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**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 Directive 2005/36/EC of the European Parliament and of the
Council of 7 September 2005 on the recognition of professional qualifications**

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1. Introduction

This Staff Working Document accompanies the Implementation Report based on Article 60(2) of Directive [2005/36/EC](#) of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (hereafter the Directive).¹ It provides the analytical data and insights supporting the policy considerations expressed therein.

The last implementation report was published by the Commission on 11 May 2020², together with an accompanying staff working document.³ That implementation report covered a period of 5 years (2014-2019) and focused in particular on the new elements introduced with Directive [2013/55/EU](#), including the specific implementation issues referred to in the second subparagraph of Article 60(2) of the Directive, such as the European Professional Card, modernisation of the knowledge, skills and competences for 'sectoral' professions, the common training principles and the special upgrading programme for Romanian nurses.

This implementation report covers the period 2020-2024 with the aim to identify gaps, issues and challenges related to the implementation of the Directive in the current policy context.

1.1 Methodology

The Implementation Report and this accompanying Staff Working Document have been prepared on the basis of desk research and targeted stakeholder consultations.

Various stakeholders have been consulted, including the Group of Experts for the Recognition of Professional Qualifications, national assistance centres, national authorities competent for recognition of qualifications, professional organisations, civil society organisations, social partners and individual citizens. The consultation involved the use of different sets of surveys: to members of the Group of Coordinators and Assistance centres (replies from 25 Member States)⁴ and EU level and national professional organisations⁵ (carried out in the period Q2-Q3 2024); and to competent authorities responsible for a

¹ [Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications.](#)

² [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 \('the IMI Regulation'\)](#)

³ [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 \('the IMI Regulation'\)](#)

⁴ Austria, Belgium, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, The Netherlands.

⁵ Replies were received by 28 professional organisations.

number of professions (replies received from 23 Member States)⁶, citizens,⁷ civil society and partners (carried out in the period Q3 2024-Q1 2025).

The table below provides an overview of the topics covered by the survey questions:

Topics covered	Subject matter covered by questions
Automatic recognition for sectoral professions – recognition process	Application procedure and application fees for the professions of medical doctor and nurse, length of procedure, document requirements for the professions of medical doctor and nurse, administrative cooperation between Member States, number of staff needed in a Member State to process an application, functioning of notifications in the Internal Market Information System (IMI) in relation to Annex V qualifications, figures on sectoral health professions related to demand and shortages, existence of electronic systems for recognition procedure
Automatic recognition for sectoral professions – minimum training requirements	Adequacy of current minimum training requirements, effects of lowering minimum training requirements, effectiveness of amending minimum training requirements through delegated act
General system of recognition – recognition process	Application fees, length of procedure, document requirements, administrative cooperation between Member States, access to electronic procedures.
General system of recognition – compensation measures	Functioning of compensation measures, length of adaptation period, waiting time to take aptitude test, definition of substantially different matters
Qualification levels	Application of the system of qualification levels under Article 11
Automatic recognition based on common training principles	Candidate professions for common training frameworks, functioning of common training test for ski instructors, application fees, length of recognition procedure, document requirements
Automatic recognition system based on professional experience under Annex IV	Use of Annex IV, scope of Annex IV, length of procedure, application fees, document requirements, practical issues with proving practical experience
Temporary service provision	Professions for which temporary service provision is used the most, fee related to written declaration,

⁶ Austria, Belgium, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Hungary, Ireland, Italy, Latvia, Lithuania, Malta, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, The Netherlands.

⁷ More than 450 citizens who either obtained, or asked for the recognition of various professional qualifications in all EU Member States responded to a survey carried out by Commission services.

	identification of temporary service provision, art. 7(4) on prior checks
European Professional Card (EPC)	Availability of information about EPC, extent of use of EPC, length of recognition procedure, application fees, challenges
Partial access	Use of partial access, challenges with partial access and improvements of use of partial access
Mobility from Member State in which profession is not regulated – one year of professional experience	Existence of assistance in home Member State on issuing of document certifying 1 year of professional experience
Alert mechanism	Definition/understanding of terms used in IMI module, handling of alerts, use of alerts in recognition procedure
Information provision and provision of statistics	Sources of information and functioning of national contact points, whether registration system of all recognition decisions taken is in place in Member States
Continuous professional development for sectoral professions	How Member States have implemented continuous professional development in relation to sectoral professions

1.2 Legal and policy context

Member States retain the competence to regulate access to professions nationally, provided that they comply with EU law and respect principles of non-discrimination and proportionality. As a result, the regulatory requirements related to access to professions often differ from one country to another.

Directive 2005/36/EC facilitates recognition of qualifications for both self-employed persons and for employees crossing borders within the Single Market. Broadly speaking, it provides for three main routes to recognition. First, certain professions (doctor of medicine, nurse responsible for general care, dental practitioner, veterinary surgeon, midwife, pharmacist and architect) benefit from automatic recognition based on minimum training requirements. Second, there is automatic recognition based on professional experience for certain professions in the craft, commerce and industry sectors. Third, for all other cases, the so-called general system of recognition in principle applies. The latter obliges national authorities to compare qualifications and impose compensation measures (an aptitude test or adaptation period) only if substantial differences exist.

The Directive underwent a major revision by means of the amending Directive 2013/55/EU⁸, which entered into force on 17 January 2014, and which had to be transposed by Member States by 18 January 2016. Directive 2013/55/EU introduced, among other things, the European Professional Card, the alert mechanism, the use of the Internal Market Information System, and the common training principles. The possibilities provided by these new elements are presented in detail below.

⁸ <https://eur-lex.europa.eu/eli/dir/2013/55/oj/eng>

Directive 2005/36/EC contains empowerments for the Commission to adopt delegated and implementing acts that allow for regular updates and increase flexibility of this legal instrument. For example, the Commission has used the delegated powers to update the minimum training requirements for the professions benefitting from automatic recognition to keep the Directive aligned with scientific and technical developments in the respective fields. Such updates, based on detailed mapping presented in published studies per profession, have been adopted for the profession of nurse responsible for general care, dental practitioner, pharmacist and veterinary surgeon in 2024 and 2025.⁹ The Commission has also adopted delegated decisions to amend Annex V to the Directive as regards the evidence of formal qualifications and titles of training courses.¹⁰

To allow workers and businesses to fully exploit the potential of professional mobility in the Single Market, the Commission's Union of Skills Communication announced a Skills Portability Initiative. The initiative will be part of a broader skills and fair labour mobility package to be adopted in 2026, which aims at facilitating the exercise of the right of free movement and the free provision of services. This will also include proposals for a European Social Security Pass, a stronger mandate for the European Labour Authority and measures to address the further modernisation, simplification and better implementation of the labour mobility rules and practices, as also recommended by stakeholders participating in the recent Implementation Dialogue with EVP Mînzatu on fair labour mobility. The report on the implementation of the Directive contributes to informing the Skills Portability Initiative by assessing the overall functioning of the applicable regulatory framework to the recognition of professional qualifications in the context of regulated professions and by identifying key implementation gaps and potential areas for further improvement.

1.3 Regulation of professions

Regulation of professions falls primarily under the competence of the Member States in compliance with EU law, notably the principle of proportionality, as established in the case law of the EU Court of Justice and the Directive (EU) 2018/958 on a proportionality test before adoption of new regulation of professions ('the Proportionality Test Directive')¹¹. Within these limitations, they decide which professions are regulated, what qualifications are required for those wishing to access and exercise them and which authorities oversee access to and the exercise of the professions in question.

While regulation is sometimes needed to safeguard public safety and quality of service, it can also create barriers to access and pursuit of professions. The Proportionality Test Directive seeks to prevent unnecessarily restrictive regulation of professions from coming into effect by obliging Member States to assess thoroughly, before their adoption, the proportionality of any new or amended national regulations

⁹ [Commission Delegated Directive \(EU\) 2024/782 of 4 March 2024 amending Directive 2005/36/EC of the European Parliament and of the Council as regards the minimum training requirements for the professions of nurse responsible for general care, dental practitioner and pharmacist](#); [Commission Delegated Directive \(EU\) 2025/1223 of 10 April 2025 amending Directive 2005/36/EC of the European Parliament and of the Council as regards the minimum training requirements for the profession of veterinary surgeon](#).

¹⁰ For example, [Commission Delegated Decision \(EU\) 2021/2183 of 25 August 2021 amending Annex V to Directive 2005/36/EC of the European Parliament and of the Council as regards the evidence of formal qualifications and titles of training courses](#)

¹¹ Directive (EU) 2018/958 of the European Parliament and of the Council of 28 June 2018 on a proportionality test before adoption of new regulation of professions (OJ L 173, 9.7.2018, pp. 25); 2022 [Guidance on the assessment of proportionality pursuant to Directive 2018/958 on a proportionality test before adoption of new regulation of professions - Publications Office of the EU](#)

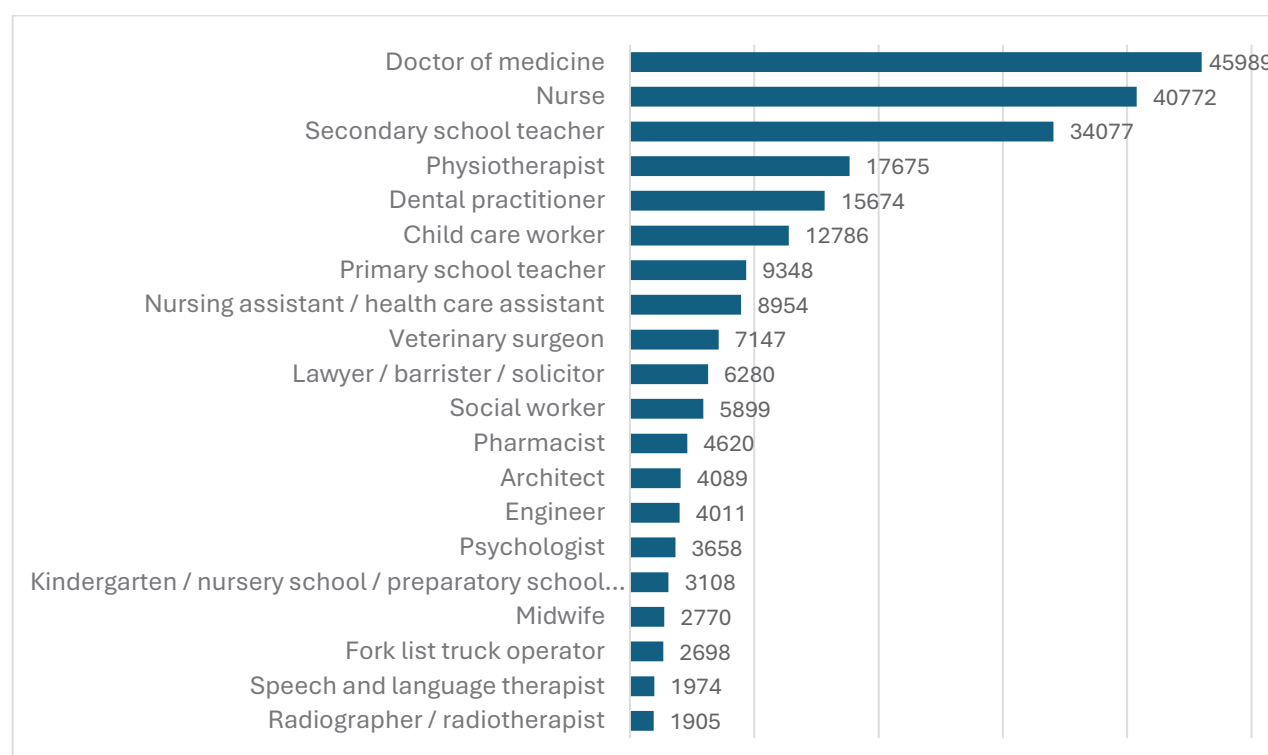
of professions. Proportionate national regulatory requirements and effective recognition processes are key to ensuring the rights of EU citizens to access regulated professions across borders.

Typically, the number of professions that are regulated is used as an indicator of the level of regulation of professions. However, such number is a complex and multifaceted indicator that, on its own, is inadequate for assessing the regulatory framework concerning regulated professions. Some Member States may regulate a bundle of professional activities as one profession, while other may regulate each of these activities separately. Moreover, a Member State might regulate fewer professions but impose stringent requirements and detailed conditions on each, whereas another might regulate a larger number but with less stringent criteria.

Therefore, while the count of regulated professions offers a starting point,¹² a more nuanced analysis is essential for understanding each Member State's regulatory environment. This involves examining not only the number of professions regulated but also the depth, restrictiveness, and underlying factors driving these regulations.

1.4 Mobility of professionals

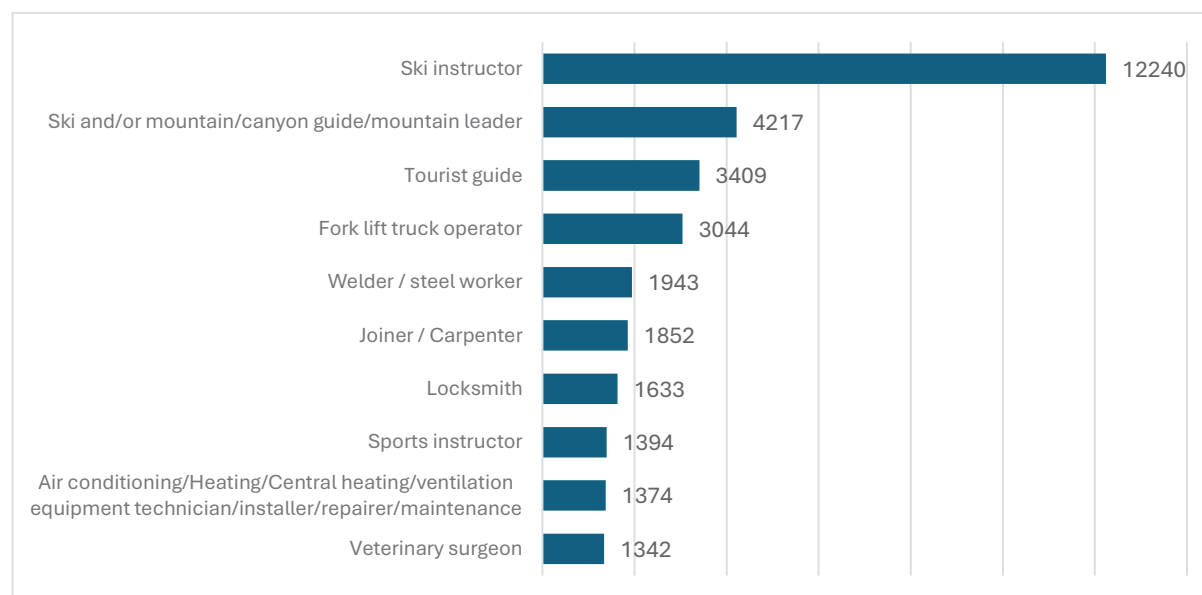
As illustrated below, the top 20 most mobile professions identified for establishment between January 2018 and December 2023 are mainly in the health, education, social, construction and business services sectors.



¹² According to the Regulated Professions Database, the number of regulated professions per Member State varies from around 100 to 400.

Most mobile professions for establishment between 2018 and 2023 based on information in the Regulated Professions Database

In terms of temporary service provision, the top 10 most mobile professions identified were mainly in the sport and leisure, transport, construction and commercial sectors between January 2018 and December 2023 (chart below).



Most mobile professions for temporary provision of services between 2018 and 2023 based on information in the Regulated Professions Database

2. General system of recognition

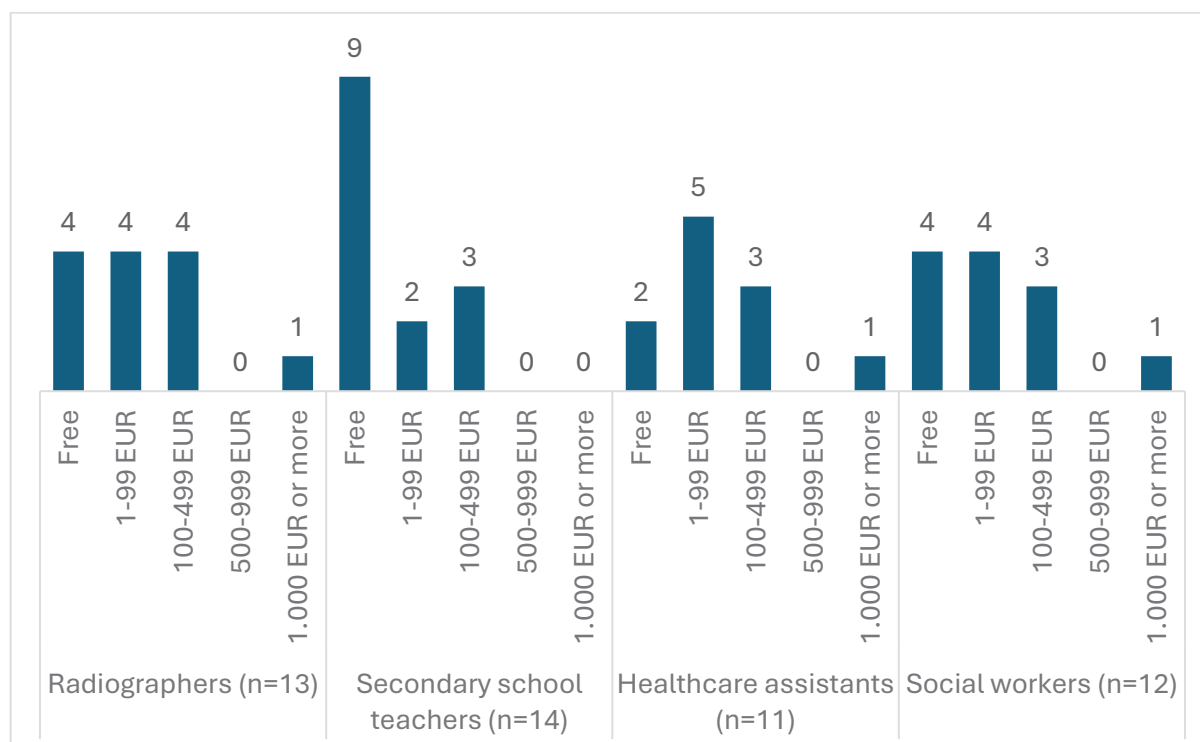
The general system under Directive 2005/36/EC applies to regulated professions that are not covered by automatic recognition based on minimum training requirements or on professional experience. Under the general system, the host authority compares the applicant's training and qualifications with its own national requirements. This system provides a structured, case-by-case mechanism to facilitate mobility while allowing Member States to maintain their own standards.

Information on the procedure to apply for recognition under the general system has been collected from competent authorities for the following four professions: radiographers, secondary school teachers, health care assistants and social workers. These specific professions were chosen to get more precise and comparable input per Member State. The four professions were chosen, as they belong to the most mobile professions falling under the general system, based on the data in the Regulated Professions Database .

Fees

Fees for the recognition of professional qualifications vary widely across Member States. The chart below summarises the fees as reported by competent authorities in Member States. For the four professions analysed (radiographers, secondary school teachers, healthcare assistants, social workers), fees are low (no fee or below 100 EUR) in the majority of Member States. However, some Member States charge more

substantial fees, with Finland reporting fees ranging from 1.000 to 2.000 EUR for radiographers, healthcare assistants and social workers applying for recognition of their qualifications.



Number of Member States applying ranges of fees for recognition procedures in four selected professions, based on replies received from competent authorities

In most cases, a specific fee is charged to cover the administrative work necessary to assess qualifications from other Member States to ensure alignment with national requirements. However, from the above, three other types of fees also exist among Member States in relation to the recognition procedure under the general system: expert fees, signifying a specialised evaluation of qualifications by professional experts; a fee for lack of documentation, serving as an incentive for applicants to present comprehensive files and thereby streamlining the assessment process; or fees calculated as a percentage of the national minimum wage, linking the fee directly to economic conditions and reflecting a dynamic alignment with the domestic economic context.

In many cases no fee is charged in relation to the recognition procedure under the general system. This approach aligns with efforts to minimise barriers to professional mobility to the benefit of applicants and might indicate a policy focus on removing financial barriers to professional mobility and facilitating easier access to the labour market for qualified individuals.

Length of procedure

Under Article 51(2) of the Directive, the procedure for examining an application for recognition must be examined as quickly as possible and as a maximum within four months after the date on which the applicant's complete file was submitted. Member States generally consider it realistic to examine an application within the deadline of four months. All reporting competent authorities for the professions of

radiographer and health care assistant, and almost all for the professions of secondary school teacher and social worker consider that the deadline is realistic. Almost all reporting Member States¹³ have a system in place which records when a recognition procedure of an applicant begins and when the recognition procedure ends. In several Member States, the length of the recognition procedure for all four professions is generally shorter than the maximum four months required under the Directive.

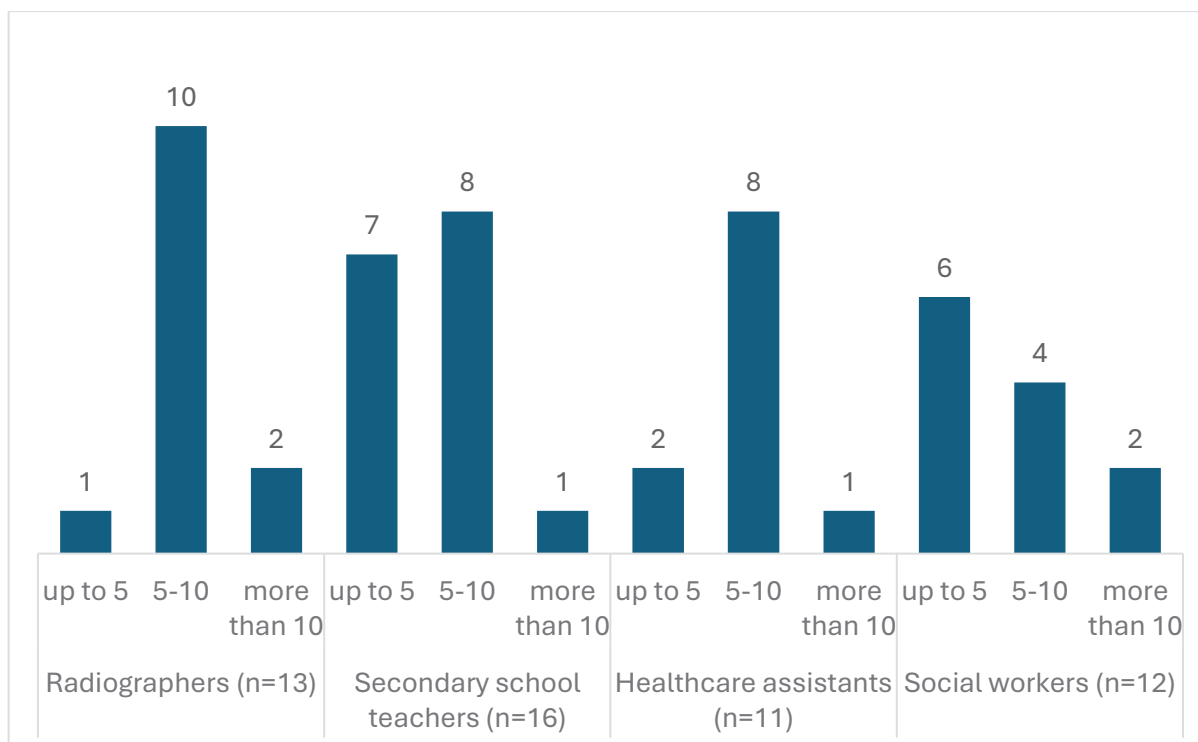
For radiographers, recognition procedures vary widely, ranging from around 20 days in the most efficient systems to up to four months in the slowest, with most applications processed within two to three months. For secondary school teachers, processing times range from as little as two weeks to about four months, though in certain cases—particularly where additional documentation or staffing constraints arise—the process may extend up to eight months. For healthcare assistants, recognition procedures generally take between 20 days and seven months, with most completed within one to four months, reflecting differences in administrative capacity and the complexity of assessing qualifications. For social workers, recognition times are typically shorter, ranging from about one week to four months, with most applications finalised within one to three months.

For all four professions, competent authorities report several aspects that can cause delays to the recognition procedure. The main issue reported concerns missing documentation or information. Several competent authorities also point to the fact that expert evaluations can further delay the process, or report delays in relation to responses via IMI when there is a need to verify documents with other Member States. Some Member States also mention difficulties in comparing foreign qualifications with national standards or in cases where compensation measures are being considered which necessitate further clarifications from applicants. A few competent authorities also raise issues in relation to staffing and high workload.

Document requirements

For the purpose of establishment, documents that may be required by competent authorities are listed exhaustively in Annex VII of Directive [2005/36/EC](#). The chart below illustrates how many documents are typically required from applicants in different Member States. Data is based on replies received from responding competent authorities.

¹³ Questions on length of the procedure were answered by 13 MS for radiographers, 16 MS for secondary school teachers, 12 MS for healthcare assistants, and 12 MS for social workers.



Number of Member States that indicate that they typically require “up to 5”, “5 to 10” or “more than 10” documents from applicants in the four selected professions

Proof of nationality, proof of qualification and attestations of professional experience are the documents most frequently required for all four professions examined.

For radiographers, the documents most commonly required by Member States include proof of nationality and proof of qualification. An attestation of professional experience is generally required, though only a few Member States request it systematically. Proof of good character or repute or that the person has not been declared bankrupt or suspended or prohibited to pursue that profession in the event of serious professional misconduct or a criminal offence is required only by some Member States. A declaration under oath or documentation on physical or mental health is only systematically requested in one Member State. Proof of financial standing is generally not requested, while evidence of professional liability insurance is occasionally required.¹⁴

For secondary school teachers, proof of professional qualifications is consistently required across all Member States. Proof of nationality is also widely requested, although not always on a systematic basis. Attestations of professional experience are generally required, but only a minority of Member States ask for them systematically. Proof of good character, professional repute, or confirmation that the applicant has not been subject to serious professional misconduct, prohibitions, suspensions or criminal convictions are applied only by a limited number of Member States. Documents concerning the applicant’s physical or mental health are rarely required. Declarations under oath or solemn declarations are also uncommon.

¹⁴ The number of documents required is on average between 5 and 10 across Member States, and the number of pages is on average between 10 and 20. This is similar in the other three general system professions examined.

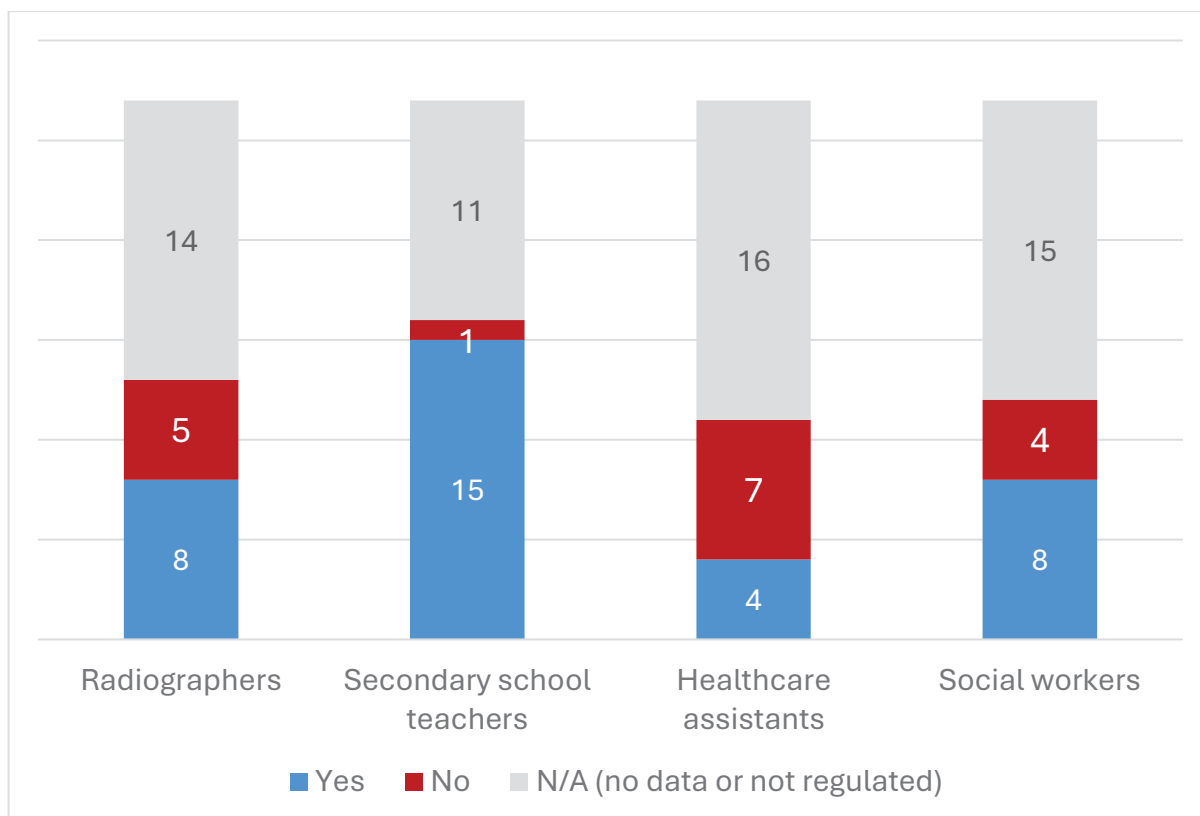
Finally, no reporting Member States require proof of financial standing or evidence of insurance against financial risks arising from professional liability.

As regards healthcare assistants, proof of professional qualifications is systematically required. Proof of nationality is also consistently requested, although in rare cases it may be required only occasionally. Attestations of professional experience are generally required, but only a limited number of Member States request them on a systematic basis. Proof of good character or repute or that the person has not been declared bankrupt or suspended or prohibited to pursue that profession in the event of serious professional misconduct or a criminal offence are only required by few Member States. Requirements relating to physical or mental health are limited to a few Member States. Proof of insurance against financial risks arising from professional liability is also rarely required. Finally, no reporting Member States require declarations under oath, certifications of authenticity, or proof of financial standing.

For social workers, the documents most frequently required by reporting Member States begin with proof of qualification, which is systematically requested across all of them. Proof of nationality is also generally required. Attestations of professional experience are widely required as well. Around half of the reporting Member States require attestations confirming the absence of professional suspensions or criminal convictions. Proof of good character or repute or confirmation that the applicant has not been bankrupt, suspended, or prohibited from practising due to serious misconduct is required by some Member States systematically and by others only occasionally. Requirements relating to physical or mental health remain limited. Declarations under oath or solemn declarations are requested systematically by very few Member States. Proof of financial standing is not required by any reporting Member State, and only a small number occasionally request evidence of insurance against financial risks arising from professional liability.

Electronic procedures

While in some cases applicants can and choose to complete the full recognition procedure via electronic means, this possibility is not used on equal footing in all Member States. The chart below illustrates for each of the four professions for which data has been collected, the number of Member States where applicants can complete the full recognition procedure via electronic means.



Number of Member States where candidates can fully complete the recognition procedure via electronic means ("yes"), in the four selected professions

Although for the profession of radiographer, applicants can complete the full recognition procedure via electronic means in several Member States, applicants opt for electronic procedure to varying degrees (ranging from 10% in Croatia to over 95% in Ireland, Portugal, Finland and Denmark). In Member States where it is not possible to complete the full recognition procedure via electronic means, documents such as certified copy and official translations of the diploma and curriculum are requested on paper.

The situation is similar as regards the use of electronic procedures for the profession of secondary school teacher, which is available in almost all Member States. In the Member State where it is not possible to complete the full recognition procedure via electronic means, documents requested on paper are: official identity document indicating nationality; medical certificate or declaration by the applicant, criminal record, diplomas, certificates, description of studies, document issued by the competent authority of the country where the professional qualification for teaching was obtained, and certificate of language proficiency.

Only four reporting Member States (Denmark, Italy, Portugal and Romania) offer a fully electronic recognition procedure for health care assistants and the use thereof varies considerably (from 5% in Romania to over 95% in Italy, Portugal and Denmark). In the other reporting Member States, documents requested on paper are: application, curriculum vitae, birth and/or marriage certificate, passport, evidence of formal qualifications (diploma, certificates, overview of subjects and hours, certified copy and official translations of the diploma and curriculum, proof about future employers, language certificate certificates of good conduct, medical certificate of health suitability for the practice of the profession.

As regards social workers, the full recognition procedure is available via electronic means in all but four Member States, and preference for it varies from less than 10% in Hungary and Lithuania to over 95% of applicants Ireland and Finland. In Member States where it is not possible to complete the full recognition procedure via electronic means, documents requested on paper are those relating to the qualification and employment, criminal record and medical certificate.

Administrative cooperation

Efficient administrative cooperation among Member States across all professions is necessary to ensure that recognition decisions are issued without delay, and within the decision-making deadlines. The cooperation (mutual assistance) is based on Internal Market Information (IMI) system. The IMI system provides a secure communication channel for competent authorities to exchange information and verify the authenticity and validity of a professional's qualifications, diplomas, and professional experience. The authorities may also seek more general information, e.g., concerning the professional regulation in a home Member State. It mitigates language barriers by enabling automatic translation, and it helps the competent authorities identify a correct counterpart in another Member State,

The questions host Member States often ask home Member States while processing applications under the general system pertain to the following issues:

- **Information on regulation of the profession and organisation of training:** The foremost category of questions pertains to the profession and training provided in the home Member State. Host countries frequently inquire about the specific professional activities covered by the profession, the level of qualification, and the duration of the training. Furthermore, they request detailed information on the content of the practitioner's training and whether the education and profession are regulated.
- **Experience and right to practise:** Another common set of questions concerns the applicant's practical experience and entitlement to practise the profession. Host Member States seek to ascertain whether they are qualified to exercise the profession in their home country. Additionally, they want to determine which profession the practitioner has the right to practise and whether the diploma grants access to a regulated profession.
- **Authenticity of documents:** Questions about the authenticity of documents also rank highly among the inquiries. This includes verifying whether the professional in question is the rightful owner of the documents, if the diploma is genuine, and whether the certificate complies with Directive 2005/36/EC.
- **Disciplinary and criminal records:** Questions regarding the absence of disciplinary sanctions and criminal records are also among the most asked. Host Member States frequently request confirmation that the professional is not subject to any disciplinary or criminal sanctions, either in the home Member State or elsewhere. They seek assurances that the professional has not been suspended or had their right to practise withdrawn due to gross negligence or violations of criminal law.

Compensation measures

The general system allows for the recognition of professional qualifications across Member States, occasionally necessitating compensation measures to address differences in qualifications. Compensation measures may be implemented when substantial differences are identified that cannot be offset by professional experience or lifelong learning. To determine whether substantial differences exist for the profession in question, Member States carry out a comparison between the training which the applicant followed with the national training in place in the Member State. As a rule, when compensation measures are imposed, Member States must leave to the applicant the choice between an aptitude test and adaptation period.¹⁵

Professions	Overall number of positive recognition decisions (2018-2023)	Overall number of positive recognition decisions with compensation measures (2018-2023)	Positive recognition decisions with compensation measures as % of all positive recognition decisions	Overall number of negative recognition decisions (2018-2023)
Secondary school teacher	13 312	4 135	31%	7 559
Physiotherapist	13 135	2 096	15,9%	507
Childcare worker	9 002	2 692	32,9%	2 254
Nursing Assistants and Health Care Assistants	4 469	948	21,2%	1 172
Primary school teacher	4 012	1 150	28,7%	899
Lawyer/Barrister/Solicitor	5 079	456	8,9%	110
Engineer	3 141	19	0,6%	39
Psychologist	2 219	239	10,7%	324
Kindergarten teacher/ Nursery school teacher/Preparator y school teacher	1 885	271	14,4%	414
Speech and language therapist	1 281	397	30,9%	46

Number of positive decisions taken without the need for compensation measures, positive decisions following successful completion of compensation measures, and negative decisions after compensation measures for the 10 most mobile professions under the general system.

¹⁵ Member States may derogate from the requirement to give the applicant a choice between adaptation period and aptitude test for professions whose pursuit requires precise knowledge of national law and in respect of which the provision of advice and/or assistance concerning national law is an essential and constant aspect of the professional activity (Article 14(3) of the Directive).

For the 10 most mobile professions in the context of establishment, the table above gives an overview of the number of positive recognition decisions per profession, the number of positive recognition decisions with compensation measures per profession and the number of negative decisions per profession, based on data from the Regulated Professions Database for the period 2018 to 2023. The numbers included in this table highlight varying reliance on compensation measures across different professions. The use of compensation measures for the professions of radiographer, secondary school teacher, healthcare assistant and social worker also varies.

As regards radiographers, most reporting Member States appoint an expert to assist with the comparison of qualifications, while only a few focus specifically on core subjects and the competencies needed to ensure safe radiography practice. All Member States consider whether knowledge, skills, and competences gained through professional experience or lifelong learning can compensate for substantial differences identified. Challenges arise in assessing these differences, including difficulties evaluating competencies and learning outcomes, uncertainties related to curricula, teaching methods, and assessment practices, as well as significant variations in professional profiles or education systems that may require additional training rather than compensation measures. Differences in what is considered crucial depending on practice settings may also require discussion to ensure safe practice. Where compensation measures are imposed, applicants generally have the option of an aptitude test or an adaptation period, although exceptions exist, and some Member States occasionally require additional training or testing. Adaptation periods range from 1–2 weeks to one year, averaging around six months, while aptitude tests typically take 1.5 months to one year, with an average of 3–6 months. These waiting periods are due to the need to coordinate schedules, arrange venues, and design tests tailored to the identified substantial differences.

For the profession of secondary school teacher, only a few Member States focus specifically on core subjects, and only some appoint experts to assist with the assessment. Criteria for identifying substantial differences vary, including deviations from training regulations, mandatory subject requirements, essential apprenticeships, and acquisition of pedagogical knowledge and practice. While most Member States examine whether professional experience or lifelong learning can compensate for substantial differences, a few do not. Challenges in assessment include limited information on training content, mismatches between foreign and national education, and, in some cases, administrative complexities due to the decentralisation of education responsibilities. Where compensation measures are imposed, applicants are generally allowed to choose between an aptitude test and an adaptation period, although in certain cases this choice is limited due to the nature of the required experience or internships. Adaptation periods range from 6 months to 3 years, depending on the identified differences and the time needed to meet required standards, while aptitude tests typically take around 6 months on average, with timing depending on institutional arrangements and administrative procedures. These waiting periods are due to the need to ensure proper planning, coordination, and implementation of the measures.

For healthcare assistants, only a few Member States focus on core subjects or appoint experts to support assessments. All Member States examine whether knowledge, skills, and competences gained through professional experience or lifelong learning can compensate for substantial differences. Challenges reported include the high diversity of training programs and professional profiles across Member States, which can make assessment difficult. Where compensation measures are required, applicants are generally offered a choice between an aptitude test and an adaptation period, though the aptitude test is not frequently selected. In cases where choice is limited, this is often due to practical constraints such as the

unavailability of suitable placements for adaptation periods. Adaptation periods typically range from 1 month to 1 year, averaging around 6 months, while aptitude tests take between 1.5 months and 1 year, with an average of 3–6 months. These waiting periods are due to the need to allow sufficient time to organise and implement the measures.

For social workers, all reporting Member States assess whether knowledge, skills, and competences acquired through professional experience or lifelong learning can compensate for substantial differences in training. Challenges in this assessment arise due to variations in national training requirements. Where compensation measures are imposed, applicants are generally allowed to choose between an aptitude test and an adaptation period, although guidance may be given to direct applicants toward the most appropriate measure based on the differences identified. Adaptation periods range from 2 months to 3 years, depending on the nature of the differences and the time needed to meet required standards. Aptitude tests are less commonly chosen, and the time needed to organise them is usually 2 to 3 months. Waiting periods are due to a need to allow adequate time for test preparation and organisation.

Partial access

In the context of Directive 2005/36/EC, partial access means that a professional who is fully qualified in their home Member State may be authorised to carry out only part of the activities of a regulated profession in the host Member State, rather than the full scope of that profession. This applies when the applicant's training covers a clearly separable subset of the host profession's activities and when requiring them to complete full additional training would be disproportionate. Partial access can be useful for professionals exercising a professional activity that does not exist as a profession in its own right in the Member State to which they wish to move but instead is included as part of activities of another regulated profession. The concept of partial access was developed by the Court of Justice of the European Union and integrated into Directive 2005/36/EC by the amending Directive 2013/55/EU in Article 4f.

Among national competent authorities responsible for recognition of professional qualifications for the profession of radiographer, teacher, social worker and healthcare assistant, 20 Member States responded to the question on the application of partial access in the past 5 years. Some Member States mentioned challenges in the application of the system. First, some referred to the fact that the conditions under the Directive are so difficult to be met that the application of partial access is difficult in practice. They indicate for instance that it is very difficult to delimit the tasks and sub-areas that a professional can do, as activities are often interrelated. Specifically, regarding the profession of social workers several Member States noted that it is not possible to objectively separate the activities attributed to the profession. Second, some Member States raised difficulties in categorizing and integrating in the professional practice persons with partial access to one of the regulated health professions since the regulated health care professions with their scope of activities are strongly embedded in the national health care systems. Another challenge raised was the difficulty for national authorities to supervise the persons with partial access in professional practice. Furthermore, one Member State noted that partial access creates challenges regarding the reimbursement through the mandatory health insurance.

Measures to improve the application of partial access suggested by Member States included suggestions for exchange of experience and good practices between the Member States in this area and more transparency between Member states to better understand different professional roles and professional autonomy of similar professions in different Member States. In general, application of partial access

assumes that the recognition authorities and the applicants would communicate during the recognition process to establish whether partial access could be a viable solution for an applicant. Most individuals are unlikely to be fully aware of the possibility to obtain partial access to a profession and will therefore often not be in a position to expressly request it after having their request for recognition rejected concerning full access to the profession.

3. Automatic recognition based on professional experience

According to the stakeholders consulted¹⁶, many of the professions for which the Directive envisages the possibility of automatic recognition based on professional experience¹⁷, suffer from shortages. While shortages vary significantly between Member States and regions, they are prevalent in particular in construction, manufacturing and services.¹⁸ Despite high demand for the professions concerned, from 2018 to 2023, the automatic recognition regime based on professional experience has seen generally limited usage across the EU.¹⁹

Among the professions benefiting regularly from automatic recognition based on professional experience in the period 2018 to 2023 have been professions in construction/crafts and the hospitality sector: Painter-decorator, Mason/Bricklayer, Electrical equipment/appliances contractor/repairer/installer, Joiner/Carpenter and Restaurant owner/manager/Caterer/Catering manager/Banquet organiser. Positive recognition decisions for these professions ranged around a few hundred per year.²⁰ In comparison to the thousands of positive decisions reported for sectoral professions or for professions under the general system, the numbers for the recognition regime based on professional experience appear relatively modest. Personal services, such as hairdressers and aestheticians, also benefitted from the recognition based on professional experience.²¹

¹⁶ SME United and Business Europe

¹⁷ It is estimated that there are around 570 regulated professions falling under Annex IV across the EU. This number is based on the professions notified by Member States in the database of regulated professions as benefiting from automatic recognition of professional experience under Annex IV. It does not include craft professions that might have been incorrectly reported in the database as falling under the general recognition system.

¹⁸ On construction and manufacturing professions among shortage occupations see [2024 EURES "Report on labour shortages and surpluses"](#).

¹⁹ The reporting shows varied usage across Member States: nearly half use it from minimally to regularly, and nearly half do not report any decisions.

²⁰ This dominance of construction and crafts' professions in the automatic recognition regime under Annex IV is also confirmed by the replies to the surveys by the group of coordinators and competent authorities. Competent authorities referred specifically to the professions of electrical installer/repairer/ equipment/engineering, crane operators, plumber, carpenter, tiler, masonry, decoration and finishing, steel and metal workers and repair of motor vehicles, as the professions for which the automatic recognition regime under Annex IV is used the most.

²¹ This finding is based on the replies by competent authorities. Additionally, individual Member States and competent authorities have highlighted professions like freight forwarder, wholesale intermediary, retail trade, health and safety at work, tour managers, and travel agency managers as being involved in procedures for recognition of professional qualifications based on professional experience.

3.1 Annex IV professions²²

The primary advantage of the Annex IV system according to competent authorities is its speed and reliance on professional experience rather than formal training. Competent authorities generally find the criteria for assessing professional experience easy to verify, especially with certificates from the home Member State stating the nature and duration of the activity. However, the views as regards the user-friendliness of the lists of activities included in Annex IV seem rather mixed (see below).

The limited application of this regime could have several causes including the lack of user-friendliness or suitability of the lists of activities laid down in Annex IV²³ to which the regime of automatic recognition on the basis of professional experience applies; the fact that many of these professions are not regulated in several Member States; the incorrect application of the general system to Annex IV professions when the system of automatic recognition should be applied and incomplete or incorrect reporting of recognition decisions in the Regulated Professions Database.²⁴

Survey responses from stakeholders on the user-friendliness of the lists in Annex IV present a mixed picture particularly regarding their accuracy, clarity, specificity, and relevance to current needs.²⁵ 70% of the responding competent authorities consider the current nomenclature still sufficiently accurate to cover the economic activities in the crafts, commerce and industry professions in their Member States. When asked whether the scope of the activities that fall under Annex IV is sufficiently clear, 60% of the competent authorities replied affirmatively. 55% of competent authorities did not consider necessary to further specify the scope of certain activities. As regards whether the list of activities under Annex IV can be considered adapted to the current needs of professionals, 55% of competent authorities and 50% of Member States' experts replied in the affirmative. When interpreting this data, it is important to note that competent authorities satisfied with the current Annex IV lists account for 95% of reported recognition decisions over the past five years, but at the same time Member States' experts advocating for clarification and updates also represent countries in which positive recognition decisions under Annex IV are issued the most.²⁶ This divergence in opinions makes it challenging to draw definitive conclusions about satisfaction with the current lists.

Stakeholders who find the Annex IV lists insufficiently precise or up-to-date highlight that the lists' extensive nature and broad definitions make it difficult to determine which activities are covered. They highlight that the lists are considered outdated, as they include many currently unregulated activities while excluding emerging sectors with regulated professions. Thus, modernisation of these lists is deemed

²² It is important to note that there was a limited response rate for many questions regarding the functioning and effectiveness of the Annex IV recognition regime. This was true for both the survey conducted with national experts from the group of coordinators and the survey directed at competent authorities. Additionally, participation in the competent authorities' survey was restricted to two authorities per Member State.

²³ This list is a consolidation of the lists in 13 directives that were adopted from the 60's to the 80's and uses a nomenclature that dates back as far as 1958.

²⁴ In this regard it should be noted that some reporting competent authorities indicated to have taken recognition decisions based on Annex IV even though their Member State did not report any such decisions in the database.

²⁵ These lists were originally created from a combination of 13 different older directives, with the professional activity nomenclature dating back to 1958 without having been updated since.

²⁶ Such as Belgium.

desirable. In addition, it is suggested by some stakeholders that more details and guidelines about the functioning and applications of Annex IV could be provided.

3.2 Application procedure

The large majority of responding competent authorities do not experience specific problems when assessing the level of professional experience in terms of years of experience, level of responsibility or scope of activities in the context of an Annex IV recognition procedure. Those competent authorities that do report challenges state that it is difficult to assess the applicants' qualifications if there is no certificate regarding the nature and duration of the activity, including any training. Furthermore, applicants sometimes provide too little detail regarding the work experience, even though it is essential to have an accurate description of the scope of activity to allow a determination of whether it is the same profession as the one regulated in the host Member State, which is a precondition to benefit from the recognition system under the Directive.

Social partners²⁷ have identified several challenges impacting the recognition process for Annex IV professions. Key difficulties include regulatory differences across Member States, bureaucratic processes, and the administrative costs involved, such as translation fees and document authentication. Additionally, the absence of digital processes and the complexity of interpreting foreign curricula pose significant barriers. A challenge particularly relevant to professions in crafts, commerce, and industry sectors is the variation in health and safety requirements across Member States, which leads to diverse certification demands, which can in turn lead to barriers to access professions in these sectors.²⁸

Stakeholders suggest several actions at national level to address these challenges in professional recognition. These include enhancing the transparency of the qualifications system, streamlining and simplifying recognition procedures by digitising applications and processes end-to-end, and reducing administrative hurdles such as document requirements. Some stakeholders also advocate for centralising the responsible authorities and clarifying their respective roles.

Professional associations expect clear, transparent information about the recognition process and its requirements. Additionally, stakeholders propose streamlining the recognition process through a unified, digitalised EU system for recognising qualifications, accessible via an online portal. Moreover, stakeholders urge the EU to promote talent attraction mechanisms and to make the hiring of third-country nationals more flexible.

Competent authorities report that the recognition procedure under Annex IV typically takes around one month across Member States.²⁹ Delays beyond this average timeframe are often due to factors such as missing documents, translation requirements, the necessity to request information via the Internal Market Information System (IMI), and the absence of certificates regarding the nature and duration of the activity from some home Member States.

²⁷ Business Europe and UEAPME

²⁸ Professions where these challenges are said to be the most significant are electricians (high complexity of recognition procedures, safety compliance requirements), plumbers (variability in national certification standards for plumbing, especially in water quality and hygiene rules), construction workers (specific national construction safety laws and diverging qualifications), carpenters and roofers (regional weather and climate conditions affect the techniques).

²⁹ This processing time refers to applications that are already complete, as inferred from the responses.

Regarding the costs associated with recognition procedures, slightly less than half of the responding competent authorities do not charge an application fee. However, applicants may still incur costs related to translations and document authentication. The remaining authorities report average costs ranging from 16 to 660 EUR.³⁰

To complete an application file, competent authorities generally require 3 to 4 documents on average. The table below provides an overview of the types of documents and the frequency with which they are required by competent authorities:

Document Type	Always Required	Sometimes Required	Never Required
Proof of nationality	70%	15%	15%
Attestations of competence/qualification	46% ³¹	46%	8%
Attestation of professional experience	54%	23%	23%
Certificate of nature and duration of the previous activity ³²	38%	31%	31%
Proof of good character	8%	8%	84%
Declaration on oath	8%	38%	54%
Documentation of physical or mental health of the applicant	0%	8%	92%
Proof of financial standing	0%	8%	92%
Proof of insurance against financial risks arising from professional liability	0%	15%	85%
Attestation of absence of temporary or final suspensions or criminal convictions	0%	7%	93%

Types of documents and frequency with which they are required by competent authorities

Several respondents highlight that not all Member States issue the certificates listed above, necessitating alternative forms of evidence that are less straightforward to verify, and/or requiring the recognition

³⁰ It is however not fully clear from the replies if the reported cost includes estimates of translation and authentication costs to be borne by the applicant.

³¹ However, it should be noted that such attestations cannot be demanded by the host Member State if an applicant meets the conditions for recognition on the basis of professional experience alone.

³² Issued by the competent authority of the home Member State or the Member State from which the professional comes. Some authorities think that an applicant's professional experience can only be reliably demonstrated through such a certificate, or that such a document can provide information that is not available via IMI. However, in reality, the information available in IMI is what the respondent provides, and the list of predefined questions can be complemented according to identified needs.

authorities to make inquiries via IMI. This is said to prolong the application process. It is therefore suggested to introduce a mandatory common EU-wide document to serve as proof of professional experience.³³ This structured template, uniformly used by all Member States, could minimize unclarities regarding the nature and duration of an applicant's professional experience. Additionally, competent authorities and stakeholders suggest that, as was done under the previous Directive 64/427/EEC, the Commission should publish lists of the relevant competent authorities. This would facilitate addressing the correct authority and speeding up the process of obtaining necessary information via IMI.

Finally, the vast majority of respondents report having an authority that assists professionals with the necessary documentation under Annex IV, whether through assistance centres or professional associations and competent authorities.

4. Automatic recognition based on minimum training requirements

The primary objective of Directive 2005/36/EC is to remove barriers to professional mobility and provide professionals with the opportunity to practice their profession across the EU. The automatic recognition system based on minimum training requirements is a key component of achieving this goal. This system applies to professions where there are harmonised minimum training requirements, i.e., doctors of medicine, nurses responsible for general care, dental practitioners, veterinary surgeons, midwives, pharmacists, and architects.

4.1 Mobility in professions with harmonised minimum training requirements

Mobility in these professions is crucial to respond to the shortages of professionals caused by an ageing population and healthcare workforce, skills shortages and changing demands.³⁴ The Directive has facilitated such mobility: from 2020-2024 almost 78.000 recognition decisions were issued under this system. It applies to some of the most mobile professions including the two professions with the highest number of recognition cases for establishment (medical doctors and general care nurses). The system also demonstrates a high level of predictability for applicants, leading to a high share of positive recognition decisions between 96.8% and 99.5%.

Recognition decisions taken under the system of automatic recognition based on harmonised minimum training requirements in the EU, 2020-2024 (source: Regulated Professions Database)	
Final decisions taken ³⁵	% positive decisions

³³ Some respondents observed that under the original Directive 64/427/EEC, competent authorities in the countries of origin were required to issue certificates detailing the periods of practical professional experience. Additionally, a standard form for these certificates was published in the Official Journal of the EEC. The competent authorities in the Member States were also notified to the Commission, which regularly published updated lists.

³⁴ [Enrico Letta - Much more than a market \(April 2024\)](#).

³⁵ Final positive and negative decisions. Excludes on-going procedures, e.g. those that are still being examined or in an appeal procedure.

Medical doctors	30.536	98.3 %
Nurses (general care)	24.511	96.8 %
Dental practitioners	11.042	97.4 %
Veterinary surgeons	5.459	99.5 %
Pharmacists	2.803	98.9 %
Midwives	1.853	98.3 %
Architects	1.788	99.5 %

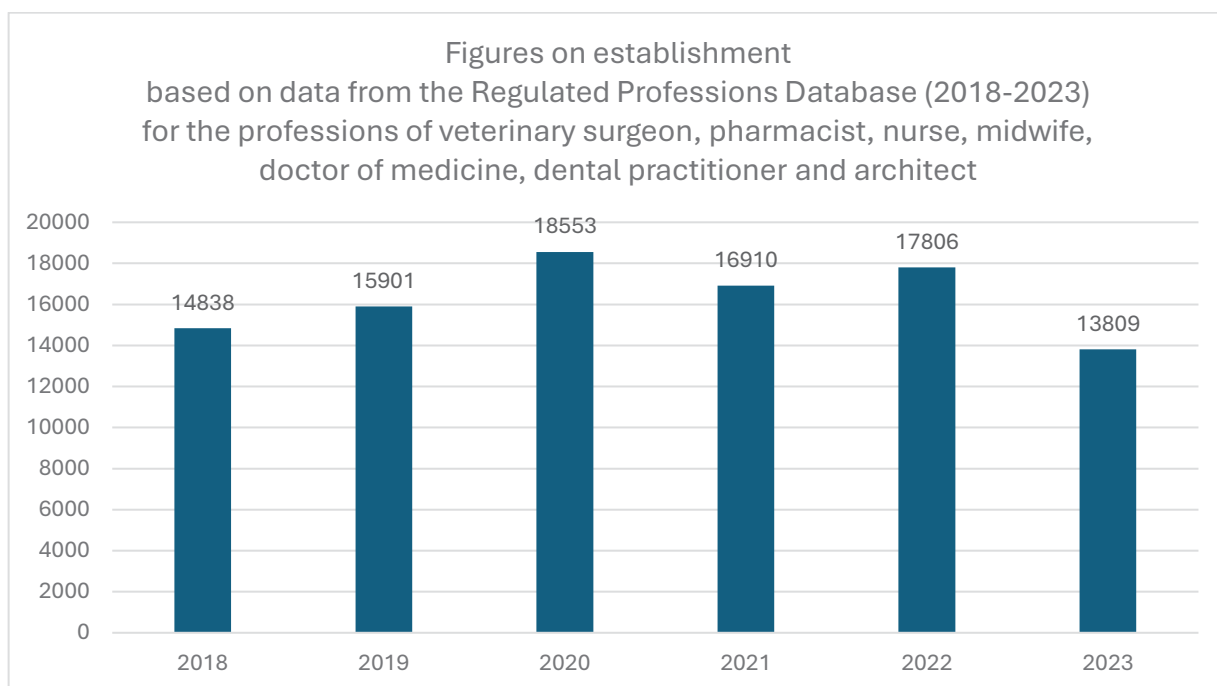
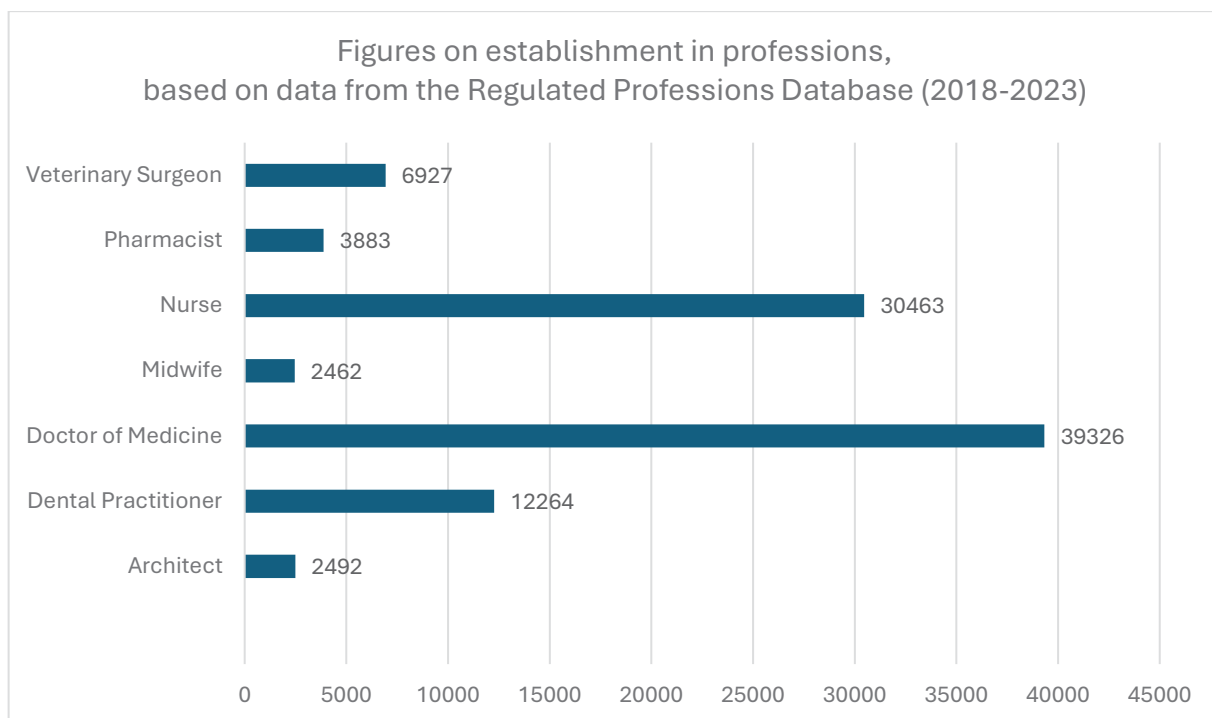
4.2 Application procedure

Overall, the application process for professions under the automatic recognition system of the Directive generally operates efficiently and effectively. With generally low application fees, adherence to procedural deadlines, and manageable documentation requirements, the system supports seamless professional mobility. However, any move towards reducing application processing times below the maximum of three months as stipulated by the Directive (e.g. to one month) would require addressing existing bureaucratic and resource-related constraints to maintain the robustness of the process.

Concerning application fees, stakeholder consultations indicate that fees for recognition applications for professions with automatic recognition based on harmonised minimum training requirements, range from € 0 to € 700.³⁶ In ten Member States, no fees are applied for the recognition of medical doctors under the automatic recognition procedure. Similarly, several Member States charge no fees for nurses, while in many others the fee remains below €100. Overall, this relatively modest fee structure supports broad participation and does not constitute a significant barrier to professional mobility. Only a small number of Member States apply higher charges—for example, one charges € 350 and another € 700.

A key aspect of the automatic recognition process is its timeliness. The Directive requires the competent authorities to complete the recognition procedure as quickly as possible and within a maximum of three months after the date on which the applicant's complete file is submitted (Article 51(2)).

³⁶ Access to practice requires an additional registration procedure in most Member States for some professions, e.g. doctors, which might be separately charged and might require provision of additional documents, e.g. proof of language. From the stakeholder responses, it is not always clear whether the fee indicated covers both the application fee and the registration fee, and thus the fee required for the application itself might be lower than the numbers indicated here. In cases where Member States have indicated a specific registration fee, e.g. with a chamber, in their responses these fees do not seem excessive.



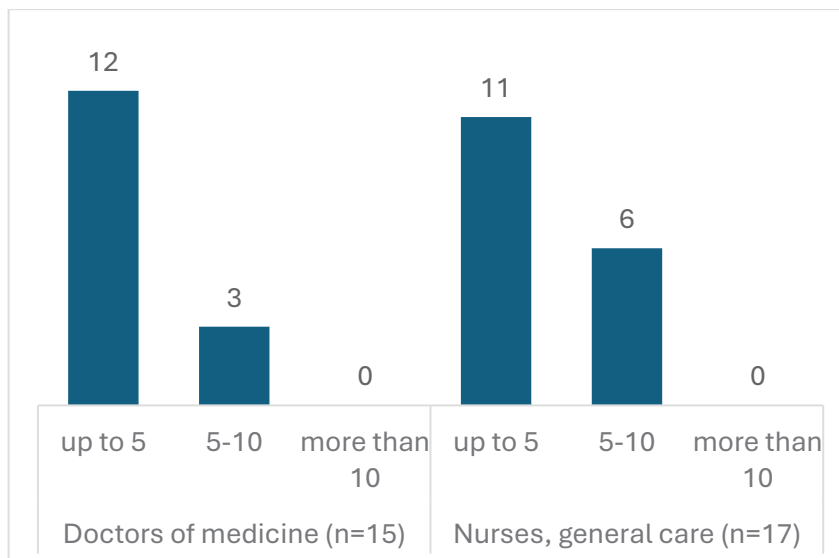
Based on the stakeholder consultation, most competent authorities seem to adhere to the deadlines set out in the Directive. For instance, for doctors of medicine, only one competent authority has indicated that the procedure takes more than three months, while several Member States have procedures that are under a month. For the profession of general care nurse, only one Member State indicates that the procedure takes longer than the three-month deadline, while, again, several Member States have procedures that are under a month.

The European Court of Auditors, in its 2024 special report³⁷, recommended that the Commission, when proposing legislative changes, should consider reducing the timeline for processing recognition applications to one month. However, competent authorities indicate a divided stance on this feasibility. Some Member States indicate that it would be feasible to implement a reduced timeline of one month for the profession of doctors of medicine or general care nurses. However, many are not in favour of reducing the recognition procedure deadline to one month for either profession.

Competent authorities cite several reasons for delays, including the high volume of requests, staff shortages, and the time required to verify the validity and authenticity of documents, which is often prolonged by late responses from the Member State of origin. Member States also note the need to move toward digital solutions to meet shorter deadlines. Some Member States further report that applicants' failure to submit complete documentation contributes to longer procedures. However, since the procedural deadline begins only once a complete file has been submitted, such factors should not, in principle, affect compliance with the deadlines. Nevertheless, this issue still reveals a broader challenge that can slow down the overall process.

The application process for automatic recognition is also characterised by its specific requirements as to which documents a host Member State can request during the recognition procedure. By eliminating unnecessary complexity, the Directive ensures greater efficiency and accessibility, benefiting both professionals seeking recognition and the authorities responsible for managing the procedures. Data collection shows that Member States require submission of fewer documents compared to the general system. The chart below indicates the number of Member States typically requesting "up to 5" or "5-10" documents for the professions of doctors of medicine and nurses responsible for general care. No Member State indicated that more than 10 documents would be needed.

³⁷ https://www.eca.europa.eu/ECAPublications/SR-2024-10/SR-2024-10_EN.pdf



As to the number of pages that applicants need to submit, close to 60% of Member States require 0-10 pages of documents, nearly 40% require submission of 10-20 pages, and very few indicate submission of up to 20 pages.

Delayed responses from the Member State of origin seems to be one of the main reasons for delays in the recognition procedure in the host Member States: 45% of competent authorities indicate that delays in the administrative cooperation with other Member States has impacted the ability to issue recognition decisions within the required deadline. Member States indicate that the most frequently asked questions from the IMI list of predefined questions for the recognition process relate to holding a diploma listed in Annex V or good standing of the professional, or questions related to professional practice and activities covered by the profession. While these questions can be legitimate, they may lead to a delay in the application process. Systematic submission of multiple questions to other Member States that are not really necessary for the purpose of the specific recognition process must be avoided.

4.3 Minimum training requirements

The Directive sets out minimum training requirements separately for each profession concerned. They differ in substance, length of training and other key elements. However, the common approach is that the Directive allows for the updating of minimum training requirements to account for scientific and technical advancements. This dynamic adaptability is achieved through delegated acts, which enable periodic amendments to the training requirements without requiring the ordinary legislative procedure. The objective of the delegated acts is to ensure that recognition of professional qualifications remains relevant and up to date with the latest knowledge and practices in each profession.³⁸

³⁸ So far, delegated acts to update minimum training requirements based on scientific and technical advancements have been adopted for the professions of general care nurse, dental practitioner, pharmacist and veterinary surgeon, cf. [Commission Delegated Directive \(EU\) 2024/782 of 4 March 2024](#) and [Commission Delegated Directive \(EU\) 2025/1223 of 10 April 2025](#). The Commission has also conducted a study concerning the profession of midwives and based on the Commission's assessment of the study conclusions, the minimum training requirements for midwives might also be updated based on scientific and technical advancements.

In the preparation of this Report, the Commission has conducted a comprehensive survey exercise to gather feedback on the functioning of the Directive in the context of minimum training requirements.

The information gathered from competent authorities, coordinators for recognition of professional qualifications, professional organisations and other stakeholders has enabled the Commission to make some general observations. The document presents them separately for each profession, covering three main topics:

- **Amendments and regular updates of training requirements:** Stakeholders were asked about the feasibility and benefits of allowing all minimum training requirements for professions to be updated regularly through delegated acts, rather than limiting this to specific elements currently listed in Directive [2005/36/EC](#).
- **Appropriateness of current training durations:** Feedback was requested on whether the existing minimum lengths of training (expressed in years and/or in study hours) remain appropriate and whether these durations should be altered. Additionally, the surveys addressed the sufficiency of current minimum hours required for theoretical and practical training in medicine and dentistry.
- **Enhancement of the quality requirements:** Concerning the medical professions, stakeholders provided input on whether the current emphasis on clinical training is adequate, and what changes might be necessary to enhance the practical experience of professionals in training. The necessity of updating the lists of minimum knowledge and skills requirements in light of ongoing scientific and technical developments was also discussed. This includes potential adjustments to better align with contemporary standards and practices, including transition from subject-based to competence-based training.

Doctors of medicine

Concerning doctors of medicine, the Commission's delegated powers are regulated by the second subparagraph of Article 21(6), Article 21a(4), Article 25(5), and the second paragraph of Article 26 of Directive [2005/36/EC](#). These provisions allow the Commission to use its delegated powers to update a) the knowledge and skills concerning basic medical training; b) the titles adopted by the Member States for evidence of formal qualifications and, where appropriate, the body which issues the evidence of formal qualifications, c) the certificate which accompanies it and the corresponding professional title; d) the minimum periods of training referred to in point 5.1.3 of Annex V; e) including in point 5.1.3 of Annex V new medical specialties common to at least two-fifths of the Member States.

However, certain elements of the Directive can only be changed through ordinary legislative procedure. For example, the Directive does not give the Commission delegated powers to update the provisions of the Directive concerning minimum duration of basic medical training and the specialist medical training. The Commission is not given delegated powers to amend the minimum training requirements for specific training in general medical practice, either. Even if scientific and technical progress or changes in national regulations result in changes of names of the medical specialties listed in Annex V, 5.1.3 of the Directive, the Commission can only amend the elements specific for the Member States and not the generic names of the profession included in the headers of the respective tables in Annex V, 5.1.3.

Nonetheless, the Commission is frequently contacted by stakeholders (for example national authorities or professional organisations) with specific requests for minor changes to the nomenclature (i.e. the generic names included in the tables in point 5.1.3 of Annex V), usually with a view to adjust it to the national or European standards. There are also calls for more substantial changes to the Directive. Only some of them could be addressed within the delegated powers of the Commission. For this reason, the Commission inquired whether, in the opinion of the stakeholders, the scope of the delegated powers and the execution of the delegated powers by the Commission is sufficient and whether amendments to those powers would be necessary in this respect.

Stakeholders generally welcome the possibility of regularly updating minimum training requirements through delegated acts, valuing the flexibility and timeliness this offers. Some, however, stress that delegated acts should be limited to technical updates, while core elements—such as the duration or location of basic medical training—should only be amended by legislation. They underline the need to align training with evolving needs and technologies without compromising educational stability or patient safety, while cautioning that overly frequent updates could disrupt training institutions. In this regard, stakeholders emphasise the importance of stable minimum standards complemented by clearer core competences and training pathways to support automatic recognition. A recurring concern relates to the role of Member States in defining minimum training requirements. Stakeholders warn that expanding the Commission's delegated powers could affect the recognition system without sufficient Member State scrutiny, and they call for stronger information exchange among national authorities to safeguard national competences.

Based on the survey, several key issues have emerged concerning the appropriateness of the current training durations for doctors of medicine outlined in the Directive. Concerning basic medical training, there is a consensus that the current minimum length of training, which is five years, accompanied by 5 500 hours of theoretical and practical training, is generally appropriate. Reducing this time could adversely affect patient safety and the quality of medical education. On the other hand, few respondents advocate for extending this to six years to better align with the complexity and advancements in medical knowledge. However, there were no specific calls to extend the minimum requirement of the total number of 5 500 hours of training.

With respect to general practitioners, there is a significant push to extend the minimum training duration for general practitioners from three to at least four years, reflecting the complexity of the role in primary care and the need for general practitioners to manage a broad spectrum of health conditions. However, unlike in the case of medical specialties, there appears to be more variation as concerns the minimum training duration for general practitioners (family doctors).

Concerning specialist doctors, there is a strong view that the minimum training duration should align with the European average rather than the lowest common denominator. This reflects a need for certain specialties to have longer training periods to ensure comprehensive skill acquisition.

It appears that there is a common accord that three years' duration (which is a minimum for several medical specialties in the Directive) is no longer adequate and does not represent the current state of medical knowledge and practice. For the majority of specialties, there is indeed no evidence that any Member State applies a three years' training to the specialties in question and thus the minimum training requirement in the Directive seems to have become somewhat obsolete.

Member State	Minimum duration of training (general medical practice / family medicine)	Member State	Minimum duration of training (general medical practice / family medicine)
AT	3.5 years	IT	3 years
BE	3 years	LV	3 years
BG	3 years	LT	4 years
HR	4 years	LU	3 or 4 years
CZ	3 years	MT	3 years
CY	5 years	NL	3 years
DK	5 years	PL	4 years
EE	4 years	PT	4 years
FI	6 years	RO	4 years
FR	4 years	SL	3 years
DE	5 years	SI	4 years
EL	5 years	ES	4 years
HU	3 years	SE	5 years
IE	4 years		

Training duration – family doctors / general practitioners. Source: EC survey and WONCA Europe / UEMO

Medical Specialty	Minimum duration (Annex V)	Number of Member States where the duration corresponds to the minimum duration
Anaesthetic	3 years	0
Ophthalmology	3 years	0
Otorhinolaryngology	3 years	0
General Haematology	3 years	0
Endocrinology	3 years	0

Physiotherapy	3 years	0
Dermato-venereology	3 years	1 ³⁹
Allergology	3 years	0
Stomatology	3 years	0

Medical specialties with minimum 3 years duration according to Directive 2005/36/EC. Source: EC survey and ENMCA survey

Concerning doctors (basic medical training) and specialist doctors several comments were raised concerning content and quality of training. Concerns were raised regarding the consistency of training quality across different training facilities, with a call for robust quality assurance frameworks to monitor and maintain minimum training standards. A transparent accreditation procedure for medical schools is advocated to enhance trust between Member States and facilitate automatic recognition. This is particularly relevant in the context of increasing privatisation in medical education. There is a significant emphasis on ensuring that training programmes adequately cover both theoretical and practical aspects of medicine. Stakeholders suggest the inclusion of competency-based frameworks, to provide a comprehensive scope of abilities necessary for medical practice across various domains.

Several stakeholders mentioned that the training curriculum should integrate modern technologies, such as telemedicine and digital tools, to prepare future doctors for contemporary healthcare settings while ensuring patient safety. It was also recommended that training curricula place more emphasis on social determinants of health and preventive medicine, moving beyond solely clinical training to address broader public health challenges effectively. Stakeholders also welcome incorporating competencies such as diagnostics, treatment planning, and understanding the implications of genetic, digital, and artificial intelligence advancements in medicine. In their view, the training environment should extend beyond hospitals to include primary healthcare centres and diverse clinical settings to prepare doctors for a wide range of medical activities. They would also like to see a certain level of integration with specialist training, and mention that general medical practice today is seen as one more medical specialty with the critical role of primary care and adequate preparation for the challenges of modern healthcare systems.

General care nurses

Concerning nurses, Art. 31(2) gives the Commission delegated powers concerning amendments to the training programme for nurses responsible for general care set out in point 5.2.1 of Annex V with a view to adapting it to scientific and technical progress. There is no clear preference across stakeholders on whether all minimum training requirements should be subject to a regular updates via delegated acts. Most National Coordinators see this possibility positively, while professional associations and competent authorities have diverging views.

Almost all consulted stakeholders consider that the current minimum length of training in years and the minimum hours of theoretical and clinical training are still appropriate and that lowering the minimum length of training could have an adverse effect on patient safety. 14 competent authorities were in favour of including practice in simulated situations as a part of the minimum clinical training hours, two Member

³⁹ Under analysis by the national authorities.

States were against such inclusion while others did not provide any response⁴⁰. Only 3 national professional associations were in favour, 5 were against and others did not respond. professional associations were in favour, 5 were against and other Professional associations

In general, stakeholders consider the current list of competences in Article 31(7) of the Directive adequate. A majority of competent authorities and professional associations supports the combination of training subjects and minimum competences in the training programme for nurses responsible for general care (Annex V, point 5.2.1).

In addition to matters related to minimum training requirements for general care nurses, professional associations also raised points related to tendencies in the organisation of healthcare systems by some Member States: general care nurses being replaced by healthcare assistants or confusion in some countries caused by the creation of “parallel” professions performing very similar tasks. The professional organisations stressed the need to reserving the title of nurse responsible for general care for qualified nurses and ensuring continuous professional development. In the context of the discussion focusing on minimum training requirements for professional training, they also shared a more general view that many potential candidates do not perceive the education towards the profession or the nursing profession itself as sufficiently attractive.

Dental practitioners

Concerning dental practitioners, the Commission’s delegated powers are regulated by the second subparagraph of Article 34(2), Article 35(4) and Article 35(5) and cover: a) amending the list of subjects in basic study programme as set out in point 5.3.1 of Annex V with a view to adapting to scientific and technical progress; b) adapting the minimum period of specialist training to scientific and technical progress; c) and including in Annex V, 5.3.1 new dental specialties. When enquired about the potential extension of the delegated powers, some stakeholders expressed strong support for regularly updating all minimum training requirements via delegated acts. Other stakeholders also see the potential for harmonisation and modernisation of dental education through delegated acts but stress the need for clear stakeholder consultation mechanisms if delegated acts are used. Several stakeholders take a middle ground: they support technical updates via delegated acts (e.g., training subjects, knowledge lists) but oppose using them for structural elements like duration or location of training. This divergence of opinions concerning the scope of delegated acts concerns equally minimum training requirements for the basic training and for dental specialisations.

Concerning basic dental training, stakeholders oppose shortening the current minimum duration of five years. They advocate for maintaining the duration to ensure adequate acquisition of clinical skills and patient safety (with one competent authority considering six years as an adequate minimum). The main concern appears to be that reducing training duration would in the first place affect clinical training, i.e., an element of the training that is commonly perceived as key for patient safety and, at the same time, underregulated. As far as the current minimum of three years for specialist training is concerned, most stakeholders find it appropriate. None of the stakeholders advocated for reducing the current level, but there was a suggestion to extend the duration of training for certain specialties (e.g., orthodontic training).

⁴⁰ On average, CAs seem to converge around 25% of clinical training being carried out in a simulated situation.

A clear majority of competent authorities support a combination of training subjects and competences in the training programme for dental practitioners (Annex V, point 5.3.1).

Clinical training was mentioned by many stakeholders as central to quality enhancement. At the same time, stakeholders expressed concerns over current standards, or lack thereof, in various educational institutions in Member States. In this respect they point to studies which reveal significant heterogeneity in clinical training across dental schools in the European Union.

Stakeholders consistently highlight that the current provisions for clinical training in Directive 2005/36/EC are insufficiently detailed and that this could be the reason for inconsistent application across Member States. They call for developing standards of clinical training. In their view, it is necessary to require that clinical training must involve direct patient care and would welcome a summary statement in Annex V.3.1 to reflect the importance of clinical training. Concerning the content of the training curriculum, there were calls for interdisciplinary modules and interprofessional collaboration.

Veterinary surgeons

Most stakeholders agree it would be useful if all minimum training requirements were subject to a regular update via delegated acts, arguing that this would allow more regular, flexible and thorough updates.

They consider that the current minimum length of training in years is still appropriate and that lowering it could have an adverse effect on the quality of training and the interest of patients.

Most competent authorities support the combination of training subjects and competences in the training programme for veterinary surgeons (Annex V, point 5.4.1).

Midwives

The Commission is empowered to adopt delegated acts to amend the list set out in point 5.5.1 of Annex V (training programme for midwives) with a view to adapting it to scientific and technical progress. There is no clear preference across stakeholders on whether all minimum training requirements should be subject to a regular update via delegated acts, although most are favourable to the possibility of a regular update of all minimum training requirements via delegated acts, putting forward arguments related to the need for regular, flexible and thorough updates.

Almost all consulted stakeholders consider that the current minimum length of training in years is still appropriate and that lowering it could have an adverse effect on patient safety. The arguments put forward are related to the need for high-quality training to provide good patient care, and the potential impact of reduction in the minimum length of training on patient safety. Professional associations would be favourable to increasing the current minimum length of training to 4 years.

As regards the list of minimum activities, it is considered appropriate by coordinators and competent authorities while some professional associations have indicated that additional activities could be added in Art. 42.⁴¹

⁴¹ Proposals on activities to be covered include prescription, ultrasound, infertility care, sexual counselling, perinatal mental health, surgical care, primary gynaecological care, pain management, breastfeeding counselling, and care in menopause.

Most competent authorities support the combination of training subjects and competences in the training programme for midwives (Annex V, point 5.5.1).

Pharmacists

Article 44(2) of the Directive empowers the Commission to adopt delegated acts concerning the amendment of the list set out in point 5.6.1 of Annex V (subjects of training for pharmacists) with a view to adapting it to scientific and technical progress, including the evolution of pharmacological practice. Most stakeholders agree that it would be useful if minimum training requirements were subject to a regular update via delegated acts. Those who support such an update put forward arguments related to the need for regular, flexible and thorough updates.

The consulted stakeholders generally agree that the current minimum length of training in years is still appropriate and that lowering it could have an adverse effect on patient safety. Regarding the minimum hours of theoretical and practical training, they find it adequate, while professional associations emphasise the need for more practical training.

Most stakeholders agree that the provisions related to the 6-month traineeship⁴² are still accurate, although professional associations suggest either starting the traineeship from the third year of studies or provide for longer traineeships of 12 months during or at the end of the theoretical and practical training.

As regards the list of minimum activities, it is generally considered appropriate, but professional associations have put forward suggestions for additional activities to be included in it.⁴³

The majority of both competent authorities and professional associations support the combination of training subjects and competences in the training programme for pharmacists (Annex V, point 5.6.1.)

Stakeholders have reported that in some cases the minimum requirements are not respected, for example as regards the duration of traineeships, and that sometimes it is not clear how much of the practical training takes place at a distance.

Architects

There is no clear preference across stakeholders on whether minimum training requirements should be subject to a regular update via delegated acts. Most Member States see positively the possibility of a regular update of all minimum training requirements via delegated acts, but not the professional association of architects.

The majority of respondents consider that the current minimum length of training in years is still appropriate, and that the current list of minimum knowledge and skills and competences are still adequate.

The professional association discussed the electronic tool developed in collaboration with the European Network of Architects' Competent Authorities allowing to issue standardised Accompanying Certificates,

⁴² Article 44 of the Directive provides that pharmacist training shall also comprise a six-month traineeship in a pharmacy which is open to the public or in a hospital under the supervision of that hospital's pharmaceutical department.

⁴³ Proposals on activities to be covered include supply of medicinal products in community pharmacies; information and advice on medical devices and medicinal products; clinical risk management review; medication history; prescription; provision of advanced pharmacy services; collaboration with other healthcare professionals; quality assurance; pharmaceutical informatics and large data management.

expressing their preference for this over EPC as they think it reflects better the needs of the profession and will be easier to implement.

4.4 Annex V notifications

Based on Article 21a of the Directive, each Member State shall notify the Commission of the laws, regulations and administrative provisions which it adopts with regard to the issuing of evidence of formal qualifications for the professions listed in this article. Such notifications concern the introduction of new titles of qualifications to be added to Annex V for sectoral professions benefitting from automatic recognition, as well as changes to titles already included in Annex V for these professions. Notifications must be transmitted through the Internal Market Information System (IMI).⁴⁴

Currently, nearly 150 competent authorities of EU/EEA States are registered with active and full access to the notification procedure in IMI for the healthcare professions module⁴⁵, and 120 competent authorities are registered with active and full access to the architect profession module.⁴⁶ In total, slightly more than 150 notifications (including both substantive and editorial changes) were submitted through IMI in the period 2020-2024 for the healthcare professions module, and nearly 50 were submitted for the architect profession module in the same period.

There is a promising level of proficiency among competent authorities concerning the IMI notification process, with more than 90% of respondents confirming that they know how to notify via IMI. Competent authorities emphasise that the ability to effectively use IMI is often gained through internal training sessions and knowledge passed on by national coordinators. Generally, there is a good collaboration between coordinators and competent authorities (for example with regard to coordinators communicating new information, deadlines for notifications, and adoption of delegated acts). Competent authorities report acquiring their operational knowledge of IMI predominantly through training sessions, written guides, and on-spot assistance from national coordinators.

More than 90% of competent authorities responding to the survey describe the current notification system as efficient. However, additional refinement and support within the system could further enhance user experience and efficiency. Members of the Group of Coordinators highlight training sessions as an essential element to optimise the Annex V notification procedure. They also emphasise the value of recording these sessions to ensure business continuity amid staff changes. Additionally, notification manuals and closer cooperation between competent authorities and the European Commission are proposed as effective measures to enhance the efficiency and robustness of the notification process.

National coordinators would also prefer that the Commission be part of the process of verifying whether evidence of formal qualifications notified by Member States meet the requirements for automatic recognition. Some of them also point to peer review by Member States, and a few members of the Group of Coordinators mention external quality assurance bodies.

⁴⁴ The obligation to notify through IMI was introduced following the revision of Directive 2005/36/EC as amended by Directive 2013/55/EU, replacing the previous system, where notifications were made through formal correspondence via permanent representations of Member States.

⁴⁵ The healthcare professions module covers the following professions: doctor of medicine, nurse responsible for general care, dental practitioner, veterinary surgeon, midwife, pharmacist

⁴⁶ The number of competent authorities also includes horizontal coordinators, i.e. NIMICs and regional coordinators.

According to Article 21a(4) of the Directive, the Commission can adopt delegated acts to amend Annex V to the Directive based on the notifications received from Member States. The Commission cannot on its own initiative make any change in Annex V by means of a delegated act. Also, the Commission can only amend by means of delegated acts specific points of Annex V, namely, with regard to the updating of the titles adopted by the Member States for evidence of formal qualifications and, where appropriate, the body which issues the evidence of formal qualifications, the certificate which accompanies it and the corresponding professional title. So far, the Commission has adopted eight delegated acts under Article 21a(4) to amend Annex V.⁴⁷

In its special report on the recognition of professional qualifications, the European Court of Auditors⁴⁸ emphasised the importance of ensuring that Annex V is updated on a regular basis, ideally once a year (i.e. within 12 months from the previous update), to ensure the smooth processing of applications. In its assessment and management of notifications, the Commission has noticed that one of the issues that can lead to delays in including a qualification in Annex V, is inactivity of Member States, e.g. in relation to requests for clarification, requests for additional information or requests for Member States to re-submit a notification. Another aspect that can lead to delays concerns administrative procedures related to the update of Annex V, e.g. procedures required for the adoption of a delegated act. The European Court of Auditors has acknowledged that the update of Annex V currently requires a significant administrative workload. Thus, it should be considered whether more simplified procedures could be introduced to ensure efficient and regular updates of Annex V, taking into consideration also technical developments and digital solutions, which could reduce current administrative procedures.

Based on feedback received, national coordinators would be open to consider the introduction of a more simplified and effective procedure for updating Annex V, as this could allow for more flexibility and swifter updates. Several national coordinators would be willing to further investigate a possibility of a system where competent authorities can apply automatic recognition based on qualifications broadcasted by the European Commission in the IMI, without having to complete a delegated act procedure. However, they underline that all necessary verification procedures and feedback mechanisms must be carried out and that a strong legal framework should remain in place. Other national coordinators raise concerns about moving away from the delegated act procedure. They underline that legislation must remain accessible to all stakeholders, including those without access to IMI (such as citizens and companies), and the need to ensure sufficient monitoring by and participation of Member States in the process of updating Annex V. Thus, there is a need for a balanced approach that leverages digital innovation while preserving transparency, ensuring robust verification process both by the Commission services and Member States, consultation with stakeholders and accessibility of the information about updated lists of qualifications to all interested citizens and stakeholders.

⁴⁷ Commission Delegated Decision (EU) 2016/790 of 13 January 2016; Commission Delegated Decision (EU) 2017/2113 of 11 September 2017; Commission Delegated Decision (EU) 2019/608 of 16 January 2019; Commission Delegated Decision (EU) 2020/548 of 23 January 2020; Commission Delegated Decision (EU) 2021/2183 of 25 August 2021; Commission Delegated Decision (EU) 2023/2383 of 23 May 2023; Commission Delegated Decision (EU) 2024/1395 of 5 March 2024, and Commission Delegated Decision (EU) 2025/2187 of 30 July 2025.

⁴⁸ https://www.eca.europa.eu/ECAPublications/SR-2024-10/SR-2024-10_EN.pdf (page 41)

5. Common training principles

Common training principles were introduced as a new element in Chapter IIIA of Title III of Directive 2005/36/EC in 2013. They refer to both common training frameworks (Article 49a) and common training tests (Article 49b). Common training principles were introduced to promote a more automatic character of recognition of professional qualifications for the professions that do not already benefit from automatic recognition, while taking into account the competence of Member States to decide which professional qualifications are required for the pursuit of a profession in their territory and define the contents and organisation of their systems of education and training. Common training principles do not introduce minimum harmonisation of training requirements as is the case for sectoral professions included in Chapter III of Title III.

5.1 Common training frameworks

The possibility to establish Common Training Frameworks (CTFs) was introduced with Article 49a of the revised Directive, as amended by Directive 2013/55/EU. CTFs are a means to extend the system of automatic recognition based on common sets of minimum knowledge, skills and competences. To establish a CTF, the conditions outlined in Article 49a(2) must be fulfilled.⁴⁹

Since the inclusion of CTFs in the Directive, several professional organisations have expressed an interest in establishing a CTF. However, the assessment has shown that in most cases, the profession in question does not fulfil the requirements set out in the Directive.

To facilitate the assessment of whether candidate professions fulfil the conditions, a Sub-Group on CTFs was established in March 2024.⁵⁰ The Sub-Group plays an important role in analysing national training and education requirements for professions and thus facilitates the identification of professions that constitute relevant candidate professions for which CTFs could be established. Currently, efforts are concentrated on exploring the feasibility of a CTF for the profession of physiotherapist —a profession with significant cross-border mobility.

The Group of Coordinators has highlighted several other professions as potential candidate professions for the establishment of a CTF, including mountain guides, engineers, assistant nurses, psychologists, occupational therapists, optometrists, teachers, and electricians/electrical installers. In order to identify and promote potential candidate professions for CTFs, the Commission will undertake a study in 2026 to systematically analyse professions based on set criteria, highlighting those with prospects for successfully establishing a CTF. The Group of Coordinators has also provided input on whether the current conditions included in Article 49a are suitable for establishing a CTF. A substantial majority (80%) of respondents of the Group of Coordinators affirmed the suitability of the existing conditions.

While no CTFs have been established yet, the concerted efforts by the Commission, the creation of dedicated Sub-Groups, and future planned studies reinforce a proactive trajectory towards unlocking their

⁴⁹ Among other conditions, the CTF must enable more professionals to move across Member States, the profession must be regulated in at least a third of Member States, shall be based on European Qualifications Framework (EQF) levels and must be based on existing commonalities among at least a third of Member States in relation to knowledge, skills, and competences.

⁵⁰<https://ec.europa.eu/transparency/expert-groups-register/screen/expert-groups/consult?lang=en&groupId=104772>

potential, aiming for an increased use of CTFs with a streamlined and structured approach to the selection and assessment of candidate professions.

5.2 Common training tests

The possibility to establish Common Training Tests (CTTs) was introduced with Article 49b of the revised Directive, as amended by Directive 2013/55/EU. CTTs are a means to extend the system of automatic recognition to new professions based on a standardised aptitude test. At present, a CTT has been established for one profession: ski instructors. The profession of ski instructor stands out as the most mobile regulated profession for temporary mobility in the EU with more than 12.000 cases of temporary and occasional service provision across borders declared by competent authorities in the period 2018 to 2023.

The CTT for ski instructors was introduced in 2019 with Delegated Regulation (EU) 2019/907.⁵¹ IMI is used to record and verify whether a ski instructor has passed the CTT. In the period 2020 to 2024, more than 2.000 records of completion of CTTs for ski instructors were logged in the IMI. In 2025, the Commission services developed a new IMI module to enable Member States to notify changes to the list of qualifications giving access to the CTT.

Since only a limited number of Member States participate in the framework, the response rate to the survey questions on this topic was accordingly lower. While most of the Member States that did respond, send notifications, , challenges such as incomplete information and insufficient inter-state cooperation remain. Member States have recommended enhancing digital support to IMI's role in CTT processes, with an emphasis on improved information sharing about upcoming tests and dissemination of results.

As regards fees, whereas most Member States that responded to the survey report none, Italy charges around € 30 fee. The duration of the recognition process ranges from 1 to 90 days, indicating variation in efficiency across Member States.

In the recognition process, Member States generally require applicants to submit their qualifications as listed in Annex I of the Delegated Regulation. Additionally, they may request supporting documents such as professional insurance, a criminal record check, a medical certificate, and proof of legal establishment as a ski instructor. Inclusion in the IMI database typically requires signed data protection information and proof of CTT test completion. In some cases, identity documents and other certificates, such as passing of the Eurotest or Eurosecurity test certificates are also required, in line with Article 8 of the Delegated Regulation.

With regard to the CTT for ski instructors, Member States emphasised the need for clearer guidelines, notably on exemptions based on Article 6(1)(a) of the Delegated Regulation. The lack of harmonisation in national procedures, including varied deadlines, entry forms, and fee structures, creates administrative challenges. Member States indicate that a unified tests calendar and standardised protocols across Member States could streamline these processes.

In 2024 and 2025 Commission services experienced an increased number of requests related on the clarification on the application of the Delegated Regulation, especially related to the organisation of the

⁵¹ <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A02019R0907-20230518>

tests. Given the nature of the profession, the Delegated Regulation relies on cooperation among Member States for its correct application. The Commission services have already provided national authorities with a document on frequently asked questions for the application of the Delegated Regulation and will consider drafting further guidelines.

Feedback from Member States also concerned specific provisions related to the Technical Test included in Part I of Annex II to the Delegated Regulation. Member States suggested further that the reduction in corrective coefficients over the years has inadvertently increased the difficulty of the Technical Test, limiting market access, and underlined the need for clearer definitions within the Safety Test, included in Part II of Annex II to the Delegated Regulation, to promote uniformity across Member States.

6. European Professional Card

6.1 Functioning and current use

The European Professional Card (EPC) is an electronic procedure that simplifies the recognition of professional qualifications within the EU for certain regulated professions. It offers professionals an alternative, fully digital route to have their qualifications recognised, simplifying and speeding up the traditional recognition procedure. The tool allows applicants to submit their documents through their home country's competent authority and benefit from the principle of tacit recognition if deadlines are not respected by the host Member State.

The EPC was introduced through the modernised Professional Qualifications Directive, specifically Directive 2013/55/EU, which amended Directive 2005/36/EC. The legal framework for the EPC is set out in Articles 4a to 4e. The EPC is supported by a dedicated workflow in IMI. The EPC module provides structured interfaces allowing professionals to submit applications online, upload documents and track progress. Technical and procedural details are further specified in Commission Implementing Regulation (EU) 2015/983, while the processing of personal data in connection with the EPC follows the rules laid down in the IMI Regulation (EU) 1024/2012. One of noteworthy procedural aspects of the EPC process that differ from the regular recognition process is that the preliminary verification of documents of the applicants is done by their Home Member State competent authorities.

The EPC represented a step towards digitalisation and simplification in the recognition of qualifications to access regulated professions across the EU. The EPC currently applies to a limited number of professions—nurses, physiotherapists, pharmacists, real estate agents and mountain guides— and feedback from competent authorities has signalled that it has helped facilitate recognition for mobile professionals in specific sectors.

Feedback gathered through targeted consultation for this Implementation Report highlights that despite its potential, the EPC's impact remains constrained by a range of operational and systemic challenges. A recurring concern among Member States relates to the complexity and rigidity of the IT system underpinning the EPC, which is often seen as cumbersome by both authorities and applicants. Users find document uploads time-consuming, navigation unintuitive, and burdensome in comparison to national procedures. Several authorities called for improved user interfaces and more efficient workflows to ease the process for applicants and competent authorities alike. Member States consistently pointed to the need

for greater flexibility with deadlines. Many authorities described difficulty adhering to rigid automatic timeframes, especially when additional documentation or further verifications were required.

In this regard, some of the criticism of the users may relate to the deadlines and other procedural requirements stemming directly from the amended Directive 2005/36/EC or from Commission Implementing Regulation (EU) 2015/983, rather than the functioning of the IMI system. Suggestions concerning alerts for upcoming deadlines and unread messages—to ensure key steps are not missed have already been implemented in IMI. As argued by some authorities, such alerts could prevent unintentional tacit recognition where action was delayed due to technical or communication issues.

Moreover, the interpretation of requirements across Member States remains inconsistent, due to flexibility of the legal provisions behind the procedure (no harmonisation on EU level). Authorities pointed to divergent understandings of what documents are necessary, what constitutes “good standing,” or even the correct professional title to be used in host Member States. Some Member States suggested the creation of a shared EU-level database of accepted documents and interpretations, paired with practical guidance materials to support competent authorities in dealing with standard and exceptional cases. Despite its benefits, low awareness among potential users as well as limited number of professions currently covered by the procedure remain persistent barriers to the EPC’s uptake. Several authorities reported that professionals are often unaware of the EPC as an available option and recommended stronger promotional efforts by national authorities and the Commission, alongside its positioning as the preferred application channel.

The following paragraphs examine the implementation of the EPC in two professions, one under the system of automatic recognition based on minimum training conditions (general care nurses) and one under the general system (mountain guides).

General care nurses

Although the EPC is available for general care nurses as one of the sectoral professions, its practical use remains limited. Among Member States that provided input, the vast majority indicated that the EPC is used only occasionally. Use of the EPC depends on whether the applicant is aware of this possibility and informed about it by the competent authority. The advice offered to applicants regarding EPC for the profession of general care nurse varies markedly across the Union. A majority of responding countries stated that they do not recommend the EPC to applicants as an alternative recognition procedure.

The reasons for not recommending EPC appear to be related to: alleged lack of added value: some authorities stress that the outcome of the electronic recognition process under EPC does not confer any additional rights to the applicants in comparison with the standard recognition process (such as professional registration or the right to practise); perceived process complexity or inefficiency: some authorities indicate that in their view the EPC is more administratively burdensome and slower than the standard application process; timing and procedural sequence: applicants have often advanced with the standard process so that the EPC would not be useful by the time it is suggested.

However, one of the clearest benefits of the EPC procedure is its short processing time. Based on the survey of competent authorities, more than 60% of Member States complete recognition procedures within less than one month, while the remainder report timeframes of 1–2 months. No Member State reported durations exceeding 2 months.

As regards fees, in half of the Member States, EPC and non-EPC fees are the same. In roughly quarter of the Member States, EPC applications appear to be more expensive than standard recognition applications, and in the remaining quarter of the Member States, EPC applications are cheaper than the standard ones.

Several Member States reported technical or procedural difficulties in processing EPC applications for nurses: problems with users selecting incorrect professional titles or recognition routes (automatic vs. general), leading to processing errors that cannot easily be corrected; frequent incompleteness in application files and divergent interpretations of required documentation; difficulties with the IMI interface, especially when transferring or uploading documents; EPC requests often reaching authorities close to their expiry dates, limiting time for assessment; issues with cooperation between competent authorities which limit the ability to comply with the deadline to accept applications; complications in case of third-country nationals who are family members of EU citizens.

Feedback from respondents highlighted several recommendations for improving EPC implementation, such as improvements to the IMI system's usability; more consistent understanding of documentation requirements and better information-sharing between home and host authorities; and better promotion of the EPC among both applicants and administrative personnel.

Despite mixed experiences, a number of Member States support the expansion of the EPC to other sectoral professions, including medical doctors, dentists, midwives, and other health sector professions.

Mountain guides

The EPC procedure for mountain guides has been implemented across several Member States, but actual usage rates differ significantly among Member States. It appears that the usage rate in some Member States is close to 100% while low or very low usage was reported in the Member States where the profession is economically not relevant (which is often correlated with no professional regulation and so no obligation to obtain recognition of qualifications before practicing professional activities in this field). Consequently, incoming EPC applications are not processed, although advice may still be provided to outgoing professionals.

Among countries where the EPC is in use, advice to applicants is generally proactive. Authorities in some Member States even reported that they “always” recommend use of the EPC for mountain guide recognition. However, some divergence appears in Member States where the EPC is less commonly applied.

The average reported duration for EPC procedures in the mountain guide profession is between one and two months, with most countries reporting timeframes of less than one month or 1–2 months. Fee practices are generally neutral or favourable to EPC applicants: most countries either apply no fees or maintain equal fee levels across EPC and non-EPC applications.

Several Member States reported practical obstacles in using the EPC for mountain guides, although the degree and nature of these challenges vary:

- Difficulties related to recognition of specialised sub-qualifications, such as police mountain guides. Suggestions included further harmonisation of qualification categories;
- Process too complicated, both for applicants and authorities, particularly due to unclear establishment status and varying host country demands;
- Lack of consistency in required documents;

- Occasional problems when requesting additional documentation from home Member State authorities, particularly for applicants from non-EU or CEE countries;
- Frequent confusion between the mountain guide and mountain leader professions;
- Challenges with curriculum alignment, making successful EPC issuance difficult and sometimes prompting applicants to abandon the process.

Respondents offered a range of concrete proposals to improve EPC functionality for mountain guides:

- Permission to delete expired documents from EPC applicant profiles, facilitating smoother reapplications;
- Unified user interface across all Member States, where applicants could upload documents once and designate their destination countries;
- Simplification of the process and reduction of administrative burdens, especially for professions not regulated in the home Member State;
- Better communication and harmonised understanding among competent authorities;
- Enhancing the EPC extension mechanism, citing cases where applicants mistakenly assumed automatic extensions without regard for processing timelines;
- Clarification and alignment of titles to avoid confusion between similar professions (e.g. mountain guide vs. mountain leader);
- Extension of the EPC to other mountain-related professions, such as aspirant mountain guides and medium-mountain leaders.

6.2 Future implementation

Despite its uneven implementation, many Member States view the EPC as a promising model for digital cross-border procedures in the Single Market. Some underlined the benefits of a structured, secure system for document exchange between competent authorities, enabling faster decisions and clearer responsibilities. Others recognised the EPC as helping to accelerate recognition, improve legal certainty for applicants, and strengthen cooperation between Member States.

Those supporting expansion proposed extending the EPC to additional regulated professions, especially those with high mobility, such as doctors and other professions with harmonised minimum training requirements. There were countries highlighting the EPC's role in facilitating mobility and labour market integration.

Member States emphasised further the opportunity to integrate the EPC with the European Digital Identity Wallet, providing professionals with a single, secure gateway to present their credentials across borders. This could further reduce administrative burdens and improve citizens' access to services across the EU.

7. Temporary provision of services

The provision of temporary services across Member States is an integral aspect of the Professional Qualifications Directive, facilitating the free movement of professionals within the EU. According to the Directive, professionals who are legally established in their home Member State can provide services on a temporary and occasional basis in another Member State without the need for prior recognition or

verification of their qualifications, except for checks according to Article 7(4) in specific cases concerning public health or safety.

7.1 Temporary and occasional activity

The Court of Justice of the EU has consistently held that the distinction between establishment and provision of services needs to be made on a case-by case basis, taking into account four criteria: duration, regularity, periodicity and continuity of the activity. The temporary nature of an activity does not preclude the provider of services from acquiring, in the host Member State, a certain infrastructure in so far as such infrastructure is necessary for the purposes of performing the services in question.⁵²

Most of the consulted competent authorities indicated in the survey that they do not apply specific criteria or time limits and assess the temporary or occasional nature of an activity on a case-by-case basis. However, some authorities reported using as criteria the duration or frequency of the activity or the existence of an office as indicators of establishment and requesting service providers to specify the intended length and frequency of their service provision at the time of declaration. In this regard, it is important to note that the Directive does not include such information in its exhaustive list of required documents and information for declarations related to temporary service provision (Article 7). Service providers, despite their clear intention to operate on a temporary or occasional basis in the host Member State, cannot reasonably be expected to predict the exact frequency or duration of their services a year in advance.

During the Group of Coordinators meeting in October 2024, a dedicated discussion took place regarding the practical experiences of assessing the temporary and occasional nature of services. Some Member States expressed difficulties with the case-by-case assessment process, citing challenges in gathering comprehensive evidence of all activities conducted by a professional across the EU. There was also uncertainty about the extent to which competent authorities can verify whether an activity qualifies as temporary and occasional service provision, for example as regards requests for documents, ID checks, proof of physical presence, frequency of activities, and whether the home Member State should be consulted. While some Member States have developed specific guidance for certain professions, others suggested that the Commission or the Group of Coordinators could create more comprehensive guidelines. The uncertainty around the nature of activities under EU law also poses challenges for service providers, who often struggle to determine the appropriate rules to apply, leading to operational uncertainties.

7.2 Prior checks

Under Title II of the Professional Qualifications Directive, the general rule is that Member States cannot impose restrictions related to professional qualifications on professionals who are already legally established in their home Member State to practice their profession. At most, they may request a prior declaration that includes the information and supporting documents exhaustively listed in Article 7. As an exception, and in limited cases, Article 7(4) of the Directive allows the host Member State to conduct a prior check of professional qualifications for incoming service providers. Such a prior check, which could take up to three months, can significantly hinder the free movement of services. Therefore, Article 7(4)

⁵² Case C-55/94, Reinhard Gebhard v Consiglio dell'Ordine degli Avvocati e Procuratori di Milano, ECLI :EU:C:1995:411, para. 27 ; Case C-215/01, Schnitzer, ECLI :EU:C:2003:662, para. 28 ; Case C-502/20, TP v Institut des Experts en Automobiles, ECLI :EU:C:2021 :678, para.36.

permits this check only if: the profession has public health or safety implications; the prior check of qualifications aims to prevent serious harm to the health or safety of the service recipient; serious harm could result from the service provider's lack of professional qualifications; and the check is no more extensive than necessary for this purpose. Professionals benefiting from automatic recognition based on qualifications listed in Annex V or professional experience (Annex IV) are exempt from such checks.

However, data from the Regulated Professions Database indicates that Member States have been imposing prior checks even for professions which go beyond the scope of Article 7(4). In response, the Commission encouraged Member States to fulfil their reporting obligations under Article 59(2) of the Directive and provide specific justifications in the database for each profession subjected to prior checks. The absence of such justifications was addressed in a first batch of infringement cases concerning the transposition of the Directive. As a second step, the Commission utilized the Single Market Enforcement Taskforce⁵³ (SMET) to urge Member States to review the 7(4) professions they had notified in the database and reassess the necessity of prior checks. In 2023, Member States screened around 800 of the 1200 prior checks as reported in the database of regulated professions and agreed to eliminate more than 300 of these.⁵⁴ As a third step, in December 2024, the Commission initiated infringement procedures for unjustified prior checks of qualifications, covering approximately 300 professions in construction, transport, business services, and some miscellaneous fields.⁵⁵ The Commission is currently reviewing the Member States' responses to determine the need for any further actions.

7.3 Declaration and fees

Apart from professions with public health and safety implications, the Directive does not allow host Member States to impose a prior check of professional qualifications for temporary service provision. The Directive allows host Member States only to request a simple yearly prior declaration from the service provider, containing specific information as outlined in Article 7. Once this declaration is made, the professional can immediately commence providing services without any prior approval process. Since, in such a case, there is no recognition procedure involved, and any potential registration with professional associations should be automatic as provided in Article 6 on the basis of the prior declaration sent, no fees can be charged to incoming service providers. Similarly, imposing a fee for renewing a declaration is also unwarranted.

Under Articles 6 and 7 of the Directive, no fee can be charged to service provider on the basis of the prior declaration. Based on the input received, 5 out of 22 reporting competent authorities indicated that they impose fees in the context of a prior declaration for temporary service provision. In most cases these seem to be linked to a prior check of qualifications procedure. In Finland, for example, the fee exceeds 200 EUR, according to the information provided. One-third of competent authorities charge the same fee as for the initial declaration procedure. Stakeholders report that individuals seeking temporary or project-based work face significant costs and administrative delays, exacerbated by limited support and incomplete digital recognition systems.

⁵³ https://ec.europa.eu/internal_market/smet/index_en.htm

⁵⁴ [smet-report-2023_en.pdf](#)

⁵⁵ https://ec.europa.eu/commission/presscorner/detail/ov/inf_24_6006

8. Administrative cooperation

8.1 Alert mechanism

The IMI alert mechanism under the Directive was put in place in January 2016 and has been used by Member State authorities since this date. Alerts originate from competent authorities in one Member State and are addressed to competent authorities in all other Member States. The European Commission is not involved as a sender, recipient or controller in the information exchanges. However, the Commission is the provider of IMI, which serves as the platform for information exchange between Member State authorities.

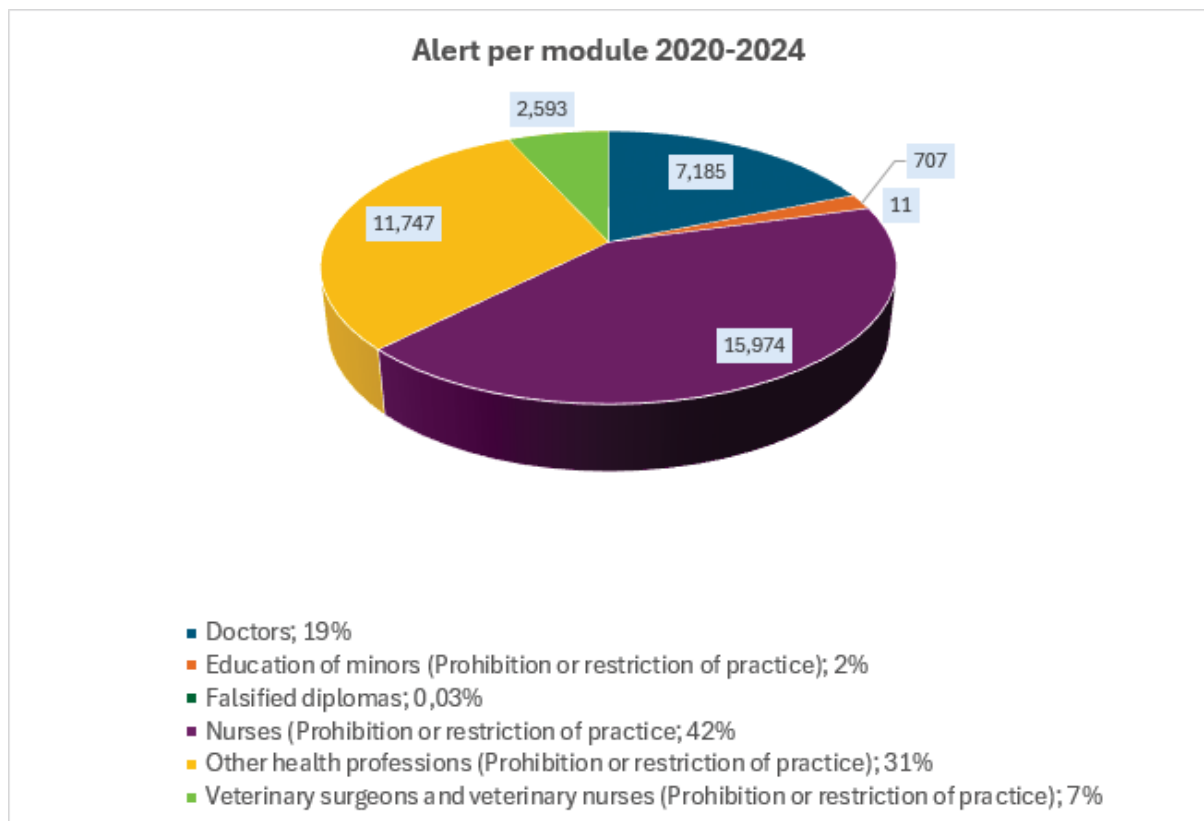
Placing an alert

The sending of alerts through IMI is the responsibility of Member States. However, it is dependent on the preceding decision by national authorities or courts restricting or prohibiting, even temporarily, pursuit of the specific professional activities listed in Article 56a of the Directive. It follows that while each relevant 'restriction' or 'prohibition' needs to be notified in IMI through the alert mechanism, it is up to Member States to decide which situations would trigger 'restriction' and 'prohibition' in the first place. In the period 2020-2024, more than 38.000 alerts were sent by Member State authorities.

IMI enables authorities to send alerts for a specific profession or category using different modules. As in previous years, in the period of 2020-2024, almost all alerts were sent for cases where a professional was restricted or prohibited from practising the profession. Only very few alerts concerned the use of falsified diplomas. The chart below shows the distribution of alerts among the various modules in the period analysed.

Since the reasons for restrictions or prohibitions from practising the profession in Member States may vary significantly, IMI enables the national authorities to label an alert as triggered by 'substantial reasons concerning the practice of the profession' or 'other reasons'. The latter type of alert also comprises cases in which a professional is for example suspended from exercising the profession for administrative reasons. As a result, some alerts may concern events which are not related to a professional malpractice or to events that could potentially put into question the safety of patients and recipients of services.⁵⁶

⁵⁶ For example, the events triggering a restriction or prohibition in certain Member States may be: lack of renewal of the licence to practice; non-paid professional fees; a voluntary waiver of the licence to practice; a break in practice for a period of 6 months, or related administrative shortcomings (e.g., a lack of evidence of continuous practice). The categorisation of an alert by a Member State does not have legal consequences on the validity of the alert, and it does also not pre-determine the effect of the alert in other Member States. However, the categorisation gives the authorities in these Member States an early indication of the type of event that triggered the alert.



Alerts sent using the specific modules by all Member States (2020-2024), Source: IMI

In the period 2020-2024, around 43% of alerts were labelled by Member States authorities as based on 'substantial reasons concerning the practice of the profession' while around 57% concerned 'other reasons'.

The categorisation of alerts has been addressed by the Court of Auditors in its report on the recognition of professional qualifications from 2024.⁵⁷ In this report, the Court of Auditors notes that "currently, there is no formal legal definition of a substantial reason, and it is up to the member states to assess what is included: misconduct, ongoing disciplinary measures, or criminal convictions." This finding resulted in the Court's recommendation for the Commission to "clarify, such as by means of an implementing act, the concept of 'substantial reasons'".

In 2020, a significant majority of the alerts were sent by competent authorities in the UK. After the withdrawal of the UK from the EU, as of 2021, Italy was the Member State sending the highest number of alerts accounted for about half of the total number of alerts sent. On the other hand, there are Member States that do hardly send any alerts. For example in several Member States, the total number of alerts in the period 2020-2024 has been 10 or lower (i.e., maximum two alerts per year for these Member States).

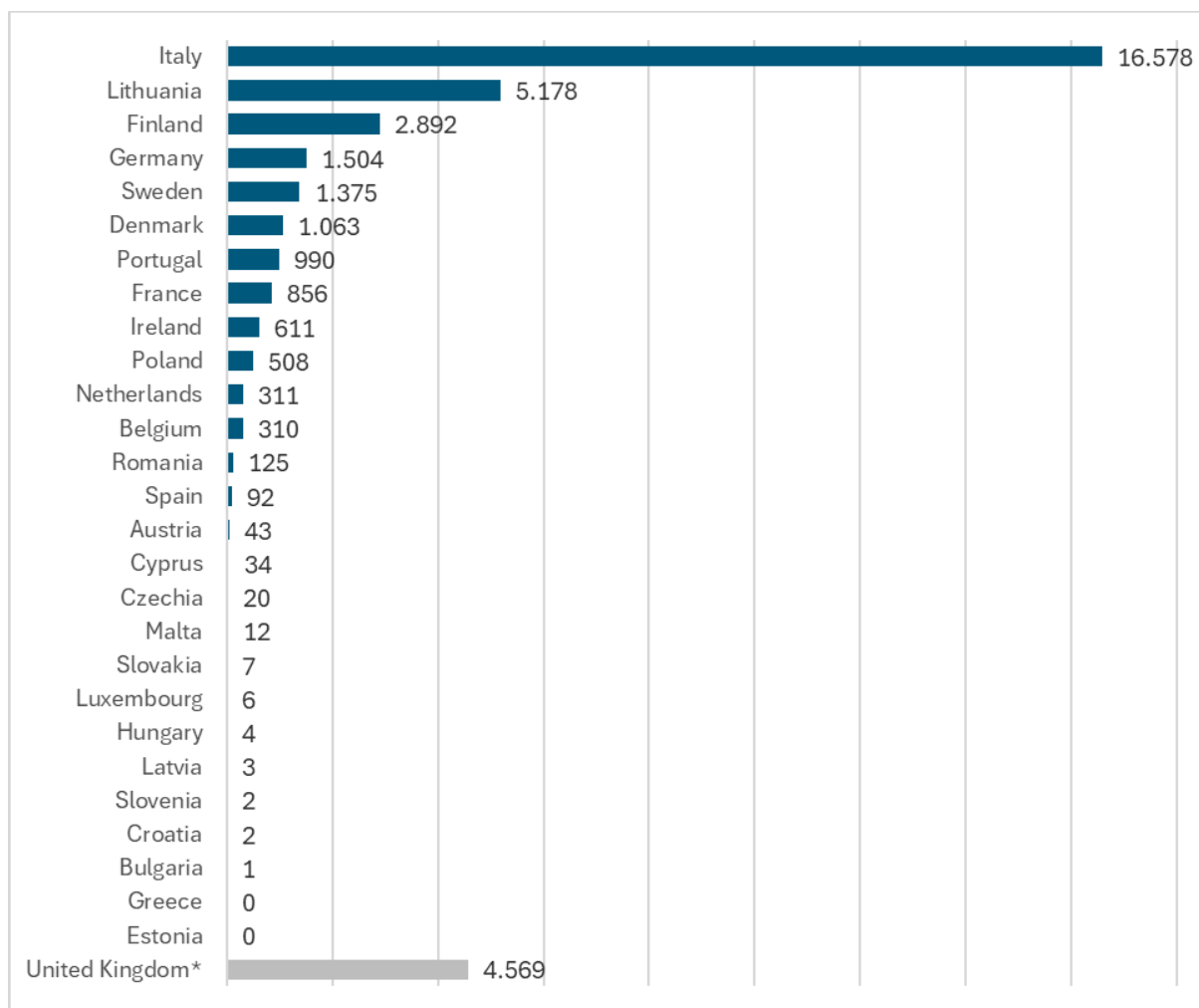
⁵⁷ <https://www.eca.europa.eu/en/publications/SR-2024-10&od=1>

	2020				2020 Total	2021				2021 Total	2022				2022 Total
	Substantial reasons	% of alerts sent for substantial reasons	Other reasons (e.g. administrative reasons)	other reasons sent for		Substantial reasons	% of alerts sent for substantial reasons	Other reasons (e.g. administrative reasons)	other reasons sent for		Substantial reasons	% of alerts sent for substantial reasons	Other reasons (e.g. administrative reasons)	other reasons sent for	
Doctors	1,731	78%	494	22%	2,225	544	38%	893	62%	1,437	665	73%	241	27%	906
Education of minors	261	83%	55	17%	316	75	71%	30	29%	105	60	49%	63	51%	123
Nurses	2,232	72%	883	28%	3,115	2,746	65%	1,478	35%	4,224	2,279	52%	2,073	48%	4,352
Other health professions	1,531	57%	1,142	43%	2,673	337	22%	1,213	78%	1,550	368	8%	4,111	92%	4,479
Veterinary surgeons and veterinary nurses	24	44%	30	56%	54	16	3%	520	97%	536	29	2%	1,326	98%	1,355
Total	5,779	69%	2,604	31%	8,387	3,718	47%	4,134	53%	7,853	3,401	30%	7,814	70%	11,218

	2023				2023 Total	2024				2024 Total	2020-2024				2020-2024
	Substantial reasons	% of alerts sent for substantial reasons	Other reasons (e.g. administrative reasons)	other reasons sent for		Substantial reasons	% of alerts sent for substantial reasons	Other reasons (e.g. administrative reasons)	other reasons sent for		Substantial reasons	% of alerts sent for substantial reasons	Other reasons (e.g. administrative reasons)	other reasons sent for	
Doctors	920	95%	47	5%	967	1,055	64%	595	36%	1,650	4915	68%	2270	32%	7,185
Education of minors	55	59%	39	41%	94	56	81%	13	19%	69	507	72%	200	28%	707
Nurses	348	15%	2,039	85%	2,387	373	20%	1,523	80%	1,896	7978	50%	7996	50%	15,974
Other health professions	372	24%	1,175	76%	1,547	437	29%	1,061	71%	1,498	3045	26%	8702	74%	11,747
Veterinary surgeons and veterinary nurses	19	18%	85	82%	104	20	4%	524	96%	544	108	4%	2485	96%	2,593
Total	1,714	34%	3,385	66%	5,100	1,941	34%	3,716	66%	5,659	16553	43%	21653	57%	38,206

Alerts sent by IMI module and reason (2020 –2024), Source: IMI

The differences in the number of alerts encoded in the system could only to a certain degree be explained by the size of the Member States and the number of professionals per Member State. As mentioned above, a much more significant factor appears to be the existence and the application of measures resulting in the temporary suspension of the professional's right to exercise the profession. That is why Member States which routinely apply such temporary measures, e.g., in cases where the professionals fail to document the completion of mandatory training, produce a higher number of alerts compared to other Member States. The following chart shows the number of alerts issued by Member States' authorities (Member States not having issued any alerts are not in the chart).



Alerts sent per Member State (2020-2024). Source: IMI.

**) Figures for United Kingdom are reported only for the period until the withdrawal of the United Kingdom from the EU.*

Alerts sent by Member States (2020 –2024), Source: IMI

Significant differences in the number of alerts sent by Member States are a genuine matter of concern. It is therefore necessary to consider whether Member States can further harmonise their approach as to when to send alerts and how to categorise alerts. It does not appear to be reasonable to require that Member States provide more specific information in the alert than already required (as this could lead to even more reluctance to place alerts). However, it should be easier for Member States authorities to clearly establish the background for an alert through further exchange of information in IMI with their counterparts in other Member States. For this reason, in addition to addressing the recommendation from the Court of Auditors concerning the categorisation of alerts, the Commission services intend to consider further improvements to the Alert modules of the IMI system as well as developing guidelines for users regarding alerts. The Commission has already initiated discussions with Member States.

Following up on an alert

The Alert Mechanism tool in IMI is offered by the Commission to facilitate the exchange of information between Member States on alerts that can further contribute to preventing unfit and/or fraudulent professionals from moving freely and endangering public health, safety, and mutual trust across borders.

For it to be effective, it is essential that competent authorities in Member States actively make use of alerts placed in IMI by other Member States.

It is the Member States' competence (right and/or responsibility) to verify if the applicant is fit for practice of the profession on its territory. In this regard, the IMI system is designed to support various types of checks that can be done by Member States in various situations. For example, a Member State may perform checks when processing individual applications for recognition of professional qualifications to double-check documents from the home Member State, demonstrating that a professional is not suspended or prohibited from pursuing their profession. However, IMI can also be used to make ad hoc or regular checks of other individuals pursuing activities in a Member State or ad hoc or regular checks of new alerts.

The information collected from the Member States suggest that national authorities indeed developed various ways of using the alert mechanism. For example, some of them declare that they regularly check new alerts against their professional registers. Other authorities do not make such checks, and they consult IMI alerts when a professional seeks recognition of professional qualifications. The difference in the approach often stems from the differences in the national legislation concerning the impact of prohibitions or restrictions imposed in other Member States on the right to pursue the profession in the Member State concerned, the practices developed in this regard or the availability of resources to do the checks. For example, some Member States reported that they do not have a valid mechanism for opening a 'case' (and potentially applying a restriction or prohibition) against a professional who committed an act outside that Member State, for which they are prohibited or restricted in pursuing professional activities.

In this regard, the Court of Auditors noted in its report that in the current legal status quo, *"it is not mandatory for competent authorities to consult the alert module for substantial reasons before taking a [recognition] decision"*. The Court of Auditors suggested that *"due to the high number of alerts"*, authorities in several Member States did not check them when reviewing individual applications. The Court of Auditors recommended the Commission to *"make it obligatory for member states to use the alert mechanism under the Internal Market Information System during the recognition procedures, ensuring that alerts received for substantial reasons are treated appropriately."*

In its reply to the report⁵⁸, the Commission explained that the alert mechanism could be improved by providing more context about the underlying reasons to send an alert to make it easier for Member States to distinguish cases that require follow up from those that do not (including providing more clarity on the concept of "substantial reasons"). The Commission also suggested to provide guidance and to facilitate the exchange of best practice on the follow up of alerts. However, as stressed by the Commission in its reply, the legal consequences of the alerts remain the Member States' competence.

Consistent, timely and effective follow up to the alerts in host Member States depends mainly on the existence of proper legal and organisational national frameworks. Improving accessibility and quality of information provided in IMI is important, however, it cannot replace the effort on the side of Member States. Therefore, further improvements of the Alert Mechanism modules in IMI can be expected to benefit mainly those Member States that already have strong implementation tools (legal, organisational) in place.

⁵⁸ https://www.eca.europa.eu/Lists/ECARepplies/COM-Replies-SR-2024-10/COM-Replies-SR-2024-10_EN.pdf (p. 10)

8.2 Provision of information

The proper functioning of the system of recognition of professional qualifications within the EU relies fundamentally on the free flow and accessibility of pertinent information across all stakeholders involved in the process. Effective comprehension and dissemination of information are critical for ensuring that the citizens derive maximum benefit from the rights conferred on them by the Directive and its national implementation frameworks.

Assistance Centres

Directive 2005/36/EC establishes several measures to ensure stakeholders are well-informed and can easily access pertinent information concerning professional qualifications. One of the pivotal measures is the establishment of assistance centres, as outlined in Article 57b. Assistance centres play an essential role in the system of professional qualifications recognition by serving as the primary contact points for citizens and competent authorities seeking guidance and information.

During the period covered by this implementation report, the number of requests received by Assistance Centres varied widely. Some countries reported high volumes, with the largest receiving over 500 requests, while others handled fewer than 50–100 requests per year, reflecting significant differences in demand and utilisation across Member States.

Overall, the general system of recognition generated more issues than the automatic recognition system. Key recurring concerns under the general system included: long procedures; high or unjustified document requirements; high fees; lack of digital procedures; limited or no choice between compensation measures; delays in aptitude tests or adaptation periods; perceived unjustified invocation of substantial differences.

Under the automatic recognition system Member States reported occasional problems with documentation burdens and lack of digital tools. A common concern was the difficulty professionals face in accessing accurate, updated information on recognition procedures in host Member States. This was raised by several Member States, pointing to fragmentation in online resources and institutional websites.

Additionally, a lack of awareness and understanding of the European Professional Card was consistently flagged. Respondents from several Member States observed that professionals often do not know the EPC exists or how it differs from standard recognition. This undercuts the EPC's potential to streamline mobility in professions such as nursing or physiotherapy. More awareness raising among professionals and provision of training for competent authorities on the use of EPC by both Member States and the Commission services seems necessary for the system to function to its full potential.

The survey results underscore the essential but strained role of Assistance Centres in helping citizens navigate recognition systems. The following areas of improvement emerged across Member States: greater harmonisation and clarity in recognition procedures under the general system; enhanced digitalisation, including full e-submission capabilities and interoperable databases; broader communication and guidance on the use and benefits of the EPC; capacity support and resourcing for Assistance Centres to handle complex cases, particularly where their roles overlap with competent authorities; improved coordination and feedback loops between ACs and competent authorities to accelerate resolution of procedural bottlenecks.

While some Member States have developed more integrated and visible Assistance Centre services, others would benefit from increased visibility and clearer mandates. The findings suggest that strengthening the Assistance Centre network would significantly improve the overall user experience of Directive 2005/36/EC and contribute to smoother professional mobility across the Single Market.

Other sources

In the survey of citizens, the most reported source of information was official websites—either of competent authorities, ministries, or recognition bodies. Many respondents relied on national portals, while others accessed EU-level information such as the European Commission’s Your Europe portal. Professionals generally perceived these websites as essential first points of reference. The clarity, accessibility, and comprehensiveness of website content varied significantly between countries and professions. While some found the information easy to follow and up to date, others reported that websites lacked detail on required documentation, procedural timelines, and fees.

A number of professionals relied on peer support or advice from colleagues who had previously undergone the recognition process. This was particularly common among physicians, pharmacists, and dentists. In many instances, informal networks served as substitutes for formal information channels.

The survey included respondents from a variety of professions in health-related fields—particularly doctors, dentists, pharmacists, and nurses but there was considerable variation in access to information within this group. Medical specialists (e.g. oncologists, surgeons, nephrologists) often expressed that they had to consult multiple information sources and that guidance on specialty recognition was limited or inconsistent across platforms. In contrast, nurses and midwives—especially those using the European Professional Card—reported smoother information access, often being able to rely on a single website or centralised recognition portal. Pharmacists frequently highlighted ambiguity in recognition criteria across Member States. Reliance on both online and personal sources was therefore particularly strong among pharmacists.

Availability and exchange of information

A recurring theme was the fragmented nature of information between home and host countries. Many respondents sought information from both ends, often receiving conflicting or incomplete guidance. Applicants regularly contacted chambers or guidance services in their home countries as well as destination country authorities. However, coordination between these entities appeared limited. For example, several respondents migrating to one of the Member States described the need to consult multiple regional bodies, each with different procedural expectations. This decentralisation adds to the administrative burden and generates confusion. Member States with centralised portals or coordinated guidance services were more positively assessed by respondents.

In some cases, the employer played a key role in facilitating recognition. For example, some medical professionals mentioned that hospitals had consultants or legal representatives to guide them through the process. In other cases, private recruitment agencies—especially for nurses and doctors—acted as intermediaries, helping candidates prepare documents, navigate language requirements, and ensure procedural compliance. While these actors contributed to smoother individual experiences, their use again introduces disparities for those without institutional support.

Even when information was accessible, language barriers remained a frequent obstacle. Respondents migrating to countries with less commonly spoken languages regularly highlighted the challenge of navigating administrative language. Similarly, the complexity of documentation requirements, particularly where translations and certified copies were needed, was cited as a recurring difficulty. Multiple respondents expressed frustration at vague instructions or inconsistent requirements among competent authorities.

A majority of responding countries confirmed that their National Contact Points collect user feedback or statistics. In some Member States, feedback tools are integrated into digital platforms, allowing citizens to submit comments and evaluations following interactions. Other Member States indicated that feedback is collected informally—via phone, email, or direct conversations—without structured analysis. There are also Member States which rely on partner institutions to gather user experience data indirectly. The variation in practice limits the possibility of comprehensive and comparative performance monitoring across the EU.

Cooperation between National Contact Points across Member States remains limited and largely ad hoc. Some countries report only occasional engagement, while others describe cross-border cooperation as rare. A few Member States have recently increased informal exchanges to address recurring issues with the recognition of professional qualifications, but this remains reactive rather than part of a structured framework. Regional initiatives may offer useful models in the absence of broader coordination at the European Union level. Several respondents also noted that data protection concerns hinder cooperation on specific cases when formal protocols are lacking. Interaction between National Contact Points and competent authorities in other Member States is similarly inconsistent.

In conformity with the Directive, many countries rely on the Internal Market Information system for cases raising justified doubts, and some report rising numbers of requests for information, indicating a growing need for more systematic cooperation. However, for many countries, communication with competent authorities in other Member States remains infrequent and limited to exceptional situations. Overall, these patterns suggest that cooperation between National Contact Points and networks of competent authorities is still insufficiently developed.

9. Enforcement

The enforcement mechanism under Directive [2005/36/EC](#) constitutes a crucial element in ensuring the effective and correct application of the Directive across Member States. Given the importance of uniform application, several Member States have faced infringement procedures due to non-compliance with various aspects of the Directive.

9.1 Overview of transposition

The transposition of Directive [2005/36/EC](#) represents a pivotal measure in ensuring coherent application of the procedural rules on recognition as well as the minimum harmonised requirements for sectoral professions across EU Member States.

Almost full transposition has been achieved so far as only a few Member States still need to comply with transposition requirements: partial access has been successfully transposed across all Member States and only one issue remains in relation to health professions benefitting from automatic recognition in one

Member State; the provision on mobility from non-regulated Member States, which requires one year of professional experience has been almost fully transposed, despite remaining issues in two Member States; the alignment of qualification levels has been fully transposed in all Member States except two; rules on language controls have been implemented in all Member States except three; the new rules on mutual recognition of professional traineeships within the internal market have been implemented in all but one Member State.

For temporary service provision, challenges persist in seven Member States concerning excessive administrative requirements or incompliant rules. Specific efforts still have to be made to ensure that unjustified barriers for temporary service provision in another Member State are no longer in place.

Member States demonstrating partial or incorrect transposition should prioritise rectifying these procedural and legal deficiencies to fully align with the provisions of the Directive. This effort will not only enhance individual mobility but also strengthen the overall functioning and integration of the Single Market for professional services. Enhanced cooperation and information sharing between Member States, supported by the European Commission's oversight, will be instrumental in achieving these objectives.

9.2 Infringement batches of non-compliance with the Directive

First infringement batch

In 2019, infringement procedures were ongoing across EU Member States addressing issues around the European Professional Card, the alert mechanism, partial access to professional activities, proportionality of language requirements, the establishment of assistance centres, territorial restrictions, and transparency obligations.

- Main outcomes of the proceedings

Over the past five years, significant progress has been made to address the issues raised. In the end of 2024, infringement procedures remained open against only six Member States. Of the original batch, several cases have since been resolved: nine procedures were closed in the years 2020-2022, ten were closed in 2023, and one was closed in 2024.

- Remaining open issues

The Commission pursues its dialogue with some Member States for some remaining issues concerning:

- Language requirement for teachers where the law

restricts which types of language-proficiency proof are accepted and forces systematic language checks that do not seem necessary for the teaching profession or the timing when the proof of language skills needs to be submitted. Partial access, particularly concerning professions with automatic recognition, remain unresolved. Further, strict language requirements for schoolteachers also raises concerns. These involve the level of language skills required to practice the profession, the specific certificates to be submitted, and

- Insufficient implementation of the alert mechanism even though the system is active, alerts are not adequately notified.

- Compliance with transparency and notifications obligations

Restrictions to temporary provision of services and territorial limitations for some professions, notably for tourist guides. Specifically, the automatic imposition of exams for tourist guides wishing to operate at protected sites constitutes a breach of several provisions of the Directive and of general EU law principles. The requirements do not only inhibit free service provision but also disregard the need to evaluate foreign qualifications equivalently and to offer a choice in compensation measures within a reasonable time frame.

Second infringement batch

Infringement procedures were also engaged against EU Member States regarding freedom of establishment, freedom to provide services, automatic recognition of professions based on harmonised minimum training requirements, recognition of professional traineeships, and administrative cooperation.

- Main outcomes of the proceedings

In the period 2020-2024, the number of unresolved infringement procedures has been reduced: three procedures were closed in 2020, four in 2021, nine were closed in 2023, and two more in 2024. In 2025, eight Member States continue to face active procedures.

- Remaining open issues

The Commission pursues its discussions with some Member States concerning:

- Temporary provision of services for some professions,
- The recognition process with the lack of transposition of some modifications introduced with Directive 2013/55/EU for specific professions, including the profession of independent childminder and nursery director. Challenges also persist in recognising certain alternative qualifications.
- Conditions of recognition for specific professions such as the building engineering professions or sworn translators. Existing conditions for recognition are not aligned with the Directive, with excessive proof requirements for qualifications and professional experience or rules relating to the level of qualifications or compensatory measures applied.
- Minimum training hours for nurses, and specific training rules in general medical practice and the procedural requirements imposed on veterinary surgeons.
- The application of automatic recognition to specific professions falling under it such as electrical contractors and gas installers.

Court rulings

The Commission also decided to refer to the Court two infringement proceedings where the Court of Justice of the European Union delivered its judgements:

- The European Court of Justice's judgement in case C-75/22 of 8 May 2024⁵⁹ brought to light the failure of the Czech Republic to adopt provisions necessary to determine the status of persons undergoing an adaptation period or wishing to prepare themselves for an aptitude test; provisions necessary to enable veterinary surgeons and architects to provide services, within the framework

⁵⁹ [EUR-Lex - 62022CJ0075 - EN - EUR-Lex](#)

of the freedom to provide services, under the professional title of the host Member State; and provisions necessary to ensure that the competent authority of the host Member State has one month to acknowledge receipt of the application for recognition of professional qualifications and to inform the applicant of any missing document.

- The Court's judgement in Case 773/22 of 29 July 2024⁶⁰ found significant non-compliance in Slovak law on numerous issues. Prior checks on qualifications are not limited to health or safety-related professions, causing unnecessary barriers; compensation measures are not confined to significantly different matters, resulting in excessive demands; the national law does not ensure that midwives are able to gain access to and pursue all the activities described in the Directive, potentially restricting practice. Additionally, the Member State requires excessive documentation by asking applicants to prove the absence of disciplinary sanctions beyond serious professional misconduct, thus exceeding the Directive's provisions. This can deter professionals due to heightened bureaucratic demands. Lastly, it was found that the Member State has not established guidelines for recognising professional traineeships, which can limit the opportunities for professional growth and the integration of new entrants into regulated professions.

Third batch on Points of Single Contact

In 2019 the Commission also initiated infringement proceedings against Member States for non-conformity with requirements laid down in Directive 2006/123/EC (Services Directive) and Directive 2005/36/EC concerning the **establishment and functioning of points of single contact** (PSC).

The letters of formal notice pointed out to: lack of information on certain requirements, formalities, and procedures; insufficient quality of information, and lack of possibility for users, including cross-border users, to access and complete administrative procedures online. The aim of these procedures was not only to address specific non-compliance issues revealed in sample testing of Member States' PSCs. The Commission also requested Member States to review the areas not addressed directly in the letters of formal notice to ensure full compliance, and to improve their general PSC's legal frameworks.

The corrective measures taken by Member States encompassed completing and/or updating the information published on websites, verifying the functioning of web links, and deploying relevant technical ICT solutions related to on-line procedures. Member States achieved considerable progress on access to and the quality of information, however, in several Member States, the availability of on-line procedures and their accessibility for cross-border users were improving slower than expected. Over time, Member States also reported that, in relation to matters covered by the procedures, they focused on implementation of Regulation (EU) 2018/1724 (Single Digital Gateway Regulation).⁶¹

In recognition of Member State's efforts, and with the view to enable deploying resources for implementation of the Single Digital Gateway Regulation and the amended e-IDAS Regulation (Regulation (EU) 2024/1183), the Commission decided that it was not opportune to continue the proceedings and decided to close the infringement procedures in December 2023.

⁶⁰ [EUR-Lex - 62022CJ0773 - EN - EUR-Lex](#)

⁶¹ The Professional Qualifications Directive sets the substantive rules for recognising professional qualifications, while the Single Digital Gateway Regulation requires that clear, user-friendly information related to recognition of professional qualifications be available and accessible online.

Article 7(4) batch

As mentioned above, the Directive provides the possibility to Member States to conduct prior checks on professional qualifications only for professions having public health and safety implications, and not benefitting from automatic recognition, in case of temporary provision of services (article 7(4)).

The aim is to avoid any appreciable risk that a professional carrying out the professional activities in question without the required professional qualifications will result in serious damage to the health and safety of recipients of services that could be avoided if a prior check were carried out, while not obstructing the free movement of professionals across borders unnecessarily.

The Commission assessed the justifications provided by Member States for prior checks, with a focus on three areas which are of particular importance, namely professional services related to the construction sector, the transport sector and business services. It was concluded that for several professions in these sectors, the conditions of the Directive were not fulfilled, and the Commission opened infringement procedures against 22 Member States in December 2024⁶².

9.3 Individual cases

Finally, over the period from 2020 to 2024, several other infringement procedures were initiated against Member States to address specific non-compliance issues, contributing to the overall enforcement efforts.

A total of 8 procedures were opened against various Member States during this period. By the end of 2024, five procedures had been closed, while others remain pending resolution.

One Member State has faced multiple infringement cases in relation to the recognition of professional qualifications. One involved the incorrect application of the procedure relating to academic recognition instead of recognition of professional qualifications for teachers⁶³, and another concerning excessive deadlines for qualification recognition was closed in 2024.

Portugal faced a pivotal judgement from the Court of Justice on 29 July 2024.⁶⁴ The case revolved around the withdrawal of acquired rights from civil engineers authorised to perform architectural projects under the Directive. These professionals, particularly those who started their training before the academic year 1987/88, had acquired rights under Annex VI which were annulled due to new legislative conditions. These conditions were found to be restrictive and non-compliant for engineers trained and established abroad. Following the ruling, the Member State is now required to amend its legislation to implement the Directive effectively and remove these barriers to professional mobility and practice.

Resolved and pending cases span across several Member States, targeting issues such as non-conformity of national legislation with different Directive provisions. For instance, resolved issues cover non-compliance on lawyer legislation, engineering and architectural professions and recognition of snowboard instructor qualifications from other Member States.

⁶² [December infringements package: key decisions](#)

⁶³ However, two infringement procedures covering the same issue were still pending at the end of 2024 for other professions.

⁶⁴ [EUR-Lex - 62022CJ0768 - EN - EUR-Lex](#)

Consistent monitoring and evaluation remain pivotal to support the Directive's aim of facilitating professional mobility and fostering a functioning Single Market. The following gives an overview of specific cases of misapplication that the Commission has become aware of.

The requirement for Member States to promptly decide on professional qualification recognition within 3 months of receiving complete documentation for the automatic recognition regime and within 4 months for the general system is crucial for enabling free movement of professionals. However, misapplications have been found in some Member States who have exceeded the timeframe due to bureaucratic issues and unnecessary document requests for several professions and within several sectors.

The Directive also addresses the conditions under which compensation measures— i.e. adaptation periods or aptitude tests—might be required when recognising a professional qualification from another Member State under the general system. This article aims to ensure that any additional requirements are proportionate and only applied where significant differences in training or professional activity exist, thus supporting the primary goal of facilitating professional mobility across the EU. However, certain Member States create obstacles such as:

- **Disproportionate compensation measures:** Instances have been reported where the imposed compensation measures do not align with the objective of proportionality. For example, one Member State requires lengthy adaptation periods that exceed reasonable durations, particularly for physiotherapists. These excessive requirements can discourage professionals from pursuing recognition and limit their mobility.
- **Lack of choice for applicants:** One Member State has been reported to not provide the choice between completing an adaptation period or taking an aptitude test in case of positive recognition decision with compensation measures for the profession of osteopath. The Directive stipulates that professionals should have the option to choose between an adaptation period and an aptitude test.⁶⁵
- **Delays in organising aptitude tests:** Disproportionate waiting time to pass an aptitude test has been reported in some Member States, for a number of health professions and the profession of accountant, with applicants having to wait more than six months and sometimes years to take the test.

Other issues of incorrect application have also been tackled by the Commission through other channels, such as SOLVIT or dialogues with Member States, through which satisfactory results have been achieved.

10. Insights from professionals and businesses

In the following paragraphs, we aim to further highlight the perspectives of those who directly rely on the Directive—individuals, in particular mobile professionals, and the businesses that employ them. While some of these viewpoints have already been touched upon, the purpose here is to bring them together and

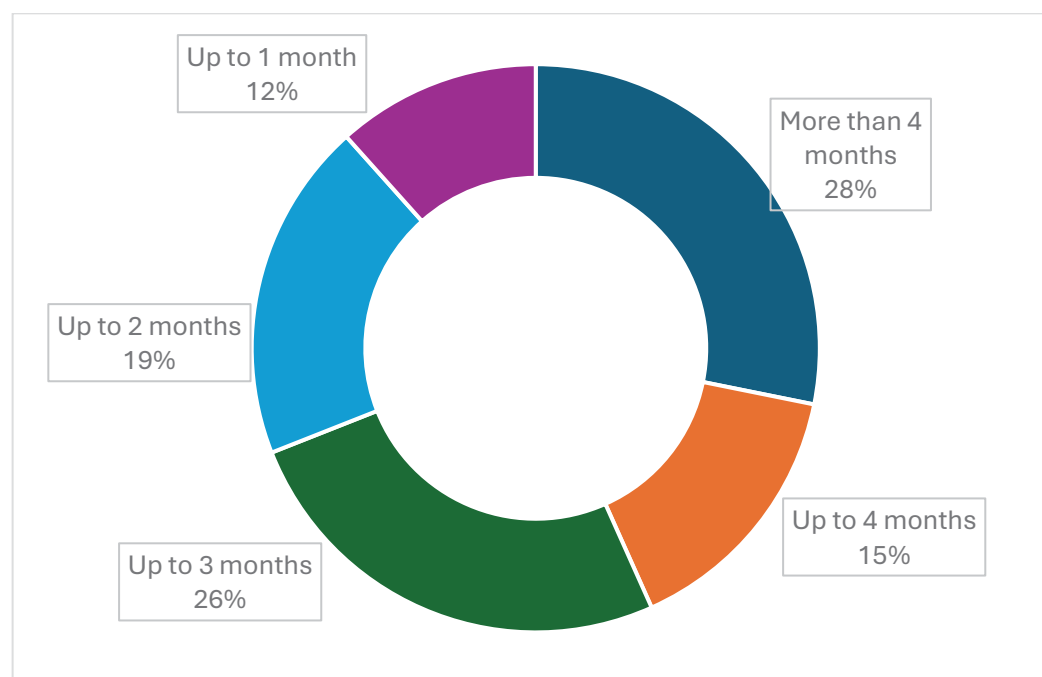
⁶⁵ Except for professions falling under the scope of Article 14(3) of the Directive

provide a coherent and comprehensive understanding of how the Directive's implementation has been perceived.

10.1 Individuals' views

While some individuals⁶⁶ highlight positive aspects – such as smooth and fast recognition procedures as well as organised and helpful authorities – many also emphasise difficulties that make the recognition procedure challenging. Overall, they call for reduction of bureaucracy and digital solutions to make applications more manageable.

One of the main challenges raised by respondents is the length of the procedure – both in relation to the general system and automatic system of recognition. Many describe long procedures as indicated in the chart below, sometimes time limits not being respected. 8.8% of respondents (n=284) are reporting on durations of 1 year or more, with several respondents even experiencing a duration of 4 years. Out of those Red tape and waiting time to take tests (e.g. language tests) are mentioned among the things leading to delays in the process.

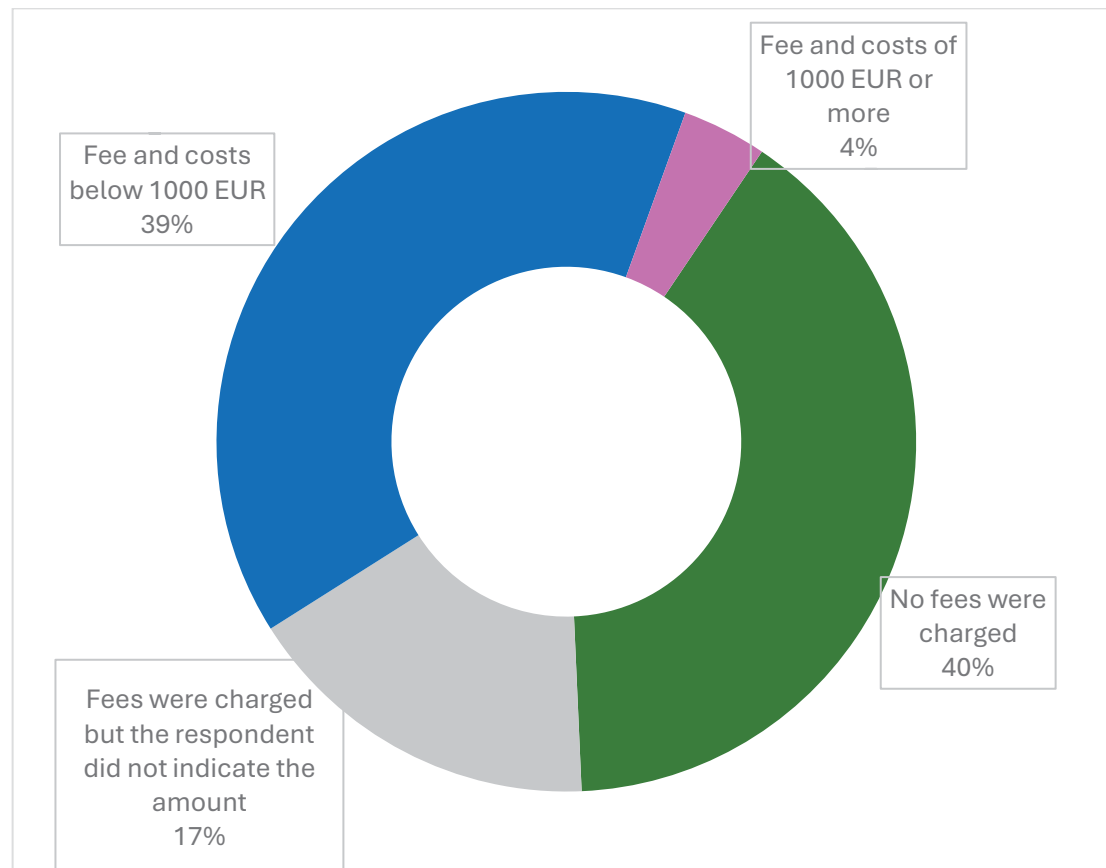


*Respondents that replied on the **total length of the procedure for recognition** of their EU qualification in another Member State (n=284)*

Respondents also flag that the recognition procedures are often costly (with cases of more than 3.000 EUR), especially because of document requirements (e.g. when original certified copies or certified translations are required). Out of the respondents who replied on the number of documents requested for recognition of their EU qualifications in another Member State, 21.4% indicated that overall more than 10 documents were required (n=281). In this regard, they suggest that authorities accept English certificates without requiring translation into the national language of the Member State, as translation of documents into the language of the host Member States are both time-consuming, costly and require a lot of effort

⁶⁶ Based on responses from more than 450 citizens – see footnote 7.

from the professional. They also suggest having online checklists that list all required documents and providing the possibility to submit documents online.



Respondents that replied on fees and costs (including costs incurred by the applicant) for recognition of their EU qualification in another Member State (n=281)

Many respondents also raise the issue of not receiving clear information or instructions before or during the recognition procedure. As examples, they mention that instructions were given in country-specific terminology, that they didn't receive information on the specific steps to be taken, that communication was only in the language of the host Member State and that forms to be filled out by the applicants were not provided in English. Several respondents emphasize that it would be helpful if information websites and guidelines were provided in English. Some respondents also mention that the staff they were in contact with during the recognition procedure were not cooperative or helpful, and that the national assistance centre for recognition was often unavailable when the applicant tried to reach it by phone.

When applicants receive negative recognition decisions, they may then take up a job for which they are overqualified and in which they receive in the host Member State lower salaries than expected, which may later result in them moving back to their home Member State. This also applies to professions in which the Member State is experiencing shortages (e.g. medical professions).

As to medical specialisations, respondents flag frustration with the fact that Member States do not have the same specialisations or sub-specialisations, leading to professionals specialised within one field in the home Member State having to work in the host Member State in a field which may not exactly reflect their expertise. They mention that the medical specialisations listed in the Directive should be updated, as the

generic names used for the specialisations cause confusion by using outdated terminologies in some cases. Others suggest optimising recognition procedures by making language requirements dependent on the specialisation (for example a stricter language requirement for the profession of psychiatrist compared to the profession of pathologist).

In general, respondents also express surprise with the complexity and length of procedures and the lack of digital procedures (e.g. some Member States requiring documents submitted in paper format). 68.2% of respondents stated that the procedure for recognition of their EU qualification in another Member State could *not* be completed fully via electronic means (n=283). Several respondents raise examples of such difficulties within healthcare and medical professions, despite the shortages currently experienced within these professions.

Professionals that have tried to apply for recognition in more than one Member State also note that there are big differences among Member States with regard to how lengthy or complicated the procedure is and the costs linked to the procedure.

Some applicants highlighted inconsistencies in application processes across Member States and mention that application processes should be closely harmonised at EU-level to eliminate disparities. Indeed, the EU legal framework only sets out minimum procedural requirements and so does not fully harmonize those processes, leaving certain flexibility to Member States on transposition and implementation of the rules. Respondents emphasised the importance of improving digital infrastructure by adopting a centralised electronic platform for submissions and tracking of the application process, as reliance on paper processes leads to inefficiencies and delays. Surveys also highlight a call for transparency and for increased communication from authorities, clear guidelines and all-encompassing resources, helping applicants navigate the process more effectively. Finally, respondents also mention that reducing the financial and procedural barriers by lowering fees and simplifying application steps would make the application process more accessible and equitable.

Many applicants report that they were required to undergo additional tests and training as part of the application process. From the applicants' responses it can be concluded that these requirements primarily focus on language proficiency.⁶⁷ Applicants reported a number of cases when they needed to pass rigorous language assessments, for example proficiency tests in medical language at a C1 level: while some countries accept B2-level certificates, others require C1-level proficiency, and in certain sectors (e.g. healthcare), applicants must undergo specialised language exams or interviews with professional bodies. Some respondents noted that language training was mandatory, even when their professional activities

⁶⁷ Language controls are a common prerequisite, especially in host countries where the official language differs from that of the applicant's home country. According to Article 53 of the Directive, language controls may be imposed only if the profession to be practised has patient safety implications and in respect of other professions in cases where there is a serious and concrete doubt about the sufficiency of the professional's language knowledge in respect of the professional activities that that professional intends to pursue. CJEU case law, however, limits Member States' liberty in imposing language tests, emphasising that such requirements must be proportionate, non-discriminatory, and justified by the nature of the professional tasks. The Court has ruled that systematic or standardised language testing, or requiring a diploma from a specific institution, constitutes a disproportionate burden and may amount to indirect discrimination based on nationality. Judgement of 6 June 2000, *Angonese*, C-281/98, ECLI:EU:C:2000:296; Judgement of 5 February 2015, *Commission v BE*, C-317/14, ECLI:EU:C:2015:63 and judgement of 5 July 2000, *Haim*, C-424/97, ECLI:EU:C:2000:357.

did not involve direct patient interaction, raising questions about the necessity and proportionality of such measures.

In addition to language tests, several applicants reported being subject to other types of tests and checks, including: professional competency exams, such as exams to practice a medical specialty; medical fitness checks, examinations and tests; internships or supervised practice periods; written or oral evaluations conducted by professional bodies or chambers, sometimes without clear success criteria.

Overall, the survey responses on additional checks and tests may point to a need for greater clarity and transparency in how application procedures are applied to ensure that measures are consistent with the Directive.

10.2 The business perspective

Based on feedback from associations representing business interests⁶⁸, companies face several challenges when hiring professionals with recognised professional qualifications, especially challenges that are bureaucratic in nature. One of the most significant challenges is experienced due to complex and lengthy procedures in some Member States, which can delay the entry of professionals into the market. One of the reasons leading to long procedures seems to be the large number of documents that is required and the fact that digital solutions are often not in place to process documents and applications.

In addition, there are language and cultural barriers that can further hinder the integration of professionals into the labour market. High international competition for qualified talent and additional costs associated with recruiting workers from other countries are also mentioned as barriers, which is especially significant in the field of nursing, healthcare and medical professions (i.e. some of the fields with the highest number of applications for recognition).

National business federations also flag that companies sometimes lack information on the content and validity of qualifications from other countries and that companies find it difficult to assess whether qualifications obtained in one country meet the requirements of another country. Differences in education, training and qualification requirements across Member States can complicate the recognition process. In such cases, businesses suggest that complementarities could be sought to ease the recognition process (e.g. through the development of common training principles).

Businesses also mention challenges experienced by professionals during the recognition procedure. They mention lengthy, costly, complex and burdensome administrative procedures with a lack of clear and comprehensible information and support and many professionals being unaware of how to navigate the procedure. This also applies to professionals aiming for temporary or project-based work. These hurdles are further complicated by language barriers, e.g. in terms of filling out documents in the language of the host country or translation of documents, requirements to prove sector-specific work experience, or identification of the correct competent authorities for the issuance of attestations of competence.

Additionally, businesses note that minimum training requirements for sectoral professions should be updated regularly, and that the quality and content of training provided by establishments awarding a diploma for sectoral professions should be better monitored.

⁶⁸ Based on input from BusinessEurope and SMEUnited.

One of the main suggestions for measures that could remove barriers and facilitate recognition procedures is to introduce digital solutions, which could reduce the delays and complexity currently experienced by professionals. In general, it is suggested that administrative procedures are simplified, that access to information is improved and that linguistic barriers and red tape are reduced. Both companies and professionals should be supported in the process of recruitment and recognition of qualifications. At EU-level, fast-track recognition procedures and common training principles (common training frameworks or common training tests) could be established for key professions (i.e. professions in which labour and skills shortages are the most prominent). Further, it is suggested that measures are introduced at EU-level to promote mechanisms for attracting talent, to promote mutual recognition of work experience, to improve the flexibility for hiring third country nationals, and to enable sectoral mobility schemes within the EU (similar to Erasmus+ for student mobility). As to the general system of recognition, stakeholders point to the need to reduce differences in the implementation of compensation measures.

At national level, it is suggested that education programmes are aligned with industry needs and that lifelong learning as well as training for the unemployed is improved. Information and transparency with regard to qualifications should be improved and procedures at national level should be simplified.

Concluding remarks: Is Directive 2005/36/EC fit for purpose?

The Single Market provides a unique framework for the free movement of professionals with their skills and qualifications. The high mobility of professionals emphasizes the critical role of the Professional Qualifications Directive in facilitating free movement of services, workforce fluidity and addressing labour market demands and the demand for professional services. As emphasized by the Single Market strategy adopted in May 2025⁶⁹, continuous improvement, effective implementation of the rules on recognition of professional qualifications, use of enforcement measures and modernisation of recognition processes are vital to sustaining and enhancing the benefits of professional mobility within the EU.

Overall, Directive 2005/36/EC remains the cornerstone of the EU framework for the recognition of professional qualifications and the facilitation of free movement of professionals. It has provided a clear legal basis for mobility, especially in highly regulated and mobile sectors such as healthcare, engineering, architecture, and education. By establishing common rules on recognition of professional qualifications, the Directive has reduced uncertainty for professionals seeking to establish or provide services in another Member State and offered host authorities a structured process for recognition, as has been widely acknowledged by stakeholders.

The Commission will remain committed to ensure and monitor a clear and sound legal framework for the recognition of professional qualifications across the EU for the benefit of the professionals but also for the benefit of the citizens as consumers so that they can receive a service from a qualified professional. Enforcement actions will focus on the monitoring of the correct application of the Directive in case of establishment and temporary provision of services through dialogue with the Member States, guidelines provided to facilitate a coherent application of the Directive and, if necessary, infringement proceedings.

⁶⁹ COM(2025) 500 final, The Single Market: our European home market in an uncertain world- A Strategy for making the Single Market simple, seamless and strong

At the same time, challenges remain to improve and facilitate the recognition of professional qualifications across the EU.

- Despite simplification measures introduced by the 2013 amendments, **recognition procedures** under the Directive are still reported to be lengthy, unevenly applied, and administratively burdensome in certain Member States. Improvements in digitalisation of procedures, speeding up and facilitating recognition processes are required to maintain the relevance of the Directive.
- Implementation of the Directive has shown that the **empowerments** included in it with delegated acts have been effective in updating minimum training requirements and lists of professional titles without requiring a full legislative revision. This mechanism has provided flexibility and responsiveness, especially in professions where education and training standards evolve regularly. Expanding Commission delegated powers without the need to adopt legislative acts could allow for swifter updates. Nevertheless, such expansion would need to be balanced with legislative oversight and stakeholder engagement to preserve legitimacy and acceptance.
- However, the new **mechanisms introduced by the 2013 amendment** have remained underused. The European Professional Card, while successful in specific professions, has seen limited uptake overall due to administrative complexity, uneven implementation, and insufficient awareness among professionals. Similarly, the Common Training Principles have been difficult to implement in practice.
- At the same time, the **reporting and notification system** has provided a structured channel for transparency and oversight. Member States have been notifying the Commission of new or amended national rules affecting regulated professions and providing periodic reports on the functioning of recognition systems including statistics on the recognition decisions taken. This mechanism has helped to monitor the evolution of national regulation and has created a more coherent picture of professional access requirements across the Union. In practice, sometimes, the system has faced challenges. Many Member States lack efficient and reliable internal systems of recording and collection of data on the length of national recognition processes and recognition decisions taken. They often struggle with the administrative burden of preparing detailed notifications, particularly when changes to national legislation affect multiple professions simultaneously. There have also been delays in submitting reports, and variations in the quality and completeness of information provided. While the obligations are manageable in principle, they remain resource-intensive for some administrations, especially smaller ones. At the same time, this data is indispensable to facilitate the mobility of professionals and is also necessary to allow for monitoring of the mobility of professionals across the EU.
- The **alert mechanism** allows Member States to identify professionals who are prohibited or restricted from pursuing their professional activities in their home State. It was introduced by the 2013 amendment as an additional source of information (complementing the existing measures in the Directive) that can be used to verify the evidence provided by the migrating professionals or to monitor the absence of prohibitions or restrictions for professionals established in a Member

State. However, it is often perceived by public as the only line of defence against professionals who are unfit to practice. The Commission continuously works on making the IMI alert module more robust and user-friendly to ensure that all relevant competent authorities use it promptly and effectively.

- Directive 2005/36/EC, particularly after its 2013 amendment, introduced digitalisation by allowing for instruments such as the European Professional Card and use of the Internal Market Information system. These provisions demonstrated the Directive's capacity to integrate digital tools into recognition processes. The use of electronic procedures and cooperation platforms has reduced administrative complexity and signalled the directive's adaptability to technological developments. The Directive's provisions have proved flexible enough to allow incremental integration of digital tools, but lack the clarity and ambition needed to fully exploit the potential of digitalisation. A future revision could strengthen adaptability by for example explicitly recognising digital credentials, enabling interoperability across IT systems, and creating a framework for the digitalisation of recognition processes as technology evolves. This would reduce administrative burdens, increase consistency, and make the recognition system more resilient to future developments.