

Brussels, 11.5.2020 SWD(2020) 79 final

COMMISSION STAFF WORKING DOCUMENT

Accompanying the document

Report from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions

on the implementation of certain new elements introduced by Directive 2013/55/EU of the European Parliament and of the Council of 20 November 2013 amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No 1024/2012 on administrative cooperation through the Internal Market Information System ('the IMI Regulation')

{COM(2020) 191 final}

EN EN

TABLE OF CONTENTS

Part I	. Implementation plan (2014)	2
Part I	T. Transposition of amending Directive 2013/55/EU in the Member States	8
	III. Key issues raised in the infringement procedures concerning non-conformity	
	al provisions and practice with Directive 2005/36/EC as amended by Direction 255/EU	
2010/0		
Part I	V. Statistics on the use of the Internal Market Information system	21
1.	Administrative cooperation	21
2.	Notification of new qualifications (Annex V)	23
3.	European Professional Card and Alert mechanism	25
,	3.1 European Professional Card	26
,	3.2 Alert mechanism	29
Part V	V. Results of the special upgrading programme for Romanian nurses	31

Part I. Implementation plan (2014)



Ares: markt.ddg1.e.4(2014)3654926

IMPLEMENTATION PLAN

FOR

DIRECTIVE 2013/55/EU AMENDING DIRECTIVE 2005/36/EC ON THE RECOGNITION OF PROFESSIONAL QUALIFICATIONS AND REGULATION (EU) NO 1024/2012 ON ADMINISTRATIVE COOPERATION THROUGH THE INTERNAL MARKET INFORMATION SYSTEM ('THE IMI REGULATION')¹

_

¹ This Implementation Plan is provided for information purposes only. It does not legally bind the Commission on whether the identified actions will be pursued or on the form in which they will be pursued.

1. Implementation Plan for Directive 2013/55/EU amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No 1024/2012 on administrative cooperation through the Internal Market Information System ('the IMI Regulation')

2. Contact point

[redacted]

Directorate General Internal Market and Services

Free Movement of Professionals (Unite E4) Tel. : [redacted]

Email: [redacted]

Webpage: http://ec.europa.eu/internal_market/qualifications/

3. Deliverables and implementation challenges

Directive 2013/55/EU² amending the Professional Qualifications Directive³ entered into force on 17 January 2014. Pursuant Article 3 of the amending Directive, Member States have to bring into force the laws, regulations and administrative provisions necessary to comply with the Directive by 18 January 2016.

The amending Directive modifies a number of the current rules regarding the recognition of professional qualifications but, at the same time, it also provides for new mechanisms and rules. The most important elements of the amending Directive are the following:

- the introduction of European Professional Card, aimed at facilitating recognition procedures for the interested professions;
- the use of the Points of Single Contact (set up under the Services Directive) and of electronic procedures for the recognition of qualifications;
- the changes to the rules applying to the general system (classification of education levels, use of compensation measures) and temporary mobility;
- the introduction of the principle of partial access to a profession (access limited to some activities of a profession in another Member State), on the basis of the ECJ case law;
- the application of the Directive to "partially qualified professionals" willing to carry out a traineeship in another Member State;
- the update of the harmonised minimum training requirements for professions benefiting from automatic recognition (in particular for doctors, nurses, midwives, veterinary surgeons and architects);

-

² OJ L354, p. 132, 28.12.2013

³ The consolidated version of the Professional Qualifications Directive is available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:02005L0036-20140117

- Member States' actions in the area of continuous professional development for the sectoral professions, in particular health professionals;
- the possibility to set up "common training frameworks" or "common training tests", allowing new professions to benefit from automatic recognition;
- the introduction of an alert mechanism allowing a quick exchange of information on sanctions (suspension or temporary/definitive interdiction to practice) imposed on health professionals and professionals in the education sector;
- the clarification of the rules applying to the control of language knowledge for migrating professionals;
- the transformation of the national contact points into assistant centres.

Some of these changes or new rules require not only a legislative transposition but also implementation by national bodies (ex. schools and universities in case of the minimum training requirements), the designation (ex. of competent authorities dealing with the European Professional Card) or transformation of certain administrative bodies (ex. national contact points) or the adaptation of electronic tools (extension of the scope of the Points of Single Contact).

Depending on the structure of the national administration and legal order, the transposition of the Directive might be a complex exercise. The Directive applies indeed to hundreds of different professions regulated at national, regional or local level. In some Member States a considerable number of laws, regulations and administrative provisions have to be amended, possibly involving public consultations and impact assessments. Previous experience with the transposition of the 2005 Directive illustrates these difficulties: at that time, the overwhelming majority of the Member States failed to meet the transposition deadline.

The practical implementation of the new rules requires also careful planning: in some cases, competent authorities and other bodies have to be designated in a way to allow the treatment of the recognition requests with respect to the procedures and deadlines foreseen by the Directive; they have to be endowed with sufficient financial and human resources, and public servants have to be trained in the new procedures and the use of the new instruments. In order to prepare the introduction of the EPC, Member States will have to register the competent authorities in IMI and notify to the Commission information about the fees and payment modalities applied for the EPC.

4. Support actions

a) The Commission will support the transposition of the Directive into national law by:

Support action	Timing
Organisation of regular transposition workshops with Member States in order to discuss the Directive and reach a common understanding of the provisions to be transposed and, in a second step, to discuss the national choices regarding the implementation	January – March 2014 Second half of 2014 onwards on a demand led basis

Organising bilateral meetings Member States to discuss particular March 2014 – January 2016 transposition issues and best practice examples

Organisation of the mutual evaluation exercise, including a European map of regulated professions and regular meetings in order to discuss the proportionality and the need regulating specific professions, as well as for sharing best practices

April 2014: map of regulated professions May November 2014: Screening of Cluster 1 / 2 professions September February Mutual evaluation process Cluster 1 / 2 April 2015 / January 2016: National Action Plans Cluster 1 / 2

Updating of the User guide of Directive 2005/36/EC, of the FAQ and of the January 2016 Commission website presenting the rules on the recognition of professional qualifications

Raise awareness and inform competent authorities and all other stakeholders about the changes introduced by the modernisation

12 February 2014: Conference on the modernisation of the Professional **Oualifications** Directive 2014: May Publication of a brochure on the new rules in all official languages of the EU⁴

Extension of **IMI** and training of the users for the use of Last quarter 2015 the new mechanisms in IMI

September 2014 September 2015

Preparing the implementing / delegated acts ensuring the implementation of the January 2014 onwards relevant provisions of the Directive

b). Member States will support the transposition of the Directive into national law by:

Support action

Timing

coordination **Ensuring** effective at national level and preparing implementation plan aiming at a timely and full transposition into national law

an September 2014

Actively taking part in the bilateral/multilateral meetings set up by

⁴ See http://ec.europa.eu/internal_market/publications/docs/professional-qualifications-regime_en.pdf

the Commission and information about the implementation (in meetings or upon demand by another Member State or the **Commission**)

sharing January 2014 – January 2016

Carrying out the screening exercise of regulated professions, including the proportionality assessment, drafting national sectoral reports and sharing best practices, national experiences, and presenting the solutions adopted

2014: **April** map of regulated professions November May 2014: Screening of Cluster 1 / 2 professions February September 2015: Mutual evaluation process Cluster 1 / 2 April 2015 / January 2016: National Action Plans Cluster 1 / 2

Informing the Commission about any **potential problems related to the** January 2014 – January 2016 implementation as soon as they are identified and consulting Commission on draft transposition measures

Nominating the competent authorities, putting into place the necessary bodies and organising the workflows ensuring January 2015 – January 2016 the correct application of the rules under the Directive; training the personnel involved in carrying out these procedures

Ensuring that sufficient financial and **human resources are made available at** January 2016 onwards national level for the correct functioning of the recognition mechanisms

Communicating to the Commission the data necessary for the development and Fourth quarter 2015 the deployment of the new IMI **functionalities**

Notifying to the Commission the transposition measures together with the necessary "explanatory documents" on the transposition

18 January 2016

Part II. Transposition of amending Directive 2013/55/EU in the Member States

Austria	Transposition measures adopted at federal level as well as at the level of the Länder, mainly sector-specific laws (64 notifications of measures). The last measure notified in October 2019.
Belgium	Transposition by means of horizontal and sectoral (profession-specific) laws and regulations at national and regional level (32 notifications of measures). The last measure notified in November 2019.
Bulgaria	Horizontal transposition (6 notifications of measures). The last measure notified in March 2017.
Croatia	Transposition by horizontal and sectoral (profession specific) laws on a national level (12 notifications of measures) The last measure notified in November 2019.
Cyprus	Transposition by means of horizontal and sectoral (profession-specific) laws at national level (11 notifications of measures). The last measure notified in January 2020.
Czechia	Transposition by means of horizontal and sectoral (profession-specific) laws and regulations at national level (23 notifications of measures). The last measure notified in October 2016.
Denmark	Transposition by means of horizontal and sectoral (profession-specific) laws and regulations at national level (46 notifications of measures). The last measure notified in June 2019.
Estonia	Transposition by means of 1 horizontal law and several sectoral (profession-specific) regulations at national level (11 notifications of measures). The last measure notified in January 2016.
Finland	Transposition by means of horizontal and sectoral (profession-specific) laws and regulations at national and regional level (7 notifications of measures). The last measure notified in April 2019.

France	Transposition mainly by means of sectoral (profession-specific) laws and regulations at national level, with small number of horizontally applicable provisions (85 notifications of measures)
	The last measure notified in October 2019.
Germany	Transposition by sectoral (profession-specific) laws and regulations at federal and regional level (66 notifications of measures). The last measure notified in January 2020.
Greece	Horizontal transposition (1 measure). The measure notified in June 2017.
Hungary	Transposition by means of horizontal and sectoral (profession-specific) laws and regulations at national level (35 notifications of measures). The last measure notified in January 2017.
Ireland	Horizontal transposition (1 notifications of measures). The last measure notified in January 2017.
Italia	Horizontal transposition (1 notification of measures). The measure notified in February 2016.
Latvia	Transposition by means of a horizontal law and a sectoral (profession-specific) regulation at national level (33 notifications of measures). The last measure notified in February 2020.
Lithuania	Transposition by means of horizontal and sectoral (profession-specific) laws and regulations at national level (20 notifications of measures). The last measure notified in July 2016.
Luxembourg	Horizontal transposition (2 notifications of measures). The last measure notified in March 2019.
Malta	Transposition by means of horizontal and sectoral (profession-specific) acts and regulations (8 notifications of measures). The last measure notified in July 2019.

The Netherlands	Transposition by means of horizontal and sectoral (profession-specific) laws and regulations at national level (25 notifications of measures). The last measure notified in November 2016.
Poland	Transposition by means of horizontal and sectoral (profession-specific) laws and regulations at national level (26 notifications of measures). The last measure notified in August 2019.
Portugal	Horizontal transposition (1 notification of measures). The last measure notified in May 2017.
Romania	Transposition by means of horizontal and sectoral (profession-specific) laws and regulations at national level (16 notifications of measures). The last measure notified in October 2018.
Slovakia	Transposition by means of horizontal and sectoral (profession-specific) laws and regulations at national level (4 notifications of measures). The last measure notified in March 2018.
Slovenia	Transposition by means of horizontal and sectoral (profession-specific) laws and regulations at national level (6 notifications of measures). The last measure notified in February 2017.
Spain	Horizontal transposition (1 measure). The measure notified in June 2017.
Sweden	Transposition by means of horizontal and sectoral (profession-specific) laws and regulations at national level (43 notifications of measures). The last measure notified in November 2016.
United Kingdom	Transposition by means of horizontal and sectoral (profession-specific) laws and regulations at national level (12 notifications of measures). The last measure notified in December 2016.

(Source: MNE database, March 2020)

Part III. Key issues raised in the infringement procedures concerning the non-conformity of national provisions and practice to Directive 2005/36/EC as amended by Directive 2013/55/EU

Disclaimers: For ease of reference, the issues presented below are grouped into broader categories. The grievances raised in specific Member States might have concerned all or only limited aspects of these categories (for example, non-transposition in a specific region, with respect to some professions only, etc.). As set out in the Withdrawal Agreement, EU law continues to apply in full to the UK for the duration of the transition period. In particular, the UK remains subject to the EU's enforcement mechanisms, such as infringement procedures. The UK has been taken into account in the preparation of this table.

The data presented in this staff working document is as of March 2020.

	Sectoral professions	ons				
Issues raised	Profession	Article	MSs who received letters of formal notice	MSs who received reasoned opinions	Cases where MSs show progress	Cases where discussions with MSs are ongoing
	Doctor, specialised doctor	24, 25, 28	7	5	7	0
Ensuring sufficient training duration in	Nurse responsible for general care	31	9	5	3	3
years, and training hours, where	Dentist, specialised dentist	34, 35	3	3	3	0
ransfer	Veterinary surgeon	38	2	2	2	0
and Accumulation System (ECTS) on an	Midwife	40, 41	4	4	3	1
optional basis only)	Pharmacist	44	1	1	1	0
	Architect	46	3	2	3	0
Total Member Sta	Total Member States concerned (all professions):		13	10	6	4
New list of competences	Nurse responsible for general care	31(7)	3	8	2	1

2					0	0 4 1 1 4 4 1 2 5 5 4	0 4 1 1 4 4 6	0	0	0 1 0 4 1 1 4 4 1 2 5 5 4 6 4 1 5	0	0	0
1	1 L 1 2 4 &												
			F	L 1 2 4 R 1 E 6	L 1 2 4 R 1 E 0 R	L 1 2 4 0 0 0 4	r 1 2 4 8 1 8 4 11	7 1 2 4 6 6 6 7 11 4 4	7 1 2 4 8 6 6 7 11 4 4 1 4 5 6 6 6 6 6 7 8 9 9 6 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 <	7	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 1 1 1 1 1 1 1 1 1 0 9 9 7 7 7 7 7 9 9 9 9 9 1 1 1 1 1 1 1 9 9 9 9
31	31	31	31 31 39 36	31 29 36 42	31 29 36 42 45	31 29 36 42 45 48	31 36 36 42 45 48	31 29 36 42 45 48 28(3), 25(3)	31 29 36 42 45 48 48 31(5)	31 29 36 42 45 48 48 31(5) 46(4)	31 29 36 42 45 48 36 36 36 46 48 48 48 48 48 48 48 48 48 48 48 48 48	31 36 42 45 45 48 31(5) 31(5) 46(4)	31 29 36 42 45 48 48 48 48 48 48 48 28(3), 25(3) 31(5) 46(4)
Ensuring proper ratio between theoretical and clinical parts of training, and/or coordinating between theoretical and clinical training and clinical training between theoretical and clinical training the statement of the statem	ta ta	ta ta	tal tal	tal tal	tal tal								
Nurse responsible for general care Midwife	Nurse responsible for general care Midwife tates concerned (all professions):	Nurse responsible for general care Midwife tates concerned (all professions): General practitioner (pursuit of the activity)	Nurse responsible for general care Midwife Midwife General practitioner (pursuit of the activity) Dentist	Nurse responsible for general care Midwife General practitioner (pursuit of the activity) Dentist Midwife	Nurse responsible for general care Midwife General practitioner (pursuit of the activity) Dentist Midwife Pharmacist	Nurse responsible for general care Midwife General practitioner (pursuit of the activity) Dentist Midwife Architect	Nurse responsible for general care Midwife General practitioner (pursuit of the activity) Dentist Midwife Pharmacist Architect tates concerned (all professions):	Nurse responsible for general care Midwife General practitioner (pursuit of the activity) Dentist Midwife Pharmacist Architect tates concerned (all professions): Doctor, specialised doctor	Nurse responsible for general care Midwife General practitioner (pursuit of the activity) Dentist Midwife Pharmacist Architect Doctor, specialised doctor Nurse responsible for general care	Nurse responsible for general care Midwife General practitioner (pursuit of the activity) Dentist Midwife Pharmacist Architect Doctor, specialised doctor Nurse responsible for general care Architect	Nurse responsible for general care Midwife General practitioner (pursuit of the activity) Dentist Midwife Pharmacist Architect Doctor, specialised doctor Nurse responsible for general care Architect Architect Architect Doctor, appearance of all professions): Architect Architect Architect Doctory, specialised doctor Nurse responsible for general care Architect	Nurse responsible for general care Midwife General practitioner (pursuit of the activity) Dentist Architect Doctor, specialised doctor Nurse responsible for general care Architect Doctor, specialised doctor Nurse responsible for general care Architect Doctor, specialised doctor	Nurse responsible for general care Midwife General practitioner (pursuit of the activity) Dentist Midwife Pharmacist Architect Doctor, specialised doctor Nurse responsible for general care Architect Doctor, specialised doctor Nurse responsible for general care Nurse responsible for general care Nurse responsible for general care
	Midwife Midwife tates concerned	Midwife tates concerned (all professions): General practitioner (pursuit of the activity)	Midwife **tates concerned (all professions): General practitioner (pursuit of the activity) Dentist	Midwife tates concerned (all professions): General practitioner (pursuit of the activity) Dentist Midwife	Midwife tates concerned (all professions): General practitioner (pursuit of the activity) Dentist Midwife Pharmacist	Midwife Yates concerned (all professions): General practitioner (pursuit of the activity) Dentist Midwife Pharmacist Architect	Midwife tates concerned (all professions): General practitioner (pursuit of the activity) Dentist Midwife Pharmacist Architect Architect	Midwife Widwife General practitioner (pursuit of the activity) Dentist Midwife Pharmacist Architect Architect Doctor, specialised doctor	Midwife tes concerned (all professions): General practitioner (pursuit of the activity) Dentist Midwife Pharmacist Architect tes concerned (all professions): Doctor, specialised doctor Nurse responsible for general care	Midwife tes concerned (all professions): General practitioner (pursuit of the activity) Dentist Midwife Pharmacist Architect Doctor, specialised doctor Nurse responsible for general care Architect	Midwife tes concerned (all professions): General practitioner (pursuit of the activity) Dentist Midwife Pharmacist Architect Architect Doctor, specialised doctor Nurse responsible for general care Architect Architect	Midwife ttes concerned (all professions): General practitioner (pursuit of the activity) Dentist Midwife Pharmacist Architect Doctor, specialised doctor Nurse responsible for general care Architect Nurse responsible doctor Norse responsible doctor Doctor, specialised doctor	States concerned (all professions): General practitioner (pursuit of the activity) Dentist Midwife Pharmacist Architect Doctor, specialised doctor Nurse responsible for general care Architect Architect Doctor, specialised doctor Nurse responsible for general care Nurse responsible for general care
	Total Member States concerned (all professions):	(all professions):	States concerned (all professions): General practitioner (pursuit of the activity) Dentist	States concerned (all professions): General practitioner (pursuit of the activity) Dentist Midwife	States concerned (all professions): General practitioner (pursuit of the activity) Dentist Midwife Pharmacist	States concerned (all professions): General practitioner (pursuit of the activity) Dentist Midwife Pharmacist Architect	States concerned (all professions): General practitioner (pursuit of the activity) Dentist Midwife Pharmacist Architect States concerned (all professions):	States concerned (all professions): General practitioner (pursuit of the activity) Dentist Midwife Pharmacist Architect States concerned (all professions): Doctor, specialised doctor	utes concerned (all professions): General practitioner (pursuit of the activity) Dentist Midwife Pharmacist Architect tes concerned (all professions): Doctor, specialised doctor Nurse responsible for general care	des concerned (all professions):General practitioner (pursuit of the activity)DentistMidwifePharmacistArchitectDoctor, specialised doctorNurse responsible for general careArchitect	des concerned (all professions): General practitioner (pursuit of the activity) Dentist Midwife Pharmacist Architect Doctor, specialised doctor Nurse responsible for general care Architect Architect Architect Architect Architect Architect Architect	utes concerned (all professions): General practitioner (pursuit of the activity) Dentist Midwife Pharmacist Architect Doctor, specialised doctor Nurse responsible for general care Architect Architect Doctor, specialised doctor	States concerned (all professions): General practitioner (pursuit of the activity) Dentist Midwife Pharmacist Architect Doctor, specialised doctor Nurse responsible for general care Architect Architect Doctor, specialised doctor Nurse responsible for general care States concerned (all professions): Doctor, specialised doctor

	Midwife	23	11	6	11	0
	Pharmacist	23	10	7	10	0
	Architect	23	8	5	8	0
Total Member St.	Total Member States concerned (all professions):		19	14	19	0
	Doctor, specialised doctor	27, 30	5	4	4	1
	Nurse responsible for general care	33, 33a	7	7	9	1
Profession-specific acquired rights	Dentist, specialised dentist	37	6	8	6	0
	Midwife	43, 43a	8	7	7	1
	Architect	67	5	3	5	0
Total Member St.	Total Member States concerned (all professions):		16	12	14	7
	Doctor, specialised doctor	Annex V	3	3	3	0
	Nurse responsible for general care	Annex V	3	2	3	0
Other issues (minimum training subjects	Dentist, specialised dentist	Annex V	3	3	3	0
listed in Annex V	Veterinary surgeon	Annex V	1	0	0	1
	Midwife	Annex V	2	1	2	0
	Pharmacist	Annex V	1	1	1	0
Total Member Sk	Total Member States concerned (all professions):		6	4	5	1
Other issues (access conditions for specialised dentists, opening up new pharmacies, specific derogations for architects, remuneration for trainee specialists in medical training, approval by health insurance funds)	Dentist, specialised dentist, doctor, specialised doctor, pharmacist, architect	35(1), 21(4), 25(3), 47, 55	5	3	S	0

Gen	General system of recognition	cognition			
Issues raised	Article	MSs who received formal notice	MSs who received reasoned opinions	Cases where MSs show progress	Cases where discussions with MSs are ongoing
Changes to qualification levels	11, 13	4	2	3	1
Mobility of professionals from non-regulating to regulating Member States (1 year's professional experience)	13	5	1	3	2
Revised provisions on the imposition of compensation measures	14	10	5	∞	2
Other issues (for example, non-application of the general system of recognition for sectoral professions, if conditions for automatic recognition are not fulfilled)	10 12	5	4	4	1

	Cases where discussions with MSs are ongoing	1
	Cases where MSs show progress	9
	MSs who received reasoned opinions	4
	MSs who received letters of formal notice	L
ce provision	Article	$\frac{5(1)(b)}{7(2)(d)}$
Temporary service provision	Issues raised	Asking for proof of 2 years' professional experience (when only 1 year can be required) when the profession is not regulated in the home Member State; or requiring professional experience to be acquired in one Member State; or no exemption in cases of regulated education and training

Unjustified enquiries about the services to be provided, or requests for documents going beyond the list in Article 7(2)	7(1)-(2)	11	8	5	6
Validity of prior declarations in the entire territory of the host Member State	7(2a)	9	2	9	0
Failure to ensure that an applicant be able to provide his service within I month of the competent authorities' having decided to impose a prior aptitude test (Article 7(4))	7(4) 3rd sub- paragraph	9	3	N	П
Systematic application of prior checks of qualifications under Article 7(4); application of prior checks to professions which do not appear to have public health and safety implications for the recipient of services, or to the professions which benefit from automatic recognition; failure to comply with a requirement to ensure that checks do not go beyond what is necessary	7(4)	&	9	N	3
Imposing on service providers professional rules that are not directly linked to professional qualifications	5(3)	8	S	4	4
Automatic/pro forma registration of service providers without guarantees that this would not delay or complicate the provision of services, or entail additional costs for service providers; exemption of foreign service providers from the requirements relating to registration with a public social security body	9	10	∞	9	4
Other issues (for example, administrative cooperation, principle of temporary or occasional provision of services, all Title II not transposed for specific profession(s), obligations to inform service recipients, use of professional title)	Title II, 5(1), 7(3), 8, 9	6	5	5	4

Тган	Transparency				
Issues raised	Article	MSs who received letters of formal notice	MSs who received reasoned opinions	Cases where MSs show progress	Cases where discussions with MSs are ongoing
Failure to list existing regulated professions, specifying the activities covered by each profession, a list of regulated education and training, and training with a special structure	59(1)	21	20	20	1
Failure to list professions for which a check of qualifications is deemed necessary prior to the first provision of services under Article 7(4), including adequate justifications	59(2)	24	18	23	1
Lack of proportionality assessments of existing requirements (prior to Jan 2016)	59(3) & (5)	26	17	24	2
Failure to provide National Action Plans	59(5)	4	3	1	3
Lack of proportionality assessments of new or amended requirements (introduced after Jan 2016)	59(3) & 59(5), 2nd sentence)	22	14	20	2
Failure to submit biannual reports about requirements removed or made less stringent	59(6)	19	L	18	1
Failure to submit biannual reports, including statistics and the main problems arising from the application of the Directive	(1)09	16	6	16	0

Pa	Partial access				
Issues raised	Article	MSs who received letters of formal notice	MSs who received reasoned opinions	Cases where MSs show progress	Cases where discussions with MSs are ongoing
Exclusion of certain professions from the principle of partial access (exclusion of 'sectoral' professions per se, unjustified exclusion of other professions, no case-by-case assessment)	4f	10	&	7	3
Partial access should be applied as an ex officio decision and not only upon the specific and explicit request of the applicant in question	4f	2	2	2	0
Other issues		1	0	1	0

La	Language controls				
Issues raised	Article	MSs who received letters of formal notice	MSs who received reasoned opinions	Cases where MSs show progress	Cases where discussions with MSs are ongoing
Only the knowledge of one official language of the host Member State may be required	53(2)	2	1	1	1
Systematic language checks may only be applied for professionals whose job has implications for patient safety	53(3)	5	2	4	1
Language controls should not be limited to mandatory language tests	53(4)	9	4	1	5
Other issues	53(4)	1	1	1	0

	Traineeships				
Issues raised	Article	MSs who received letters of formal notice	MSs who received reasoned opinions	Cases where MSs show progress	Cases where discussions with MSs are ongoing
Recognition of professional traineeships	55a	L	5	5	2

	EPC				
Issues raised	Article	MSs who received letters of formal notice	MSs who received reasoned opinions	Cases where MSs show progress	Cases where discussions with MSs are ongoing
Deadlines, including extension of deadlines	4c(1), 4d	4	3	4	0
Tacit recognition in case of no decision or failure to organise a test	4d(5)	9	5	9	0
European Professional Card (EPC) not fully transposed for some professions or in parts of the MS in question	44	3	2	3	0
The role of home MS improperly defined	4b(3), Implementing Regulation (EU) 2015/983	3	1	3	0
Failure to designate competent authorities	<i>4a</i> (6)	2	2	1	1
Other issues (for example, possibilities of appeals, document requirements, EPC revocation, ambiguous wording)		8	5	8	0

Ale	Alert mechanism				
Issues raised	Article	MSs who received letters of formal notice	MSs who received reasoned opinions	Cases where MSs show progress	Cases where discussions with MSs are ongoing
Deadlines to send alerts	56a(2), 56a(3)	8	2	∞	0
Alert not implemented for some professions or in parts of the MS in question	56a(1),(2, (3))	4	3	4	0
No, or few, alerts sent	56a	12	2	12	0
Alert not implemented at all	56a	2	2	1	1
Other issues (for example, data protection, deletion of data, obligation to inform the professional concerned, access to remedies, types of decisions covered)	56a(I), 56a(5)- (7)	11	3	11	0

Access to online information, procedures and reduction of red tape	procedures and	reduction of red	tape		
Issues raised	Article	MSs who received letters of formal notice	MSs who received reasoned opinions	Cases where MSs show progress	Cases where discussions with MSs are ongoing
Illegal practices concerning requests for documents (documents going beyond what is permitted under the Directive, unjustified translations, certified copies, etc.)	7(2), 50, Annex VII & 49, 56 TFEU	15	10	11	4
Assistance centres	57b	4	3	4	0
Availability of information through points of single contact	57	28			28
Availability of online procedures (and possibility to complete them online)	57a	28			28

	Other issues				
Issues raised	Article	MSs who received letters of formal notice	MSs who received reasoned opinions	Cases where MSs show progress	Cases where discussions with MSs are ongoing
Definitions (such as aptitude test, regulated profession)	3	10	8	8	2
Scope of application of the revised Directive, first recognition of third country qualifications, relationship to other EU instruments	2	7	5	9	1
Principle of automatic recognition for professions with harmonised training requirements or for craft, trade and industry professions	21 15-17	2	2	2	0
Acknowledgement of receipt of documents within I month and info about missing documents	51	5	2	4	1

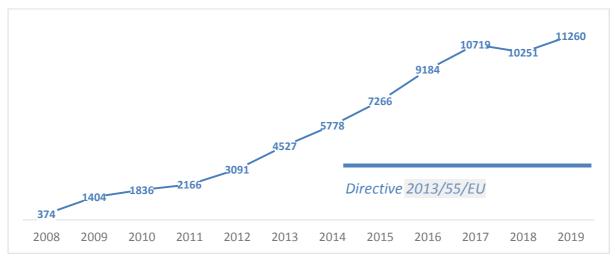
Part IV. Statistics on the use of the Internal Market Information System

This Part provides the data regarding the use of the IMI platform under the revised Directive for (i) general administrative coperation, (ii) the notification of qualifications meeting the harmonised training requirements, (iii) the implementation of the European Professional Card (EPC) and the alert mechanism.

1. Administrative cooperation

Since the introduction of the IMI in the area of professional qualifications, the number of IMI administrative requests has increased steadily over time and continued growing since the entry into force of Directive 2013/55/EU (with a negligible decline in 2018). In the most recent period (2016-2019), the average number of IMI requests, amounting to 2 588 per quarter, has remained stable.

Chart 1. IMI requests for information concerning professional qualifications per year (2008-2018)



Source: IMI

The statistical data also shows that with the use of IMI's being mandatory, the total number of IMI requests being sent by Member States has doubled. Testament to this is the fact that the IMI requests received in the last 4 years (2016-2019) alone constituted more than half (61%) of total IMI requests sent over the last 10 years.

Chart 2. Number of IMI requests for information concerning professional qualifications in 2008-2019

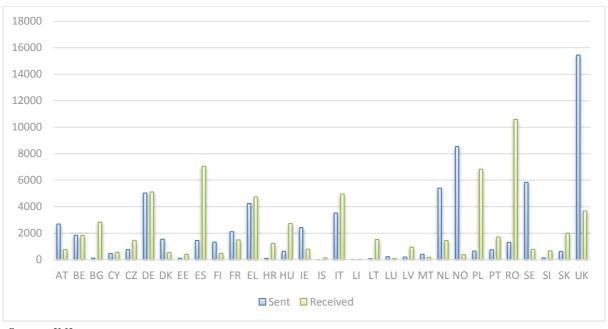


Source: IMI

Almost 3 100 competent authorties are registered with the module of IMI requests for information (compared to over 300 authorities back in 2008).

The most active countries in sending IMI requests in 2008-2019 were the UK, Norway, Sweden, the Netherlands, Germany, Greece, Italy, Austria, Ireland and France. Romania, Spain, Poland, Germany, Italy, Greece, the UK, Bulgaria, Hungary and Slovakia were amongst the Member States receiving the most requests in the same period. Similar tendencies could also be observed throughout recent years (2016-2019). Response rates have generally remained high (for instance, in the period 2016-2019, for all countries, the response rate was 96%, and in the vast majority of cases, over 95%, except for three countries with average response rates ranging from 80% to 86%). However, the response times vary greatly from one country to another.

Chart 3. Total number of IMI requests for information ((sent and received) per country (2008-2019)



Source: IMI

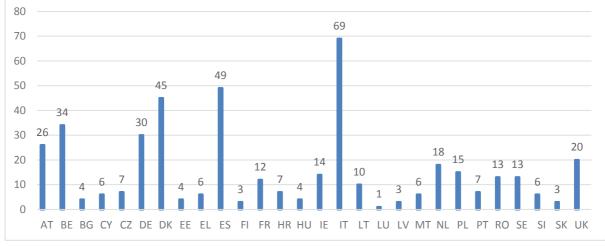
Chart 4. Average response times (in calendar days) (2016-2019)

Source: IMI

2. Notification of new qualifications (Annex V)

Currently, 234 competent authorties are registered with the module of notification of Annex V qualifications (152 for IMI healthcare professions module and 119 for the IMI architects module⁵). Italy, France, Belgium, Spain, Denmark, the UK and Germany are amongst the Member States which have notified the highest number of changes (including both substantive and editorial changes) to Annex V qualifications since the launch of IMI modules.





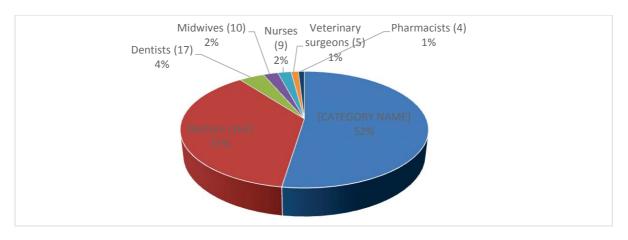
Source: IMI

_

⁵ Certain authorities have access to both modules. These are typically authorities/ministries of education.

An overall majority of IMI notifications related to architects' (52%) and doctors' (37%) qualifications, followed by notifications related to dental practitioners' qualifications (4%). While more than half of the notifications (52%) related to new evidence of qualifications or training programme, a comparably high proportion (46%) of notifications related to purely editorial, technical changes having no effect on the contents of the training programmes (such as changes to the names of the awarding bodies).

Chart 6. IMI notifications relating to qualifications listed in Annex V per sectoral profession (2014-2019)



Source: IMI

_

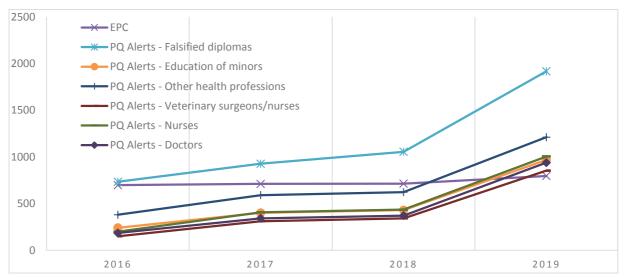
⁶ A minor number of notifications also relate to qualifications that have been withdrawn from Annex V (such as qualifications that no longer fulfil the harmonised minimum training requirements).

3. European Professional Card (EPC) and alert mechanism

This section presents the updated statistics on the use of the EPC and alert mechanism modules in the IMI since their launch on 18 January 2016, up to and including 31 December 2019.

In 2019 there were a total of 2496 competent authorities registered in the IMI for various modules linked to the alert mechanism and the EPC. The number of authorities in the EPC module has remained relatively stable (697 authorities in 2016 and 796 in 2019). By contrast, the number of authorities registered for different alert modules has increased over time (1 888 authorities in 2016 and 2 204 in 2019). The number increased significantly in 2018 and 2019. This might be due to the Commission's enforcement action.

Chart 7. Evolution in the number of authorities registered in the IMI for different alert modules and EPC (2016 – 2019)



Source: IMI

3.1 European Professional Card (EPC)

Since the publication of the 2018 staff working document⁷, the number of EPC applications has continued to increase steadily. A total of 10 552 EPC applications have been submitted since the EPC was launched in 2016.

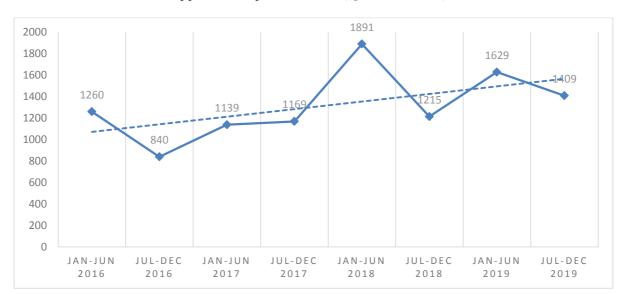


Chart 8. Submitted EPC applications per 6 months (Q1 2016-2019)

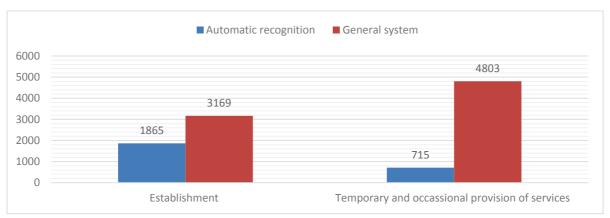
Source: IMI

Statistics show that 48% of the applications were submitted with the purpose of the applicants' permanently establishing themselves in another Member State, while 52% were submitted in order to provide services on a temporary or occassional basis. This is a change from the results presented in the 2018 staff working document (57% and 43% respectively). The increase in applications for temporary or occassional service provision can possibly be explained by the increase in the number of mountain guide applications. This is because these applicants predominantly apply to provide services on a temporary or occassional basis (see Chart 10 below), due to the nature of their profession.

General care nurses and pharmacists, the two professions with harmonised minimum traning requirements across the EU, submitted 1 865 establishment and 715 temporary service provision applications under the automatic recognition system. Automatic recognition is not available for the remaining EPC professions. EPC applications for establishment remain predominant for professions falling under automatic recognition, and the trend is stable. Of all automatic recognition applications up to and including 2019, 72% related to establishment, compared to the figure of 70% given in the 2018 staff working document.

⁷ European Commission, SWD (2018) 90 final, Assessment of stakeholders' experience with the European Professional Card and the Alert Mechanism procedures.

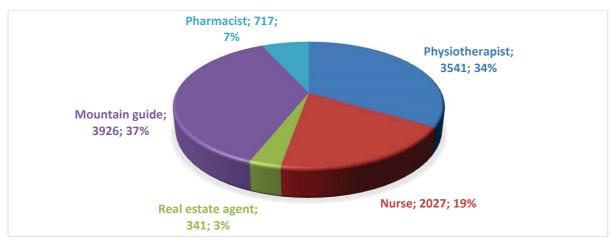
Chart 9. Submitted EPC applications per purpose and per recognition system (all professions) (2016-2019)



Source: IMI

Mountain guides were the most active in the period analysed, followed closely by physiotherapists. Mountain guides represented 37% of all applications, with 3926 applications. Physiotherapists followed, with 3541 applications (34% of total), then nurses responsible for general care, with 2027 applications (19% of total), pharmacists, with 7137 applications (7% of total), and real estate agents, with 341 applications (3% of total). This is a change from the data presented in the 2018 staff working document, according to which most applications were submitted by physiotherapists (1529 applications, or 38% of total), nurses responsible for general care (1037 applications, or 26% of total), mountain guides (903 applications, or 23% of total), pharmacists (396 applications, or 10% of total), and real estate agents (132 applications, or 3% of total). The change testifies to the growing popularity of the EPC among mountain guides.

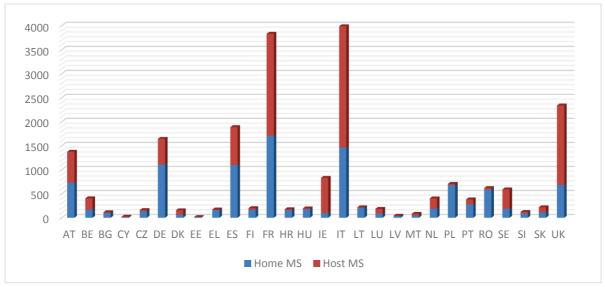
Chart 10. Submitted EPC applications per profession (2016 –2019)



Source: IMI

Most applications were processed by Italy, France, the UK, Spain and Germany (both as home and host Member State).

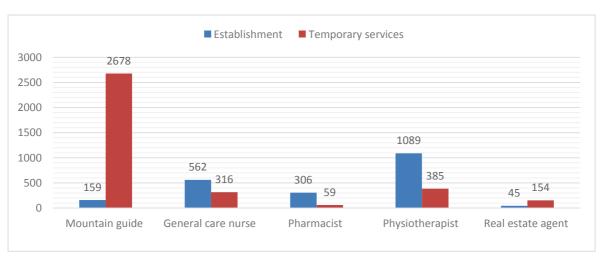
Chart 11. Submitted EPC applications per Member State (selected as home and host): 2016-Q2 2019



Source: IMI

The majority of issued EPCs were issued to nurses, pharmacist and physiotherapists to establish themselves. For mountain guides and real estate agents, more EPCs were issued for temporary or occasional service provision. The clear tendency of mountain guides to apply for an EPC for temporary or occasional service provision (as shown in chart 12 below) may be explained by the nature of their profession. Mountain guides established in one Member State would use the EPC to provide services in other Member States from their home base.

Chart 12. Number of issued EPC certificates per profession (2016-2019)



Source: IMI

3.2 Alert mechanism

A total of 46784 alerts have been sent by the Member State authorities since the introduction of the alert mechanism on 18 January 2016. The number has kept increasing since the publication of the 2018 staff working document. The vast majority of alerts were sent for cases where a professional was restricted or prohibited from practising. Only 11 alerts were sent for the use of falsified diplomas (compared to 5 at the time of publication of the 2018 staff working document).

2850 2848

Chart 13. Number of alerts sent per quarter (2016-2019)

Source: IMI

The alerts are sent using different modules in the IMI system, according to the profession or category of the alerts concerned. The following diagram shows the distribution of alerts among the various modules in the period analysed. This distribution has not changed significantly since the publication of the 2018 staff working document.

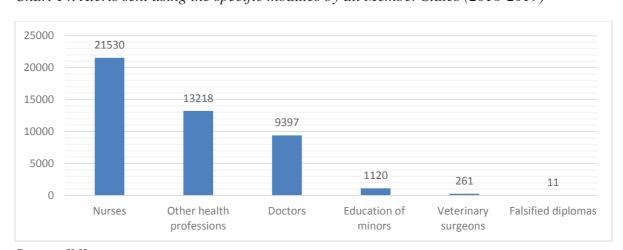


Chart 14. Alerts sent using the specific modules by all Member States (2016-2019)

Source: IMI

The IMI enables national authorities to classify an alert concerning the restriction or prohibition of a professional as being sent on the basis of either 'substantial reasons concerning the practice of the profession' or on the basis of 'other reasons' (such as non-payment of membership fees, in countries with compulsory membership requirements).

Between 18 January 2016 and 31 December 2019, around 69% (31312) of alerts were sent on the basis of substantial reasons and falsified diplomas and only around 31% (14214) on the basis of other reasons. This distribution has remained stable since the publication of the 2018 staff working document, with a slight increase in alerts on the basis of substantial reasons (74% and 26% respectively).

■ Substantial reasons and falsified diplomas Other reasons 16000 13458 14000 12000 9376 10000 8072 7358 8000 6000 3842 4000 2039 1028 2000 169 92 92 0 Education of minors Veterinary surgeons Other health Doctors Nurses professions and veterinary nurses

Chart 15. Alerts sent by IMI module and reason (2016 –2019)

Source: IMI

A significant majority of the alerts were sent by the UK competent authorities, followed by Italian and Lithuanian authorities. Since the publication of the 2018 staff working document, the same Member States have remained in the top 10 senders of alerts. As yet, 5 Member States have not sent any alerts (as opposed to 10 Member States at the time of publication of the 2018 staff working document). The significant decrease in the number of Member States which have not sent any alerts yet may be due to the Commission's enforcement action.

Part V. Results of the special upgrading programme for Romanian nurses

Background

Romanian professional qualifications as nurse responsible for general care are automatically recognised in line with Article 21(1) of the Directive, if they fulfil the minimum training requirements of Article 31 of the Directive, if the diploma in question is listed in Annex V, point 5.2.2. to the Directive, and if the training started after the reference date of 1.1.2007.

Diplomas that do not fulfil these requirements can still be recognised automatically under the special acquired rights arrangements set out in Article 33(a) of the Directive. To benefit from automatic recognition, the applicant must hold one of the professional qualifications listed in Article 33(a) and have 3 out of last 5 years of relevant professional experience in Romania.

If the requirements for automatic recognition are not fulfilled, the application for recognition is assessed under the general system of recognition, according to Articles 10-14 of the Directive.

At the same time, in line with recital 36 of Directive 2013/55/EU, the Romanian government was invited to establish an upgrading programme for nurses, to allow those not previously covered by any of the above ways of getting automatic recognition, to upgrade their qualifications. Article 60(2)(d) of Directive 2005/36/EC expressly states that the professionals concerned by the Romanian upgrading programme are holders of the evidence of formal qualifications mentioned in Article 33(a)⁸, and of evidence of formal post-secondary level qualifications.

Implementation of the Romanian special upgrading programme

The upgrading programme for nurses responsible for general care, who acquired their qualifications before 1 January 2017, was effectively introduced by *Joint Order of the Minister for National Education and of the Minister for Health no. 4317/943/2014, as amended.* For graduates of post-secondary education, the programme was offered by accredited public and private vocational post-secondary schools. For graduates of higher education, it was offered by accredited higher education institutions.

Graduates therefore receive two types of evidence of qualifications:

(a) Certificat de competențe profesionale de asistent medical generalist with post-secondary education obtained from a școală postliceală, attesting to training started before 1 January 2007;

(b) Diplomă de absolvire de asistent medical generalist with short-time higher education studies, attesting to training started before 1 October 2003;

(c) Diplomă de licență de asistent medical generalist with long-time higher education studies, attesting to training started before 1 October 2003.

⁸ Article 33(a) of Directive 2005/36/EC, as amended, refers to:

- 1) a certificate for the revalorisation of the professional competences of post-secondary graduates (*Certificat de revalorizare a competentelor profesionale*) referred to in Article 3(1) of *Joint Order no.* 4317/943/2014 and Annex 3 to it;
- 2) a Bachelor's degree for university graduates, who fulfil the legal requirements for access to the upgrading programme and who pass the graduation examination, according to the legislation in force (*Diploma de Licenta*) referred to in Article 3(2) of *Joint Order no.* 4317/943/2014.

As for the actual training, Annex I to *Joint Order no.* 4317/943/2014 lists contains five distinct upgrading curricula for holders of evidence of formal post-secondary qualifications⁹. Annex II contains one curriculum for higher education graduates. Each of the Annexes specify the competences students need to acquire during their training and set out the requirements concerning the clinical training tutors/supervisors.

The methodology for the post-secondary level of the programme is set out in the *Order of the Ministry of National Education no.* 5114/2014. Among other things, it covers the composition and role of the bodies in charge of monitoring the implementation of the programme, the enrolment requirements and the organisation of the final evaluation of the students.

To implement the programme at post-secondary level, 8 train-the-trainer training sessions were organized between December 2013 and June 2014¹⁰, with experts from 5 Member States (BE, DK, IE, PL and the UK).

1. Training session in Bucharest, December 19, 2013, at the Fundeni Sanitary School in Bucharest.

Attendees: Mr Ayhan Findik, Belgium, Clinical Research Coordinator in Neurology at Saint-Luc Clinics, and Assistant Professor/Maître Assistant at the Leonard de Vinci Higher School, and representatives from the following post-secondary schools: Sanitary Post High School Unit, Fundeni; St. Joseph's Romano-Catholic College in Bucharest; Ion Cantacuzino Theoretical High School in Pitesti; Anghel Saligny Ploiesti, Saint Apostol Andrei Technological High School in Ploiesti.

2. Training session in Craiova, February 10, 2014, at the Charles Laugier High School in Craiova.

Attendees: Mrs Kelly Helen Elizabeth Paris Taylor, International Consultant, University College Zealand, Denmark; Mrs Ann-Berit Schelde, International Consultant, University College Zealand, Denmark, and representatives from the following post-secondary schools: Sanitary Post High School Unit, Fundeni; Charles Laugier High School in Craiova; Mehedinti Sanitary School; Slatina Sanitary School; Antim Ivireanu High School in Rm; Vâlcea Post-secondary School in Dobreta Turnu-Severin.

⁹ Five types of evidence of formal post-secondary qualifications referred to in Annex I to *Joint Order no. 4317/943/2014*:

¹⁾ Diploma de absolvire a școlii tehnice sanitare

²⁾ Diplomă/Certificat de absolvire a școlii postliceale/Certificat de competențe profesionale (Liceu + curs echivalare postliceal (1 an)

³⁾ Diploma de absolvire a școlii postliceale. Promoția 1991-1994

⁴⁾ Certificat de absolvire a școlii postliceale. Promoția 1992-1995

⁵⁾ Certificat de competențe profesionale. Promoția 2006-2009

¹⁰ Romanian authorities provided the following information about the training sessions to the European Commission:

Impact of the upgrading programme

As it stands, the Directive does not oblige the host Member States to automatically recognize the qualifications of nurses who have successfully completed the upgrading programme. In line with Article 14(5) of the Directive, under the general system of recognition, the competent authorities of the host Member States should consider the completion of the upgrading programme as evidence of additional skills and knowledge acquired.

In line with Article 60(2)(d) of the Directive, the present report on the results of the special upgrading programme should serve as a basis for an assessment by the Commission of the

3. Training session in Brasov, March 4-5, 2014, at the headquarters of the Brasov Branch of OAMGMAMR (Romanian order of nurses and midwives).

Attendees: Mr Tom Keighely, UK, Consultant in HealthCare Leadership & Education, and representatives from the following post-secondary schools: Sanitary Post High School Unit, Fundeni; Focsani Sanitary School; Alba-Iulia Sanitary School; Grigore Antipa College of Sciences Braşov; Puskas Tivadar Technological High School Sfầntu-Gheorghe; Titu Maiorescu National College Aiud.

4. Training session in Arad, March 25-26, 2014, at the headquarters of the Arad Sanitary School.

Attendees: Ms Rita Collins, Ireland Lecturer & Erasmus Academic Coordinator, University College Dublin, and representatives from the following post-secondary schools: Sanitary Post High School Unit, Fundeni; Arad Sanitary School; Mircea Eliade National College Resita; Hunedoara Sanitary School; Timisoara Sanitary School; Ana Aslan National College Timisoara.

5. Training session in Brasov, April 8-9, 2014, at the headquarters of the Brasov Branch of OAMGMAMR.

Attendees: Mrs Irena Wrońska, Poland, Dean, Lublin University of Medicine; Mrs Danuta Zarzycka, Lublin University of Medicine, and Ms Zofia Nowak-Kapusta, Lublin University of Medicine, and representatives from the following schools: Sanitary Post High School Unit, Fundeni; Gh. Marinescu Theoretical High School in Târgu-Mureş; Tamasi Aron Theoretical High School in Odorheiu-Secuiesc.

6. Training session in Cluj-Napoca, May 6-7, 2014.

Attendees: Mr Manuel Kossmann, Germany, graduate of School of Nursing in Goslar, and Professor of Nursing at Pflegeschulzentrum Goslar College of Physicians, and representatives from the following post-secondary schools: Gr. Ghica Vodă Iași; Anastasie Fătu Vaslui Sanitary School in Suceava; Mihai Eminescu College in Brasov; Vasile Voiculescu Sanitary Technological High School in Oradea; Betel Pentecostal Sanitary Technological High School in Oradea; Theoretical Sanitary High School in Bistrita; Victor Babes Theoretical High School in Cluj-Napoca; Sanitary School in Zalau; Sanitary Theoretical High School in Baia-Mare; H. Coanda Sanitary School in Baia-Mare; Reformed Post-Secondary School in Cluj-Napoca.

7. Training session, June 3-4, 2014, at the Emil Palade Theoretical High School in Constanta.

Attendees: Mr Jean-Marc Guffroy and Mr Philippe Daniel Testa, France, Red Cross experts, and representatives from the following post-secondary schools: Sanitary Post High School Unit Fundeni; Gr. Ghica Voda Sanitary School in Iasi; Mihai Eminescu College in Brasov; Charles Laugier High School in Craiova.

8. Training session in Galati, June 10–11, 2014.

Attendees: Ms Alvisa Palese, Italy, holder of a Bachelor's degree in Nursing Science from Padua University, Associate Professor at Udine University, and representatives from the following post-secondary schools: Emil Racovita High School in Galati; Sanitary Post High School Unit, Fundeni, Bucharest; Gr. Ghica Voda in Iasi; Mihai Eminescu College in Brasov; Charles Laugier High School in Craiova.

need to review the current provisions governing the acquired rights regime applicable to Romanian evidence of formal qualifications as nurse responsible for general care.

The assessment of the results of the programme, for the purposes of this report, was carried out with Member State experts consulted via the Group of Coordinators for the Recognition of Professional Qualifications. Romania presented the implementation of the programme to the Member States in the Group in March and May 2018. Member State experts analysed the information and documents provided by Romania and sent feedback on the results of the programme to the Commission. Romania gave satisfactory replies to all the questions/comments from Member States. No Member State objected to Romania's proposal that graduates benefit from automatic recognition in the future.