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## **Briefing on the EC Proposal of “Modernising EU Professional Qualifications Directive 2005/036”**

### Introduction

In October 2011 the European Council called for political agreement by the end of 2012 on the 12 initiatives identified in the [Single Market Act](#), including the proposed revisions to the Professional Qualifications Directive. This view was endorsed by the European Parliament in its report in November 2011.

The primary aim of the revision is to help stimulate mobility of professionals across the EU by removing barriers. The proposal provides for a mutual evaluation exercise on some 800 regulated professions of which 43 % belong to the health sector. Doctors are amongst the sectoral professions which are granted automatic mutual recognition of their qualifications based on EU-wide agreed minimum training requirements throughout the EU.

### Background

The proposals are the result of a review of the 2005 Directive. The commission carried out a public consultation on the existing Directive at the beginning of 2010 and followed this with a second consultation on a [Green Paper](#) published in June 2011.

On 19 December 2011 the European Commission published proposals for revisions to the EU Directive 2005/036 on professional qualifications.

### Summary of the main elements

Creation of a **European Professional Card** to make it possible for easier and quicker recognition of qualifications and facilitate temporary mobility. It would take the form of an electronic certificate, allowing the professional to provide services or become established in another member state. The European Professional Card would be implemented through the existing **Internal Market Information System (IMI)**, a system for exchanging information between member states.

Rules on **language skills**: the proposal clarifies that checking of language knowledge of a professional should take place only after the host member state has recognized the qualification. In the case of professions involving patient safety, competent authorities can carry out the language examination if it is requested by the national healthcare system or by national patients' organisations, in particular in the case of self-employed health professionals.

**Alert mechanism** for health professions benefitting from automatic recognition: competent authorities of a member state will be required to inform (via IMI) the competent authorities of all other member states about a health professional who has been prohibited from exercising their professional activity.

Modernisation of harmonised **minimum training requirements**: propose some changes in the definition of the minimum training requirement. For Doctors the medical education should be based on 5,500 training hours reached in a minimum of five years. Possibility for member states to give partial exemptions to specialists willing to follow a second specialist training.

Ensuring compliance with minimum training requirements: member states must designate a national body in charge of examining the compliance of new diplomas with the minimum training requirements defined in the directive.

### Timing and legislative process

This proposal will be adopted through the “ordinary legislative process” (co-decision), which requires agreement by the European Parliament and the Council of Ministers on the final text. The rapporteur of the dossier in the European parliament’s IMCO committee is French MEP Bernadette Vergnaud (Socialist and Democrats Group). In September she will submit a draft report for consideration. The deadline for amendments is fixed at 15 October 2012, which will be considered in November. Adoption of the report in IMCO is scheduled for 28 November 2012 for further submission to the plenary.