EPSU-HOSPEEM RESPONSE TO THE EUROPEAN COMMISSION'S GREEN PAPER ON REVIEWING THE DIRECTIVE ON THE RECOGNITION OF PROFESSIONAL QUALIFICATIONS 2005/36/EC

Brussels, 20th September 2011

1. Background note on the joint HOSPEEM-EPSU contribution

1.1 Joint HOSPEEM-EPSU response

HOSPEEM, the European Hospital and Healthcare Employers' Association, and EPSU, the European Public Service Union, have decided to submit a **joint response to the Green Paper**. It has to be read as complementary to the response sent by EPSU on 20 September and to replies of individual EPSU or HOSPEEM members.
This joint reply reflects the issues, concerns and proposals on which full or broad consensus between the European social partners for the hospital and health care sector could be reached.

1.2 Guiding principles for EPSU and HOSPEEM

EPSU and HOSPEEM agree that **three key objectives are paramount and need to be guaranteed when updating and revising Directive 2005/36/EC**:
Health and safety of patients
Quality of service provision in health and social care
High levels of qualification and professional standards for the health care workforce, in particular for professions benefitting from automatic recognition, but also for those falling under the general system.

EPSU and HOSPEEM observe that the Green Paper does not always sufficiently take into account the principle of subsidiarity. Several of the measures that are proposed involve government regulation of how authorities at national level will handle assessment and recognition of professional qualifications, rather than leaving it for Member States (MS) themselves to decide at what level and in what way the issues should be handled. Therefore it is vitally important to involve competent authorities (CA) at all stages when designing and implementing changes to the rules on recognition of professional qualifications. For example, the assessment of how quickly and at what rate the various proposals in the Qualification Directive can be implemented within the healthcare sector, must be decided in consultation with the respective Member State and their competent authorities in the light of the conditions that apply there.

The Commission's Green Paper does not consider future costs arising from a review of the Professional Qualifications Directive. EPSU and HOSPEEM would like the Commission to be aware of potential costs for the healthcare sector which could result from proposed (legislative) changes.

1.3 Relevant instruments available in the framework of the European sectoral social dialogue

In recent years the **European social partners have elaborated and adopted two instruments** also dealing with the transnational dimension of professional qualifications, skills, competencies
and continued professional development:

- The HOSPEEM-EPSU Code of Conduct on ethical cross-border recruitment and retention (2008) (http://www.epsu.org/a/3718), signed in April 2008, committed their affiliates to implement it and to monitor outcomes by 2012.
- The HOSPEEM-EPSU "Framework of Actions 'Recruitment and Retention'" defines training, up-skilling and continuous professional development as one of the priority

concerns for the future work of European social partners in the hospital sector. The document (http://www.epsu.org/a/7158) was adopted and signed in December 2010, following two years of detailed work and extensive exchange between HOSPEEM and EPSU. Our joint work programme 2011-2013 contains concrete activities underpinning and promoting the objectives and principles agreed.

Both instruments underpin EPSU's and HOSPEEM's work and exchange on professional qualifications and continued professional development. They also contribute to other key challenges for the health and social care sector, such as recruitment and retention, ageing and cross-border mobility and migration of the health care workforce.

1.4 The future health workforce

The European Commission's Green Paper on the European Workforce for Health issued in December 2008, the follow-up report in December 2009 and the Council conclusions "Investing in Europe's health workforce of tomorrow" adopted in December 2010 all highlight the challenges facing European healthcare systems in the 21st century, such as increasing demand owing to the ageing population and technological advances, coupled with an ageing workforce and shortages of healthcare workers. In some MS these shortages are severe.

The Commission has committed, in co-operation with MS, to develop by 2012 an Action Plan to address the gap in the supply of health workers. Work has begun on a Joint Action on forecasting health workforce needs and future workforce planning, and the social partners are involved in this initiative. In addition to attending the preparatory meetings organized by DG SANCO for the joint action, HOSPEEM and EPSU will, as a priority in our 2011/13 work programme, be looking jointly at the ageing healthcare workforce and sharing good practice on retaining older workers.

It is critical for MS to be able to attract and retain healthcare professionals, and we therefore agree that there should not be unnecessary barriers to free movement that would hamper MS in providing adequate healthcare for their populations. However we are also mindful that healthcare, by its very nature, carries a high degree of serious risk to the health and safety of patients from professionals who may lack training, clinical expertise, relevant experience or

personal integrity. It is necessary therefore in this sector to balance the desire to streamline and simplify free movement with the need to maintain minimum quality and safety standards by checking the competence and suitability of professionals who will be providing services.

1.5 Benefits and challenges related to the realisation of the fundamental freedom of movement

EPSU and HOSPEEM are in support of instruments and initiatives that help to realise the fundamental right of free movement of workers in the internal market including the EU system for the recognition of professional qualifications. Updated, clear and targeted rules and an effective and clear legal Community framework for the recognition of professional qualifications are in the common interest of both health and social care professionals and employers in the sector.

The European social partners in the hospital sector acknowledge that the free mobility of the workforce and the cross-border recognition of professional qualifications can (and actually does) contribute to improving the short- and medium-term professional prospects as well as the economic situation of those women and men moving or migrating (including their family members, accompanying them abroad or staying back home).

Both European social partners, however, are also aware of perceivable impacts of mobility and migration on health systems and “remaining” health professionals, employers and patients, in a number of EU MS, in particular in Central and Eastern Europe. These countries are increasingly confronted with a mobility-/migration-driven lack of highly qualified or specialised personnel.

The situation is unlikely to substantially improve in the near future; it rather risks deteriorating, at least in some countries. The “sending countries” have to face economic consequences due to “brain drain” and a range of impacts for the healthcare sector as a whole and in particular for the families of those moving or migrating to another country, be it on a temporary or permanent basis.

1.6 Further involvement of social partners in process towards Green Paper and revised directive

HOSPEEM and EPSU have been looking into the topic of the recognition of professional qualifications in the first meeting of the Sectoral Social Dialogue Committee in 2011 and since then continued exchange and discussion, both within and across the employers’ and employees’ groups.

According to the **HOSPEEM-EPSU Work Programme 2011-2013** related work will predominantly take place during 2011 and in early 2012. It is the **priority issue for the first semester 2011**. HOSPEEM’s and EPSU’s interest and attention, however, will definitively reach beyond the current phase of evaluation, consultation and revision. Once adopted, the social partners in the health and social care sector at different levels (enterprise, sectoral, national, European) will be involved in the implementation and the monitoring of the economic and social impacts of the new legal framework. .

This is why the **European social partners in the hospital sector would like to emphasise their interest in being involved and their availability to participate throughout the further consultation and legislative process** to update and revise Directive 2005/36/EC.

2. NEW APPROACHES TO MOBILITY

2.1 The European Professional Card

Question 1: Do you have any comments on the respective roles of the competent authorities in the Member State of departure and the receiving Member State?

EPSU and HOSPEEM share and support the Commission's view that the Internal Market Information System (IMI), if used by all Member States' competent authorities, could speed up the recognition process for the migrant health professional. We believe that it will be most beneficial to use the IMI system to support, include and transfer detailed information about the migrant and the recognition process.

- We reiterate our request, already expressed in the joint EPSU/HOSPEEM reply of 23 March 2011 to the consultation on the revision of Directive 2005/36/EC, to put resources into further developing and "upgrading" the IMI system.
- Such a solution corresponds with the core purposes of the directive, would directly benefit competent authorities and EU citizens and present a modern ICT-based solution (which can also be extended, updated and upgraded quite easily and quickly in a consistent manner across Europe, if need be).
- We are of the opinion that the IMI should become mandatory as the main source for the exchange of information and documents between Member States concerning the mutual recognition of professional qualifications in an online modality. This would facilitate the administrative process and cooperation as well as swift and targeted communication between the issuing and receiving Member State, in both the interest of the competent authorities and EU citizens aiming for a recognition of their professional qualification.

We note the Green Paper suggests greater emphasis and clearer defined responsibilities (if need be with deadlines for specific procedures and tasks) to be placed in the future on the role of the competent authorities in the member state of departure. This holds for the tasks of verifying documentation and providing this to their counterpart in the country where the health professional is seeking recognition. However, the counterpart in the receiving Member State must retain all competencies allowing for a clear and swift decision on the demand for recognition of professional qualifications.

Regarding the possible introduction of the European Professional Card (EPC), it should be ensured that if an EPC is issued by the competent authority in the Member State of departure, the applicant holds the correct qualifications and satisfies any conditions as required by the Directive (e.g. legal establishment, original diplomas, entitlement to practice, etc.). It should also be guaranteed that all conditions have been checked and that the information and documents provided by the applicant have been approved by the competent authority in the Member State

of departure. We are concerned that there is less incentive for the "sending" authority to ensure that information is accurate then the "receiving" authority, who will have to deal with any problems whilst the migrant is on their country.

- The use of the EPC should be voluntary and not replace procedures already existing or to be set up and/or improved under the IMI.
- Pending the results of the work of the Steering Group on the EPC set up by DG MARKT on exploring its feasibility, usefulness and use to be presented in early October 2011 it is not yet clear to EPSU and HOSPEEM whether the benefits of an EPC to European citizens will clearly outweigh both costs and additional resources or structures that would be needed to properly set up and operate a system to administer and to issue the EPC.

Should an EPC be introduced, EPSU and HOSPEEM would like to recall – in referring to our reply of 23 March 2011 to the consultation launched by the European Commission in January 2011 – that a range of economic (which costs?; whom to bear them?), legal (which contents?; which period of validity?; data protection) and technical (fraud/risks of counterfeiting; option to update information easily and quickly) challenges must be taken account of and satisfactorily solved. EPSU and HOSPEEM members report unresolved questions, e.g. as to administrative capacities, competencies and data protection standards of any potential organisation which will store updated and complete data on professional qualifications (and if need be CPD) of those asking for mutual recognition.

Question 2: Do you agree that a professional card could have the following effects, depending on the card holders' objectives?

See our reply to Question 1 about the need to conduct a thorough cost/benefit analysis before deciding whether or not a professional card would have any advantages

a) The card holder moves on a temporary basis

As to the two options sketched out under category a., should the EPC be introduced we oppose option 1. We want the requirement for prior notification and declaration with the relevant regulatory body to exercise a temporary or occasional activity in the health care sector or as a health professional to be upheld, both for reasons of patients' safety and of public security and health.

We would prefer neither option but if option 2 were introduced - i.e. the declaration regime to be maintained but the EPC could be presented in place of any accompanying document this should only be on the condition that there is compliance with requirements as mentioned in our reply to question 1. In addition issuing of an EPC would need to imply that the necessary documents referred to in Art. 7 of the current Directive have been made available and that they have been verified by the competent authority in the Member State of departure.

b) The card holder seeks automatic recognition of his qualifications (receiving Member State should take a decision within two weeks instead of three months)

EPSU and HOSPEEM support efforts by competent authorities in the Member States to come to agreements to shorten the regular/average delays to treat a request for recognition, where legally and administratively appropriate and feasible. We are however, of the opinion that the timescales suggested by the European Commission are too ambitious in cases where the competent authority has "justified doubts", if the recognition process is to comply with considerations of general interest, patient safety and public security and health.

c) The card holder seeks recognition of his qualifications which are not subject to automatic recognition (the general system): the presentation of the card would accelerate the recognition procedure (receiving Member State would have to take a decision within one month instead of four months).

Again, we are of the opinion that the timescales suggested by the European Commission are too ambitious in cases where the competent authority has "justified doubts", if the recognition process is to comply with considerations of general interest, patient safety and public security and health.

2.2 Focus on economic activities: the principle of partial access

Question 3: Do you agree that there would be important advantages to inserting the principle of partial access and specific criteria for its application into the Directive?

EPSU and HOSPEEM oppose partial access to any of the sectoral professions as it would go against the very logic and purpose of minimum requirements to be fulfilled, as currently defined in the Directive. The revision of Directive 2005/36/EU should not function as a backdoor method of downgrading the existing minimum requirements for automatic recognition for the sectoral professions in the health sector.

Introducing options for partial access would also create confusion for employers and patients about the scope of a professional's competence. There should be no requirement on employers to structure roles specifically to accommodate "partial access" applicants.

We accept that the principle of partial access already exists in case law. However we consider there should be a derogation from the principle of partial access for healthcare professions, given the level of risk to the public's health and safety from inadequately qualified professionals. The Court of Justice recognised in their judgment that the protection of the recipients of services may justify proportionate restrictions on the freedom of establishment and the freedom to provide services, if such measures are necessary and proportionate in order to obtain the objective.

2.3 Reshaping common platforms

Question 4: Do you support lowering the current threshold of two-thirds of the Member States to one-third as a condition for the creation of a common platform? Do you agree on the need for an Internal Market test (based on the proportionality principle) to ensure a common platform does not constitute a barrier for service providers from non-participating Member States?

EPSU and HOSPEEM members are not fully convinced of the concept, purpose, potential and usefulness of reshaped common platforms as presented in the Green Paper.

2.4 Professional qualifications in regulated professions

Question 5: Do you know any regulated profession where EU citizens might effectively face such situations? Please explain the profession, the qualifications and for which reasons these situations would not be justifiable.

EPSU and HOSPEEM members are not aware of particular problems for health care professionals already working in another Member State that would face unjustified and disproportionate qualification requirements in a host Member State at such a level or of such a nature that they would not be in the position to overcome the difficulties by undergoing compensation measures. Any decision on compensation measures under the general system on recognition would need to consider patient safety and requirements of public health.

3. BUILDING ON ACHIEVEMENTS

3.1 Access to information and e-government

Question 6: Would you support an obligation for Member States to ensure that information on the competent authorities and the required documents for the recognition of professional qualifications is available through a central online access point in each Member State? Would you support an obligation to enable online completion of recognition procedures for all professionals?

EPSU and HOSPEEM support the proposal to build on the existing National Contact Points to facilitate online the completion of all procedures related to the recognition of qualifications. They should indeed provide a centralised information service covering the competent authorities, information on how they can be contacted, all relevant national regulations and documentation requirements relating to recognition of qualifications and registration (where relevant). We also support the intention to oblige competent authorities to enable online completion of recognition procedures for all professionals and to build up user-friendly e-government sites.However whilst we support migrants being able to apply for registration online, we believe that safeguards must be built in owing to the possibility of fraud and impersonation. CAs must have the discretion to ask to verify documentation in cases of justified doubt, and to check the applicant's identity.

3.2 Temporary mobility

3.2.1 Consumers crossing borders

Question 7: Do you agree that the requirement of two years' professional experience in the case of a professional coming from a non-regulating Member State should be lifted in case of consumer crossing borders and not choosing a local professional in the host Member State? Should the host Member State still be entitled to require a prior declaration in this case?

EPSU and HOSPEEM would not want to see any watering down of the requirement for health professionals to provide a prior declaration to the competent authority when seeking to work temporarily in another EU country, including when accompanying nationals of their home Member State. Once a professional is in a country s/he can potentially treat anyone and there is no guarantee that they will not stay longer than originally intended.

EPSU and HOSPEEM can't see that for the health and social care sector the requirement of two years' professional experience referred to under question 7 would constitute a disproportionally too high and non-justifiable barrier to cross-border professional mobility. For the sectoral professions – making up the large share of health care workers, the requirement of two years' professional experience is not relevant.

3.2.2 The question of "regulated education and training"

Question 8: Do you agree that the notion of "regulated education and training" could encompass all training recognised by a Member State which is relevant to a profession and not only the training which is explicitly geared towards a specific profession?

Certain basic skills, for example information technology or communication skills, have become increasingly important in the workplace and are important for many different occupations in society. Such basic skills should be taken into account in professional training in the future. However this must not mean that these basic skills are given precedence over the requirements placed on professional healthcare training that is regulated in a Member State. Such training is regulated to ensure it meets the requirement to deliver the fundamental skills that the public has a right to demand from healthcare professionals. What is important in this context is that what the Green Paper describes as "general transferable skills" are described sufficiently clearly, so that it is easy to understand what they mean and to relate them to the context of the regulated professional training.

3.3 Opening up the general system

3.3.1 Levels of qualifications

Question 9: Would you support the deletion of the classification outlined in Art 11 (including Annex II)?

In answering this question the main criterion for HOSPEEM and EPSU is which possible advantages and disadvantages for health care employers and workers might be caused by deleting the existing grid with five levels of education. We oppose the immediate deletion of Article 11 without replacing it with an alternative system such as EQF that makes reference to the level of qualifications. Whilst the 5 levels of Article 11 are rudimentary, they do provide a benchmark and some level of consistency between member state competent authorities after more than five years of use. It would be extremely burdensome, especially given the lack of transparency about the detail of the curricula composing many training courses, for CAs to have to delve into this level of detail on a case by case basis for each and every application.

We can see that there might be value replacing the five levels in the long term with the eight level framework of the European Qualifications Framework (EQF). Immediately using the 8 level structured EQF based on learning outcomes would clearly be premature not least as the EQF is expected to only be implemented as early as 2012 by the first EU Member States. It would still need to be shown for the EQF or some other assessment to be an effective alternative to the current system. The Commission mentions that it is currently awaiting the outcomes of a study on the EQF commissioned by DG MARKT (p. 11). We are looking forward to seeing the results that should be available during autumn 2011.

3.3.2 Compensation measures

Question 10: If Article 11 of the Directive is deleted, should the four steps outlined above be implemented in a modernised Directive? If you do not support the implementation of all four steps, would any of them be acceptable for you?

As EPSU and HOSPEEM do not agree with the immediate deletion of the Article 11 we are only answering this question very cursorily, referring to step 1 (p. 11).

HOSPEEM and EPSU call on the European Commission not to alter the compensation measures defined in Article 14. A difference in the duration of training of at least one year – currently in itself a justification for compensation measures, Article 14 (1) –does not represent an un-justified restriction to the free movement of workers in the health and social care sector.

3.3.3 Partially qualified professionals

Question 11: Would you support extending the benefits of the Directive to graduates from academic training who wish to complete a period of remunerated supervised practical experience in the profession abroad?

EPSU and HOSPEEM are of the opinion that the issue of extending the benefits of the Directive to graduates from academic training who wish to complete a period of remunerated supervised practical experience in the profession abroad does not fall under the scope of Directive

2005/36/EC. This piece of European legislation has been designed for and is geared towards professionals - including those in the health care sector – who are fully qualified and fit for practice in one Member State and then seeking recognition of their professional qualifications of a completed education and training process in another Member State. We are therefore against extending the procedural safeguards of the Directive to the group of persons referred to in this question.

This issue should not, as a matter of principle, be dealt with under Directive 2005/36/EC.

In addition to the principle there may be practical issues if the benefits of the Directive were to be extended to graduates as suggested, because it could enable trainees who fail to meet the required standard in one MS to finish their training in another MS with less stringent standards, with potential risks to patient safety.

3.4 Exploiting the potential of IMI

Question 12: Which of the two options for the introduction of an alert mechanism for health professionals within the IMI system do you prefer?

- **Option 1: extending the alert mechanism as foreseen under the Services Directive to all professionals, including health professionals? The initiating MS would decide to which other MS the alert should be addressed.**
- **Option 2: Introducing the wider and more rigorous alert obligation for MS to immediately alert all other MS if a health professional is no longer allowed to practise due to a disciplinary sanction? The initiating MS would be obliged to address each alert to all other MS.**

HOSPEEM and EPSU would prefer option 2.

However there is the need to have sufficient clarity between competent authorities on what kind of disciplinary case would trigger an alert and at what point an alert should be issued, as the criteria and practice differ between Member States. Currently there is no common view on what proactive information exchange and early warning means across the EU27. MS CAs should have appeal mechanism in place for registrants.

3.5 Language requirements

Question 13: Which of the two options outlines above do you prefer?

- **Option 1: Clarifying the existing rules in the Code of Conduct.**
- **Option 2: Amending the Directive itself with regard to health professionals having direct contact with patients and benefiting from automatic recognition.**

In this context it is not always easy to find a good balance between individual interests of free movement on the one hand and collective requirements of safety and quality as well as general interest considerations on the other.

The current rules lack coherence and may lead to conflicting demands and paradoxical results, as Article 53 of Directive 2005/36/EC clarifies that professionals must have the language knowledge necessary to perform their activities in the host Member State. This requirement, however, is not part of the recognition process. In addition, language control can only currently take place after the end of the (automatic) recognition procedure and deficits in language skills cannot be a reason for refusing recognition.

EPSU and HOSPEEM believe that language requirements should be justified and proportionate, in view of the activity that the professional wishes to carry out. Health professionals should have written and oral skills enabling them to do the required documentation and reporting about the caring process and to inform clinical decisions - this is essential for quality and safety.

- EPSU and HOSPEEM therefore supports the proposal to amend the directive itself in view of language requirements (i.e. does not consider option 1 appropriate) without agreeing with the way option 2 is designed and formulated in the Green Paper (pp. 14 and 15).
- EPSU and HOSPEEM reject the distinction proposed in the Green Paper between health professionals having direct contact with patients and others not having it. We think that this distinction is neither practicable nor relevant. Health professionals without (regular) contact with patients need to have an appropriate level of knowledge of the official language in a given Member State to properly fulfil all her/his tasks, too.
- We think the Directive should be amended to make it clear that the competent authority can, if they deem it appropriate, require evidence of language skills as part of the recognition procedure.
- Employers must retain the ability to assess candidates' suitability for a particular job, and language competence may form part of that assessment. We would not want to see anything in the Directive which emasculates employers' crucial responsibility to recruit people who are "fit for purpose". We think there is an important distinction to be made between the role of the CA, which is to recognise the migrant's qualification and establish that they are fit to practise the profession, and that of the employer which is to ensure that the person they are recruiting is suitable for the job for which they have applied.
- We are concerned therefore at the Commission's suggestion that there should be a "one-off" control of language skills, if this means that employers would be unable to test because the CA had already done so. It would be for each MS and for employers to decide how and in what form this would work in practice for each profession and at what level such an assessment should take place, depending on the local licensing arrangements.

4. MODERNISING AUTOMATIC RECOGNITION

4.1 A three-phase approach to modernisation

Question 14: Would you support a three-phase approach to the modernisation of the minimum training requirements under the Directive consisting of the following phases:

- **The first phase to review the foundations, notably the minimum training periods, and preparing the institutional framework for further adaptations, as part of the modernisation of the Directive in 2011-2012;**
- **The second phase (2013-2014) to build on the reviewed foundations, including, where necessary, the revision of training subjects and initial work on adding competences using the new institutional framework;**
- **The third phase (post-2014) to address the issue of ECTS credits using the new institutional framework?**

EPSU and HOSPEEM are broadly in favour of the 3-phase approach and of a gradual move towards outcome (competence) based training. However we feel the proposals in the Green Paper are vague and that the timescales are unrealistically short, given that designing an outcome/competence based approach which harmonises assessment processes and standards across many different Member State healthcare systems will be challenging. It is important that any updating of the current text of the directive contains a requirement for the Commission to work with professional associations, competent authorities and educators to carry out the work outlined in phases 2 and 3". We would like to add to this list the social partners in the relevant sectors, including in health and social care.

EPSU and HOSPEEM would like to recall that changes to the institutional framework to replace the current comitology system by either implementing acts or delegated acts in line with the Lisbon Treaty, as foreseen for the first phase (Green Paper, p. 15), need to be processed in the framework of a transparent system that includes a close cooperation with Member States and the competent authorities and still need to be more concrete and precise in view of the revision of Directive 2005/36/EC.

Regarding the first phase of modernisation, we agree with the need to confirm the current and where appropriate also to strengthen the minimum education and training requirements for the sectoral professions under the automatic recognition regime. The minimum requirements are considered as a benchmark ensuring quality education for key health professions – ensuring evidence-based practice, research and quality of care – and a qualified health care workforce able to deliver safe and high quality patient care.

As to nursing, EPSU and HOSPEEM consider it is important to keep the reference to the number of 4.600 hours for nurses as a verifying element in each nursing curriculum. Also, the number of hours and the % of theory and practice must remain to safeguard quality and safety in patient care (i.e. the duration of the theoretical training representing at least one- third and the duration of the clinical training at least one half of the minimum duration of the training, Article 31 (3)). The same holds for midwives where in our view the wording of Article 40 needs to be kept as it stands.

EPSU and HOSPEEM see the need for updating the training subjects described in Annex V as regards scientific and educational developments to reflect current advancements in nursing – these comprise issues such as evidence based nursing, patient health education, multicultural nursing; eHealth and ICT developments – and reorganisation of health care systems/services (such as e.g. community based care) during the second phase. In updating the legislation,

requirements of knowledge about national healthcare laws, healthcare services and language skills could also be incorporated.

Concerning the third phase sketched out in the Green Paper (p. 15), we are open to introducing competences into Annex V. The use of the ECTS system could be useful once the definition of an ECTS credit is widely harmonised and recognised. Any use of the ECTS, however, must not lead to changes of the minimum requirements for sectoral professions and the relative weight of theory and practice (see above).

4.2 Increasing confidence in automatic recognition

4.2.1 Clarifying the status of professionals

Question 15: Once professionals seek establishment in a Member State other than that in which they acquire their qualifications, they should demonstrate to the host Member State that they have the right to exercise their profession in the home Member State. This principle applies in the case of temporary mobility. Should it be extended to cases where a professional wishes to establish himself? Is there a need for the Directive to address the question of continuing professional development more extensively?

EPSU and HOSPEEM are in favour of extending the principle currently applicable to temporary mobility that also professionals seeking establishment in a Member State other than that in which they acquire their qualifications should have to demonstrate to the receiving Member State that they have the right to exercise their profession/to practise in the home Member State (this comprises issues such as meeting any recent practice, continuing professional development (CPD) and fitness to practice requirements of the member state where they qualified). Whilst we welcome the Green Paper's proposal that professionals who have failed to undertake sufficient continuing professional development in order to remain on the register in their home MS should be prohibited from practising in other MS, we are concerned that this does not go far enough. Indeed it seems perverse that practitioners from MS where there is no requirement to demonstrate continuing competence in order to stay on a professional register should be able to have their qualification recognised in other MS, whereas practitioners from MS with stricter rules will, under the Commission's proposals, be debarred.

EPSU and HOSPEEM support the suggestion that in order for health professionals to keep their skills updated and remain safe to practice, the Directive should include a reference to Member States having systems for CPD in place to ensure the continuing competence of health professionals. CPD has already been made mandatory for nurses in 18 Member States (see: Nursing and Midwifery Council, September 2010, EU National reports on the implementation of Directive 2005/36/EC for the profession of nursing). The reference to the Continuing Professional Development Framework should be made as part of Article 22. This approach would not create difficulties as there are considerable variations on how Member States understand and organise CPD and there would not be any obligations for harmonisation of structures, contents and outcomes;.

4.2.2 Clarifying minimum training periods for doctors, nurses and midwives

Question 16: Would you support clarifying the minimum training requirements for doctors, nurses and midwives to state that the conditions relating to the minimum years of training and the minimum hours of training apply cumulatively?

EPSU and HOSPEEM support retaining minimum training requirements for each profession with reference to a minimum number of years and/or hours. Whether or not the years and hours requirements should apply cumulatively should be decided in collaboration with each profession. It is also important that training for health professions should not be merely academic/theoretical but should included a minimum amount of time spent performing appropriate activities in a clinical setting.

4.2.3 Ensuring better compliance at national level

Question 17: Do you agree that Member States should make notifications as soon as a new program of education and training is approved? Would you support an obligation for Member States to submit a report to the Commission on the compliance of each programme of education and training leading to the acquisition of a title notified to the Commission with the Directive? Should Member States designate a national compliance function for this purpose?

EPSU and HOSPEEM share the view presented in the Green Paper (p. 17) that in order to facilitate free movement of health professionals it is important for competent authorities to notify the Commission in a timely (as soon as they are accredited by an accreditation institution or approved by other public bodies) and transparent fashion of any new diplomas/degrees and their content, which meet the requirements for recognition of the different sectoral professions and of other health professions under the general system.

4.4 Nurses and midwives

Question 20: Which of the options outlined above do you prefer?

- **Option 1: Maintaining the requirement of 10 years of general school education.**
- **Option 2: Increasing the requirement of 10 years to 12 years of general school education.**

Many HOSPEEM and EPSU affiliates would support option 2, increasing the requirement of 10 years to 12 years of general school education, as regards the admission requirements for nurses. This is the requirement currently existing in most Member States and reflects considerable changes during the last decades in the roles of and the demands to these professions.

However, HOSPEEM and EPSU are not calling for option 2, as we consider that Member States that prefer keeping the requirement of 10 years of general school education, for whatever reason, should not be forced by Directive 2005/36/EC to change their system

4.8 Third country qualifications

Question 24: Do you consider it necessary to make adjustments to the treatment of EU citizens holding third country qualifications under the Directive, for example by reducing the three years rule in Art 3 (3)? Would you welcome such adjustment also for third country nationals, including those falling under the European Neighbourhood Policy, who benefit from an equal treatment clause under relevant European legislation?

EPSU and HOSPEEM are in favour of maintaining the rules currently in place as to the treatment of EU citizens having initially acquired qualifications in a third country, in order to maintain the integrity of the harmonised education standards for health professionals across Europe and trust and public confidence in the system. Directive 2005/36/EC currently states – Article 2 (2) – that Member States should not accept these qualifications from EU citizens, if they are from the professions with harmonised training, unless they meet the minimum training requirements. It also allows these EU citizens to benefit from procedural safeguards under the general system in the sense that three years' lawful and effective professional experience in a Member States allows for treating their initial third-country qualification as if it had been obtained in a Member State.

EPSU, and some HOSPEEM members, are in favour of changes that would help third country nationals to become established on the European job market and in the healthcare sector.

We wrote (p. 2 of the joint HOSPEEM-EPSU response in March 2011): "Both European social partners in the hospital sector, HOSPEEM and EPSU, are also aware of perceivable negative impacts of mobility and migration on health systems and "remaining" health professionals, employers and patients, in a number of EU MS, in particular in Central and Eastern Europe. These countries are increasingly confronted with a mobility-/migration-driven lack of in particular highly qualified or specialised personnel. Large differences in salaries, working conditions and career opportunities can exacerbate this problem. They intend to address related challenges. The situation is unlikely to substantially improve in the near future; it rather risks deteriorating, at least in some countries. The "sending countries" have to face severe economic consequences due to "brain drain" and a range of impacts for their societies as a whole and in particular for the families of those moving or migrating to another country, be it on a temporary or permanent basis".