined in the directive for separate programmes as outlined in article 31(3) for general nurses, and article 41 for midwives, taking into account article 41(1)(c). The NMC would welcome guidance from the Commission as to whether this is permissible and under what circumstances joint programmes can lead to automatic recognition.

Automatic recognition based on acquired rights

The NMC has found significant difficulties with this recognition route which may have an impact on mutual trust between competent authorities, and may compromise the safety of patients. The acquired rights route relies heavily on mutual trust between competent authorities. How can a host member state be assured that applicants have indeed worked three out of the past five years (or five out of seven) as the certificate states? There have been many cases of competent authorities issuing certificates for acquired rights, when it has transpired that the applicant has actually been living in the UK during

that period. On occasion when the NMC has questioned the competent authority in question it would appear that the NMC's questioning has not been welcome.

Additionally whilst the NMC takes the view that those applicants who have practised for three out of five years must have done so on a full time basis, this interpretation does not seem to be universal. Therefore some clarification or clear advice would be welcomed. Similarly, certificates have been issued to migrants who, it transpires, have been on maternity or long term sick leave for part of the time stated. There is therefore a need for clarification in relation to the phrase "lawful and effective practice".

The rationale for the time period allocated to member states is unclear. For example, why does Poland and Romania have a requirement for five out of seven year's recent practice while all the others are three out of five? It is often difficult to explain this to applicants who claim that the measures are discriminatory.

Theoretically, through the acquired rights route the NMC would be required to accept training programmes with significant shortfalls in terms of overall length and content of the programme. How can a period of recent practice make good such a large shortfall, as the nurse may have been operating at a completely different level of practice than that required in the UK? Recent experience does not necessarily compensate for significant shortfalls in lengths of training, especially if the nurse has been practising at a lower level of competence in their home member state than that expected in other member states.

The requirement, as outlined in article 33(1) that the acquired rights practice of general nurses must have "included full responsibility for the planning, organisation and administration of nursing care delivered to the patient" has caused problems for some migrants. The NMC has received a number of applications from academics/nurse lecturers/tutors who are not engaged in "hands on" nursing, delivered directly to patients. Thus they do not meet the requirement of the directive for the planning and carrying out of nursing care, yet they are very highly qualified. Such applicants are then assessed via the general systems provisions.

However this route does allow the taking into account of practice and any professional development that the nurse has undertaken.

Recognition based on the general system.

(See question 4)

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 adaptation periods and aptitude tests.**

The general system is the third route to recognition should the requirements for automatic recognition (through either route) not be satisfied. However if the applicants training is more than one level below article 11(d) in the directive as outlined in article 13(1)(b) then the application will be deemed to be outside the scope of the directive and will be considered under treaty rights instead. Additionally, on occasion the NMC is presented with a qualification that does not correspond with any entry on the NMC register, for example "social nurse" or a doctor's surgery assistant. In such an instance the application will be declined.

Administration of this recognition route has proved to be extremely costly to the NMC as we have found that a large number of applications must be assessed via the general

system. Assessment of a qualification can be straightforward where there is a clear indication where the qualification sits under article 11, and where there is a clear and easy to understand transcript of training. In relation to comments about article 11 please see question 19.

The NMC has encountered serious problems when assessing applications via the general systems provisions. It is often very difficult to assess some applicants' training programmes using the transcripts of training supplied. For example some member states issue a single combined transcript covering two separate training programmes which may be 20 years apart.

Some of the qualifications listed in annex II of the directive are problematic for the NMC to assess. For example the German qualification 'Altenpfleger' or geriatric nurse. The NMC has no similar entry on the register. This qualification has been assessed and in order to apply as a general (adult) nurse the applicant would need to undertake an adaptation of at least two years. This is extremely unrealistic.

The NMC has found that some specialist nurses, such as paediatric/children's nurses, have very significant shortfalls which result in complex adaptation programmes that are very difficult to achieve. The current restrictive rules relating to the general systems provisions actually penalise the migrant. By indicating that only the shortfalls as highlighted in the transcript of training can be made up, the outcome ends up being a very complex adaptation programme that no university in the UK can offer. A generic period of supervised practice would be more beneficial, where the nurse would be assessed against the general proficiencies for entry to the register.

According to the directive the applicant, in some instances should be given the choice between an adaptation programme and an aptitude test in order to make up any shortfalls. The UK however has a derogation from the legislation in this area for general care nurses which stipulates that the NMC can choose the form of adaptation for this group, which we have determined to be a period of adaptation.

Under the terms of article 13(1)(b) the NMC is obliged to consider applicants with a qualification as low as one year in length, whereas entry as a general nurse or specialist nurse on the NMC register is based on a UK training of three years. This results in a potential two year shortfall to be made up, where there is no relevant professional experience. Although the NMC is developing aptitude tests, it feels strongly that a test could never make up a potential two year shortfall in a training programme.

The general system route has, in the view of the NMC, become the norm rather than the exception, due to the large number of applicants who do not meet the requirement for automatic recognition and a large number of applicants from so called 'specialist' nurses. Thus in its requirement that the NMC must consider qualifications as low as one year in length, and the requirement that very specialist qualifications such as those outlined above are assessed, the general systems provisions of the directive are far too wide in their scope. In the NMC's experience they result in very long and complex compensation measures which are very difficult for migrants to achieve.

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))?**

This has rarely happened for incoming migrants. This route relies a great deal on trust with other competent authorities that their original recognition regime was sound. The NMC has always had to follow up using the IMI system for such cases.

The NMC did have a case of a New Zealand trained UK national who registered with the NMC and practised for 10 years. When she wished to have her qualification registered in another member state her application was repeatedly turned down until she gave up. This was despite the NMC writing to the regulator concerned reminding them of their obligations under article 3(3).

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

The NMC is a statutory authority established by the UK parliament. It is independent of government and has its statutory obligations, including recognition of qualifications, enshrined in legislation.

The NMC is the nursing and midwifery regulator for the whole of the United Kingdom. It exists to safeguard the health and wellbeing of the public. The NMC set standards of education, training and conduct for nurses and midwives and hold the register of those who have qualified and meet those standards. We provide guidance and advice to help nurses and midwives keep their skills and knowledge up to date and uphold the standards of their professional code. We have processes to investigate and deal with those whose fitness to practise is called into question.

The NMC holds the largest register of health professionals in the world, who currently number at approximately 670,000 nurses and midwives. The powers and functions of the NMC are outlined in a number of pieces of UK legislation including the Nursing and Midwifery Order 2001, a copy of which can be found by visiting the NMC website at www.nmc-uk.org The NMC has at its heart a 14 member governing council composed of an equal balance of both professional and non-professional or lay members. The council is responsible for setting and overseeing the strategic operation of the NMC.

In the UK there are also a number of professional bodies and trade unions who are separate from the NMC and who focus on representing the professions themselves. The NMC on the other hand exists to protect patients and service users through the setting and maintenance of clear professional standards.

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)[2]?**

There have been no formal applications for temporary recognition so far. The NMC has had very few enquiries about this, and where they have it has usually been a misunderstanding.

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[2] Please provide this information unless it has already been provided to the Commission in the Database or the implementation reports.

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?**

   - **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 NMC has so far received no applications for temporary provision of services.

9. **Why is a prior declaration system necessary? What do competent authorities do with the information received? Are other possibilities conceivable?**

   Prior notification of the intention to provide a service is essential when it comes to healthcare provision, in terms of public protection and patient safety.

   The NMC would like to see some kind of enforcement of this in terms of a specific requirement in the directive.

C MINIMUM TRAINING REQUIREMENTS

10. **To what extent are the common minimum training requirements set out in Title III Chapter III of Directive 2005/36/EC and the compulsory training subjects as defined in Annex V in line with scientific progress and professional needs? Furthermore, are the knowledge and skills required by the directive still relevant for patient safety and up to date? Please specify. What about the conditions relating to the duration of training?**

    The NMC fully complies with the requirements set out in Title III and in Annex V. Overall there have not been major issues in incorporating the requirements of the EU Directive into standards for the delivery of pre-registration nursing programmes or in their compliance as monitored through established NMC quality assurance processes. The requirements of the Directive are embedded within the Standards of proficiency for pre-registration nursing education (NMC 2004); new Standards for pre-registration nursing education will replace these from autumn 2010 and will also meet the requirements of the Directive. New education programmes will start running from autumn 2010 and will only be offered at degree level.

    All NMC pre-registration programmes meet the requirement of 4600 hours, there are no exemptions. The NMC enables students to meet these hours through full time study within a maximum of five years, or seven years if the programme is offered part time. Article 22(a) permits programmes to be delivered part time. There is some confusion in this area between the requirements as set out in the two articles.

    The length of programme requirement has not been an issue for the NMC which has interpreted the requirement as being a programme of at least three years which must include 4600 hours. However, programme providers argue that the interpretation should enable providers to choose between a programme of at least three years and one of 4600 hours. Anecdotally providers would like more flexibility and offer a competency based programme of three academic years not be constrained by hours. There does

seem to be confusion between member states on whether the meaning of Article 31(3) is three years OR 4600, or three years OF/AND 4600. Clarification from the Commission to all member states would be welcomed.

The separation of theory and practice does not fit easily with the principles of an integrated approach to competency based education. This does cause frustration amongst providers but the requirement is demonstrated as part of programme approval.

While the NMC does welcome clear guiding standards for the content of programmes, it does believe that the standards outlined in the Directive are in many ways out of date and should also be rebalanced to include references to proficiencies or outcomes of training programmes, and key competencies that the nurse would be expected to demonstrate in practice. When considering minimum standards as a basis for healthcare staff being able to move across the EU, knowledge and skills should also include up to date concepts such as audit, and evidence based practice, as well as more contemporary terminology. The NMC also feels that the directive should reflect new technologies and their use in learning situations, such as simulation and e-learning methodologies.

The NMC looks forward to contributing to the next phase of the review of the directive in this area.

11. 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?

On the whole information exchange in relation to qualifications (but not sanctions) between competent authorities is excellent. Mutual trust is enhanced where regulators are able to work with named individuals in other competent authorities.

However while the use of the 'justified doubts' option doesn't encourage trust it is vitally important and has been used a lot. The directive does not seem to be uniformly understood and implemented. This means that information received is often confusing or incorrect.

The NMC approves and monitors all its programmes through its quality assurance processes. Accreditation/formal approval of programmes does enhance trust because in such cases the NMC can be assured that the programme is officially sanctioned and likely to meet the requirements of the directive.

12. 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? How do you define continuous professional development in your country?

The NMC would like to see a mandatory minimum requirement for continuous professional development (CPD) across the EU that would reflect current requirements in terms of competence. This would also be taken into account in the recognition process.

The NMC has a mandatory national standard that all nurses and midwives registered with us have to adhere to if they wish to maintain an active registration. This continuing professional development standard is known as post registration education and practice (Prep).

This standard is separated into two parts:

The first is the Prep practice standard. This stipulates that all nurses must undertake at least 450 hours of professional practice in the three years prior to the renewal of their registration (which in the UK takes place every three years).

The second is the Prep continuous professional development standard. This stipulates that during the same three year period all nurses must undertake at least 35 hours of learning activity relevant to their practice and maintain a professional profile/portfolio of this learning activity.

Everyone registered with the NMC must meet the above standard and be ready to prove this to the NMC as part of an audit. Failure to meet the standard means that the individual's registration would lapse, and in order to re-register they would be required to undertake a return to practice programme through a UK university.

D. ADMINISTRATIVE COOPERATION

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

Regular contact and face to face meetings have been vitally important in establishing good working relationships and a mutual appreciation of recognition processes and any problems that could be faced by migrants. The requirement for proactive administrative cooperation in the directive is a very good one, and the NMC would like to see this requirement strengthened.

The NMC has very much valued the opportunity to take part in the meetings that have been held with the majority of EU competent authorities for nursing as part of the preparation for the response to this questionnaire. We believe that the type of informal forum that has proved so beneficial in this case should be continued in the future.

Administrative co-operation with many member states is very good however with others it is more difficult to achieve. Some competent authorities will not answer questions, and can be uncooperative which leads to significant delays to applications. The regulatory system in some countries is also complicated or unclear. There have been many instances of a declaration in accordance with the directive being made from one authority in a member state, while the declaration of good character comes from a completely separate organisation. Additionally declarations of conformity under the directive, often themselves containing incorrect information, have been received from professional associations in particular member states, instead of from the designated competent authority.

14. Is the competent authority in your country registered with IMI? Under which circumstances does your competent authority use IMI? Please comment on your experience of using IMI. If not registered, why not and what would be the conditions for changing this situation?

Overall this has been a very positive development. The NMC does regularly use the IMI system for:

- Resolving questions of the applicants training level under Article 11
- Requesting further information on disciplinary/fitness to practise issues
- To resolve cases where two contradictory pieces of information have been received
- Resolving confusing relating to title of qualification

- Seeking further information regarding qualifications attested to have met conformity before the reference date.

The NMC would like to see the IMI system extended to cover significantly enhanced fitness to practise functions, in relation to sharing information on disciplinary matters.

15. How could a professional card (see Recital 32 of the Directive) facilitate recognition of professional qualifications and provision of temporary services? Under which conditions could it be issued by professional associations? In what respect would a professional card add value over the Europass CV?

The NMC does not currently issue professional cards and these are not used commonly in the UK among the professions. In the UK the public registers of the regulators are the main tools of public protection and patient safety, and the focus for employers and members of the public to check the registration status of an individual.

An EU professional card, should there be one, should be issued by competent authorities, who are in charge of recognition, and not professional bodies. However the introduction of such cards would be sure to increase costs for regulators and migrants. Additionally, without complete interoperability of register and recognition systems between member states, such professional cards would never be able to show the most up to date information on a migrant, such as fitness to practice statuses. The NMC believes that any professional card should not be seen in isolation, and could for example be combined with the IMI system.

16. How do you share information about suspensions/restrictions with competent authorities in other Member States? Could more be done in this respect? Should an alert mechanism be put in place?

The NMC currently posts its decisions on fitness to practise on its website and sends a monthly update to its stakeholders, including competent authorities in other countries. We are signatories to the Health Professional Crossing Borders (HPCB) memorandum of understanding on the proactive exchange of information. In this respect we are currently reviewing the way we share information in order to be more proactive and more focussed.

In terms of the information we receive from other authorities much more could be done. We currently only receive occasional information from a very few number of countries. The main barrier to more extensive sharing is the perceived limitations of national data protection legislation. An alert mechanism, as used in the IMI system (as currently used for the services directive) would be very useful as it would be a targeted sharing of information, with accredited recipients. This could alleviate the threat of violating data protection laws.

Although movement of healthcare staff throughout the EU should be encouraged and facilitated, the continued safety of patients should be of paramount importance.

E. OTHER OBSERVATIONS

17. 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?

In line with regulations the NMC does not systematically check the language ability of EU applicants at the point of recognition. The NMC publishes guidance for employers on the importance of robust interview processes and induction procedures. Therefore currently language capability is ascertained at interview stage by employers, however this is not a watertight solution and the NMC strongly believes that the competent authorities should be able to check language ability at the point of registration.

The NMC has found that applicants meeting the requirements for automatic recognition sometimes have to talk to the NMC through an interpreter. Additionally many applicants have been unable to access and complete compensation measures such as adaptation programmes due to the fact that their language capability is very poor and clinical placement providers and education establishments determine that the resulting risk to patients is too great to be able to offer a placement.

The issue of language testing has been of a high profile nature in the UK recently with a number of politicians raising it in parliament as a matter for concern. The NMC is in the process of commissioning a literature review on the question of how language skill and ability affects the competency of a nurse in their everyday practise.

18. Do you charge any fee for the recognition process? If so, how much?

The NMC currently does not charge any fee for the application and assessment of a qualification. Should a migrant be accepted for registration however they would then be expected to pay the annual registration fee, as is the case with all UK nationals. Currently this is £76.

The NMC is currently scoping the possible introduction of an assessment fee, however will ensure that any fee is proportionate.

19. What is your experience with applying article 11 in the context of nursing?

Competent authorities sometimes find it very difficult establishing where the applicants training fits under article 11. Often the NMC is reduced to guessing which level a qualification sits under by using information about the length of a programme and the age at which the individual started training.

Nursing training in the UK is at the level of at least article 11(d). Under the requirement of article 13(1)(b) the NMC is required to assess qualifications which are at article 11(c) level. This theoretically means assessing applicants with post-secondary qualifications as low as 1 year in length, resulting in a possible shortfall of up to two years in length. This has proved extremely problematic for the NMC and we believe that the difference between these two levels is too great. The outcome of the current requirement is that many applicants have been asked to undertake lengthy compensation measures which they have found almost impossible to secure.