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Brussels, 19 September 2011

### **Concerning: EFN Input to the Green Paper on Modernising the Professional Qualifications Directive**

Dear Commissioner Barnier,

The European Federation of Nurses' Associations (EFN) welcomes the opportunity to participate in this new consultation process on the Professional Qualifications Directive. The EFN consists of National Nurses Associations from 34 European Countries, and aims to ensure a high quality and equitable health service in the EU by a strategic contribution to the development of an effective, competent and motivated workforce of nurses. As such, the EFN policy outcomes have an effect on the daily work of 6 million nurses throughout the European Union and Europe. The EFN is therefore well placed to contribute to this important EU policy document and we look forward to continuing playing an active role in this process.

#### **EFN POSITION**

The EFN emphasises the importance of the Directive on Mutual Recognition of Professional Qualifications for the free movement of nurses within the EU. The principle of automatic recognition is key in the Single Market. Therefore, the EFN calls on the Commission to strengthen and modernise the Directive and asks for transparency and concrete actions in benefit of the health professionals mobility without compromising patient safety and the quality of healthcare. For the EFN, the modernisation of the Directive should provide the framework for the development of a high-quality care delivered by a competent health workforce of sufficient capacity and with the right skills to face future healthcare challenges by:

1. Guaranteeing the minimum requirements as set out in the Directive 36 - the EFN stresses the importance of moving towards 12 years of entry level for all Member States.
2. Making the IMI system mandatory for competent authorities and accessible to individual applicants to reduce bureaucracy and fostering its development in benefit of the professional recognition;
3. Updating the Annexe V with new topics in the nursing curricula, and setting out the process for further exploration of adding a competency list to the Annexe V;
4. Putting in place a process for the development of an EU Continuous Professional Development (CPD) framework to maintain a highly skilled and motivated workforce in the health sector;
5. No partial access to the nursing profession or any other health profession.

The EFN believes the Single Market Act can boost new highly skilled jobs in the health sector, in line with the ambitious flagships strategies of the EU. Therefore, the nursing profession is in a very good position to drive innovative change, making healthcare systems more effective and efficient.

Yours Sincerely,

Unni Hembre  
EFN President

## DETAILED EFN INPUT

### 2. NEW APPROACHES TO MOBILITY

#### 2.1 The European Professional Card

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

The EFN congratulates the Commission in developing the IMI system and believes this communication tool should become mandatory as the main source for the exchange information between Member States concerning Mutual Recognition of Professional Qualifications. In that sense, the IMI system must facilitate the administrative process and communication between home and host Member State in an online modality. For faster cooperation, the EFN welcomes the proposal in the Green Paper where cooperation via IMI should be subject to deadlines which Member States must adhere to in the future.

Regarding the possible introduction of the European Professional Mobility Card (EPMC), the EFN believes that benefits will best be achieved by using the IMI system to support, include and transfer detailed information about the card holder and the recognition process. The EFN considers that the EPMC, issued by the competent authority in the Member State where the qualification is acquired, should facilitate the process increasing the role of the home Member State at an early stage. However, it should be ensured that when issuing the card (e-professional card), the applicant holds the correct qualifications and satisfies any conditions as required by the Directive (e.g. legal establishment, original diplomas, etc.). All information needs to have been examined and verified by the home Member State, in communication with the host Member State through IMI system, before the card is issued.

The EFN welcomes the suggestion made in the Green Paper that the competent authority of the home Member State would store the documents required for issuing the card (e-professional card) and make them available to the host Member State. Concerning the potential developments of the IMI system presented in the last Steering Group of the EPC (13 September 2011), the EFN welcomes the option 1 (temporary mobility) and option 3 (automatic recognition) (*see annexe 1*) and encourages the use of EU structural funds for implementation. These graphs represent recent developments of the IMI system which allow consumers, patients, nurses and employers (recruiting nurses) to verify the validity of the EPMC.

However, as the EPMC is not mandatory, it needs to be clear that for those migrants who do not opt for a card the recognition process will be as it has been so far, being the host Member State responsible for the verification of the qualifications of the migrating professional. This different process needs to be clarified as there needs to be some added value for a professional holding a card (e-professional card) in comparison with the current system. The EFN believes that this dual role of responsibilities needs to be clearly defined otherwise it could create uncertainties in the recognition process.

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

The EFN recognizes the potential positive use of a European Professional Card (e-professional card) for nurses who want to migrate. As part of the Steering Group of the European Professional Card, EFN is facilitating the drafting of a case study on the possible introduction of a European Professional Mobility Card for nurses wanted to move within the EU. The Competent authorities (regulators) from UK (David HUBERT-UK Nursing and Midwifery Council), Spain (Ana GIMENEZ - ES Ministry of Health), Portugal (Antonio Manuel SILVA - PT Ordem dos Enfermeiros), Poland (Grzegorz MAZURCZAK - PL Ministry of Health), Denmark (Tatjana MILCEVIC - DK coordinator for the Professional Qualification Directive) and France (Hans-Sebastian PEREZ - FR Ministry of Health), are included in the case study.

#### **a. The card holder moves on a temporary basis**

Although the issuance of the EPMC (e-professional card) and the use of IMI system should reduce the administrative documents for a professional moving on a temporary basis, this should not remove the requirement for health professionals practicing temporarily in another Member State to provide prior notification and declaration to the relevant health regulator. Therefore, the EFN is in favour of Option 2 (the declaration regime is maintained but the card could be presented in place of any accompanying document) only if the issuance of the card already covered the necessary documents detailed in Art. 7 of the current Directive.

As already stated in the [EFN response to the Public Consultation on the Professional Qualifications Directive](#), for EFN the terms "temporary" and "occasional" could be differentiated and clarified, above all in terms of duration.

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

With regards the benefits of the EPMC (e-professional card) for professional seeking automatic recognition, the EFN welcomes the shorter period for receiving Member States to take a decision within two weeks. One of the added values of the EPMC is that the card should attest that the professionals' qualifications comply with the harmonised minimum requirements and that the competent authority that issue the card in the Member State verify that the requisite evidence of formal qualification has been awarded. In that sense, the competent authority in the host Member State can also verify the recognition process through the IMI system.

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

Concerning the recognition process under the general system, the EFN is in the position that the general system is significantly more complex and it is especially challenging to compare the migrating nurse's curricula completed in the home Member State with the education and training requirements of the host Member State and to determine whether compensation measures are required. Consequently, when assessing the possible extension of the EPMC's scope to nurses falling under the general system it should be clarified how many nurses are applying under the general system, the profile of these applicants and an overview of the compensation measures needed. The EFN therefore recommends starting the pilot of the EPMC for those nurses falling under the automatic recognition principle.

## **2.2 Focus on economic activities: the principle of partial access**

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

The EFN opposes partial access to the nursing profession within the context and review of the Directive on Mutual Recognition of Professional Qualifications. If the Commission plans to develop new professions within the healthcare system, those professionals should fall under the general system. Partial access would create a two tier system of professionals and promote systems of inequity for patients receiving nursing care. There is evidence to support the fact that higher educated nurses result in improved patient outcomes<sup>1,2,3,4</sup>.

The EFN opposes partial access to any of the sectoral professions as it creates confusion for the patients and citizens. It creates confusion about who is a nurse and who is not a nurse, who is a physician, and who is not, and what care they are and are not authorised to provide. It would be unacceptable if within the modernisation of the Directive partial access slipped in as a concept to make health services cheaper in contrast to the Commission ambitious flagships 2020.

## **2.3 Reshaping common platforms**

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

As nurses responsible for general care fall under the automatic recognition principle, the common platforms are not necessary in that sense. Nevertheless, the EFN would support lowering the current requirements for the creation of a common platform (one-third instead of two-thirds), as it could be a useful tool for the recognition process of specialist nurses who fall under the general system. However, the European Commission needs to guarantee that the common platforms are not created without respecting the existing European education standards (minimum education and training requirements) and should never promote the creation of a common platform in favour of a decreased level of education. The EFN agrees with the need for an Internal Market test to ensure a common platform does not constitute a barrier for service providers from non-participating Member States.

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<sup>1</sup> Aiken, L. & Havens, D. (1999) *Shaping Systems to Achieve Desired Outcomes*. *Journal of Nursing Administration*, 29, 14-20.

<sup>2</sup> Buchan, J. (2000) *Health Sector Reform and Human Resources: Lessons from the United Kingdom*. *Health Policy and Planning*, 15, 319-325.

<sup>3</sup> Aiken L et al. "Educational Levels of Hospital Nurses and Surgical Patient Mortality," *Journal of the American Medical Association*, 290(12): 2003.

<sup>4</sup> Aiken L et al. "Effects of Hospital Care Environment on Patient Mortality and Nurse Outcomes," *Journal of Nursing Administration*, 38(5): 2008.

## **2.4 Professional qualifications in regulated professions**

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

As regards general care nurses, all Member States regulate the nursing profession. The rationale for having an EU Directive in relation to professional qualifications is to safeguard patients and any decision taken by individual countries which could compromise these EU standards would ultimately affect patient care in the host countries and is therefore unacceptable for EFN.

## **3. BUILDING ON ACHIEVEMENTS**

### **3.1 Access to information and e-government**

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

The EFN believes that the modernisation of the Professional Qualifications Directive needs to be taken into account within the context of the EU Digital Agenda (DG INFSO) and must facilitate the administrative process in an online modality. Therefore, EFN agrees with the principle of building on the existing National Contact Points (Art. 51) to offer the professionals the possibility of completing all the procedures related to the recognition of qualifications online.

The EFN welcomes that the National Contact Points could organise the central access point to information (complete information on competent authorities and document requirements) and coordinate with the competent authorities the facilities to enable the completion of all formalities online, making use of the IMI system.

Finally, EFN believes that better communication between and with the national accreditation centres for the nursing education curricula is crucial to speeding up the recognition process. EFN has mapped national accreditation bodies for nursing and encourages the competent authorities to have a more constructive dialogue with these bodies, where they are separate entities (*See Annexe 2*).

### **3.2 Temporary mobility**

#### **3.2.1 Consumers crossing borders**

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

The nursing profession is regulated in all Member States. Nevertheless, in regard to the regulated professionals the host member state will always be accountable for the care received in its jurisdiction and as such has the right to seek a prior declaration.

#### **3.2.2 The question of "regulated education and training"**

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

The EFN agrees with the current concept of "regulated education and training" as a benchmark to ensure that the nurses has completed minimum education and training requirements in their home country. Within the enlargement process, the new Member States have made huge efforts to upgrade the education of nurses in their home country. Therefore, it would be unfair for the rest of the Member States to allow lower education or training regimes in the upcoming Member States.

EFN understands the proposal of the European Commission as a threat against these efforts made, and believes that the concept of regulated education and training should remain as it is described in Article 3 (e).

### **3.3 Opening up the general system**

#### **3.3.1 Levels of qualifications**

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

EFN opposes the deletion of Article 11 making reference to the level of qualifications. The EFN recognises the difficulties with the 5 levels and suggests that the current 5 levels of education described in the Art. 11 are

amended by the content of the levels as described by the European Qualifications Framework (EQF). Whilst the current levels are rudimentary, they do provide a benchmark and some level of consistency between Member State competent authorities. The EFN would therefore not support the deletion of the levels in the Article 11 until or if the European Qualifications Framework (EQF) or some other assessment was shown to be an effective alternative. The Commission is currently awaiting the outcome of a study on the EQF and we look forward to seeing the results.

### **3.3.2 Compensation measures**

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

The EFN does not agree with the deletion of the Art.11. The EFN states that the home countries has the responsibility to their citizens to ensure that nursing education meets the minimum requirements established in the Directive and that the entire nursing profession on their register are competent practitioners.

### **3.3.3 Partially qualified professionals**

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

For the EFN, this point is not under the scope of the Directive 36 as it is addressed only to professionals who are fully qualified to practice in one Member State and who wish to practice the same profession in another Member State. The Directive 36 concerns nurses who graduated, not student nurses. The mobility of nursing graduates who are not fully qualified professionals should be regulated under another EU legislation, not this Directive. Therefore, the EFN is against extending the procedural safeguards of the Directive to graduates from academic training who wishes to complete a period of remunerated supervised practical experience in the profession abroad.

### **3.4 Exploiting the potential of IMI**

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

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

The EFN welcomes the second option, as an alert obligation should be triggered in all the legal cases where an individual is sanctioned or taken off the national register. This needs to be communicated urgently through the IMI system to all the Member States. In order to establish such a system there also needs to be clarity between competent authorities on what constitutes a disciplinary case – as these differ between Member States. It also needs to be clear what appeal processes are in place for the individual nurse. The EFN considers that the option 4 of the proposal of the IMI system presented in the Steering Group of the EPC could be useful for this process (Annexe 1).

### **3.5 Language requirements**

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

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

The EFN opts for the second option meaning that it is necessary to amend the Directive itself with regard to health professionals having contact with patients and benefiting from automatic recognition in terms of strengthen and reinforce language requirements on patient safety grounds.

The EFN believes that language requirements should be justified and proportionate, in view of the activity that the professional wishes to carry out. Nevertheless, the employers need to retain responsibility for determining whether health professionals are competent to carry out the particular role for which they are being recruited, including their ability to communicate effectively with colleagues and patients. Written and spoken language skills are key to quality and safety in reporting, about the caring process to inform clinical decisions. As such, we need to find a good balance between free 'movement' and 'safety and quality'. The EFN trusts that some clarifications within the Directive will help the individual wanting to move, the employer investing in its employees and the regulator playing the gatekeeper role.

## **4. MODERNISING AUTOMATIC RECOGNITION**

### **4.1 A three-phase approach to modernisation**

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

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

Regarding the first phase of modernisation, the EFN agrees with the need to strengthen the minimum education and training requirements leading to an increase in the quality of the services offered by nurses, as quality nurse education is linked to improved patient outcomes and reduction in patient safety incidents<sup>5,6,7,8</sup>. The minimum requirements are considered as a benchmark ensuring quality nurse education and a quality nursing workforce able to deliver safe and high quality patient care.

Concerning the duration of the education/training, the EFN believes that we need to amend the current system, so that the main reference is to 4.600 hours. Reference to years is less relevant as it confuses optimal implementation. The 4.600 hours needs to be the verifying element in each nursing curriculum. Also, the number of hours and the % of theory and practice must remain to safeguard quality and safety in patient care. If years are to continue to be referenced then the Directive should read 4600 hours AND three years as a minimum.

Secondly, the EFN agrees on the need for updating the training subjects described in the Annex V as regards scientific and educational developments to reflect current advancements in nursing, such as new focus of healthcare oriented towards prevention; issues as care of individuals, patient health education, multicultural nursing; community based care; evidence based nursing; patient safety; organisation of healthcare services, nursing leadership and management; eHealth and ICT developments<sup>9</sup>. Furthermore, within the Annex V, the Directive could contain requirements of knowledge about national healthcare laws, healthcare services and communication skills. The EFN will present a final list of topics to the Commission after the EFN October General Assembly, in Warsaw.

Following the second phase of modernisation, the EFN would agree with the introduction of competences into the Annex V. It is important that the Commission designs now the process for doing this. The EFN will present also an EFN Competency List as agreed by the EFN members in the October General Assembly, in Warsaw. The EFN has taken into account the outcomes of the governments representatives on the 27<sup>th</sup> May 2011 on the minimum requirements.

Finally, the EFN welcomes the use of the ECTS system once the definition of an ECTS credit is widely harmonised and recognised.

### **4.2 Increasing confidence in automatic recognition**

#### **4.2.1 Clarifying the status of professionals**

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

The EFN welcomes the Commission's proposals to affirm the importance not just of recognising qualifications to facilitate free movement of health professionals but also of ensuring that health professionals seeking to

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<sup>5</sup> Aiken, L. & Havens, D. (1999) *Shaping Systems to Achieve Desired Outcomes. Journal of Nursing Administration*, 29, 14-20.

<sup>6</sup> Buchan, J. (2000) *Health Sector Reform and Human Resources: Lessons from the United Kingdom. Health Policy and Planning*, 15, 319-325.

<sup>7</sup> Aiken L et al. "Educational Levels of Hospital Nurses and Surgical Patient Mortality," *Journal of the American Medical Association*, 290(12): 2003.

<sup>8</sup> Aiken L et al. "Effects of Hospital Care Environment on Patient Mortality and Nurse Outcomes," *Journal of Nursing Administration*, 38(5): 2008.

<sup>9</sup> Revised DIR 36 Annex V, EFN Professional Committee Task Force 2011.

move to another Member State also have the right to practise in their home Member State. Thus, the EFN agrees that this principle should be also required in terms of establishment.

Addressing the question of continuing professional development, the EFN believes a Continuing Professional Development Framework<sup>10</sup> should be integrated in the Directive as part of Art. 22. In that sense, under common provisions on training the Directive would encourage that education, training and CPD shall ensure that a person who holds a professional qualification is able to keep abreast of professional developments to the extent necessary to maintain safe and effective practice. These would be in accordance with the procedures specific to each Member State. This approach would recognise that there are considerable variations in how Member States understand and organize CPD.

Concerning the major topic under point 4.2 of the Green Paper, the EFN welcomes the Commission proposal to consider the selection of a body or authority at national level to take responsibility for ensuring that the contents of the education and training, leading to a given professional title, fulfil the requirements of the Directive at all times. The EFN considers that this approach will lead to an increase trust and confidence among competent authorities, member States, professionals and citizens as regards the system of automatic recognition.

#### **4.2.2 Clarifying minimum training periods for doctors, nurses and midwives**

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

Concerning the duration of the education/training, the EFN believes that we need amend the current system, mentioning the reference to the number of 4.600 hours. Reference to years is less relevant as it confuses optimal implementations. The 4.600 hours needs to be the verifying element in each nursing curriculum. Also, the number of hours and the % of theory and practice must remain.

Regarding the reference to the hours, the EFN acknowledges that it is almost impossible to implement 4.600 hours in 3 academic years. Therefore, the EFN assumes that most nursing schools will have to move to minimum 4 years of nursing in order to comply with the Directive 36. If a minimum years requirement is to be retained in the Directive then the wording needs to shift to hours AND years, not hours OR years.

#### **4.2.3 Ensuring better compliance at national level**

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

The EFN agrees with the views to disclose the content of the education and training to the competent authorities of the other Member States on a regular basis through the IMI system. The EFN fully agrees that in case of new diplomas, Member States should notify new changes to diplomas as soon as they are accredited by an accreditation institution or approved by other public bodies, thus well before students graduate with the notified diploma and the accreditation institution should also ensure that the new title complies with the minimum training requirements as established in the Directive. As proposed by the European Commission in the Green Paper, the EU Member States should designate and communicate an accreditation institution or a public body in charge, among other activities, of ensuring that the harmonised minimum requirements of the Directive are respected. For that purpose, the EFN presents the Annex 2 including who is in charge of the accreditation for nurse education within its membership.

#### **4.4 Nurses and midwives**

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

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

The EFN fully support option 2, increasing the requirement of 10 years to 12 years of general school education, as regards the admission requirements for nurses; this is already a requirement in most Member States as a result of the significant evolution of the nursing profession and the need to prepare nursing students to meet challenging healthcare needs. However, given the rising number of mature nursing students in some countries,

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<sup>10</sup> "Continuing Professional Development (CPD) is the systematic maintenance, improvement and continuous acquisition and/or reinforcement of lifelong knowledge and skills of health professionals. It is pivotal to meeting the patient needs, health service delivery needs and the learning needs of individual professionals." Source: Civil Society Resolution on Continuing Professional Developments, European Federation of Nurses/Pharmaceutical Group of the European Union/European Region of the World Confederation for Physical Therapy;  
[http://www.efnweb.eu/version1/en/documents/CivilSocietyResolutiononCPD17102006EN\\_001.doc](http://www.efnweb.eu/version1/en/documents/CivilSocietyResolutiononCPD17102006EN_001.doc)

the EFN would like to ensure that the wording of the Directive does not disadvantage those entering higher education through non-traditional routes. We would therefore propose that the Directive requires “a minimum of 12 years’ general education or equivalent to meet higher education entry requirements.

#### **4.8 Third country qualifications**

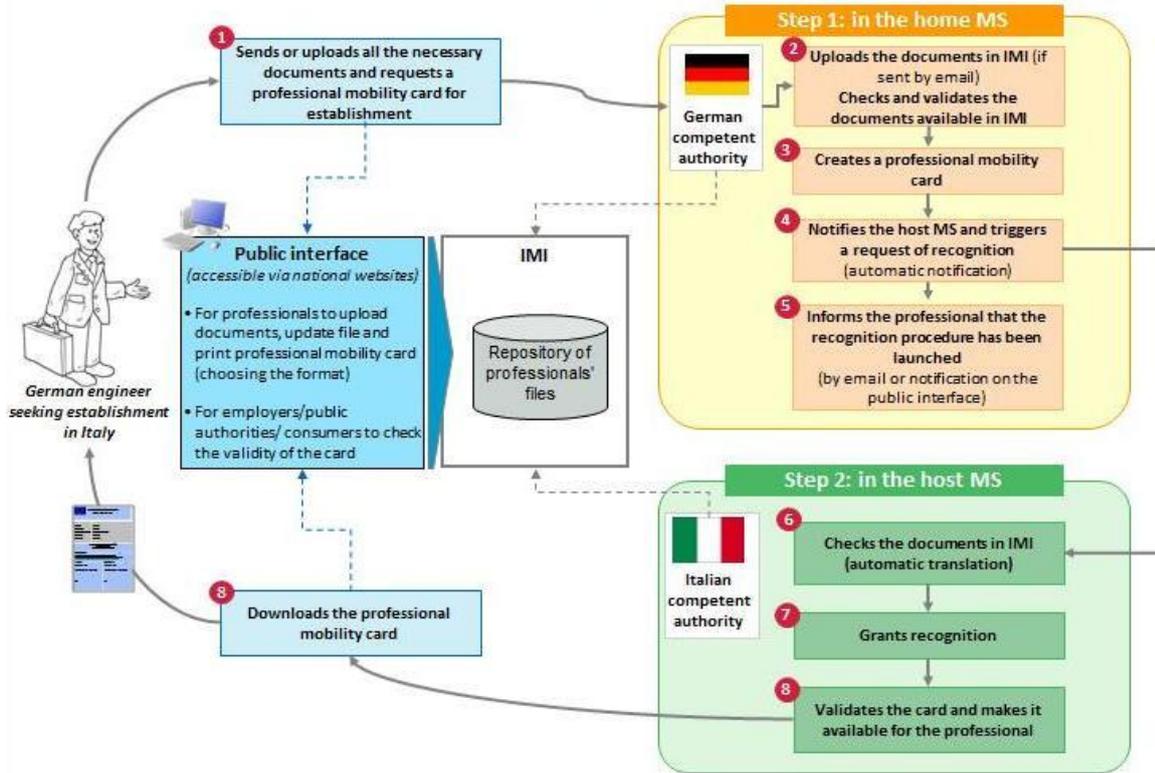
**Question 24: Do you consider it necessary to make adjustments to the treatment of EU citizens holding third country qualifications under the Directive, for example by reducing the three years rule in Art 3 (3)? Would you welcome such adjustment also for third country nationals, including those falling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

The EFN considers that the third country qualifications should stay as defined in the current regime. The Directive states that Member States should not accept these qualifications from EU citizens, if they are from the professions with harmonised training, such as nurses, unless they meet the minimum training requirements. The EFN believes that this provision should remain in order to maintain the integrity of the harmonised education standards for health professionals across Europe and trust and public confidence in the system.

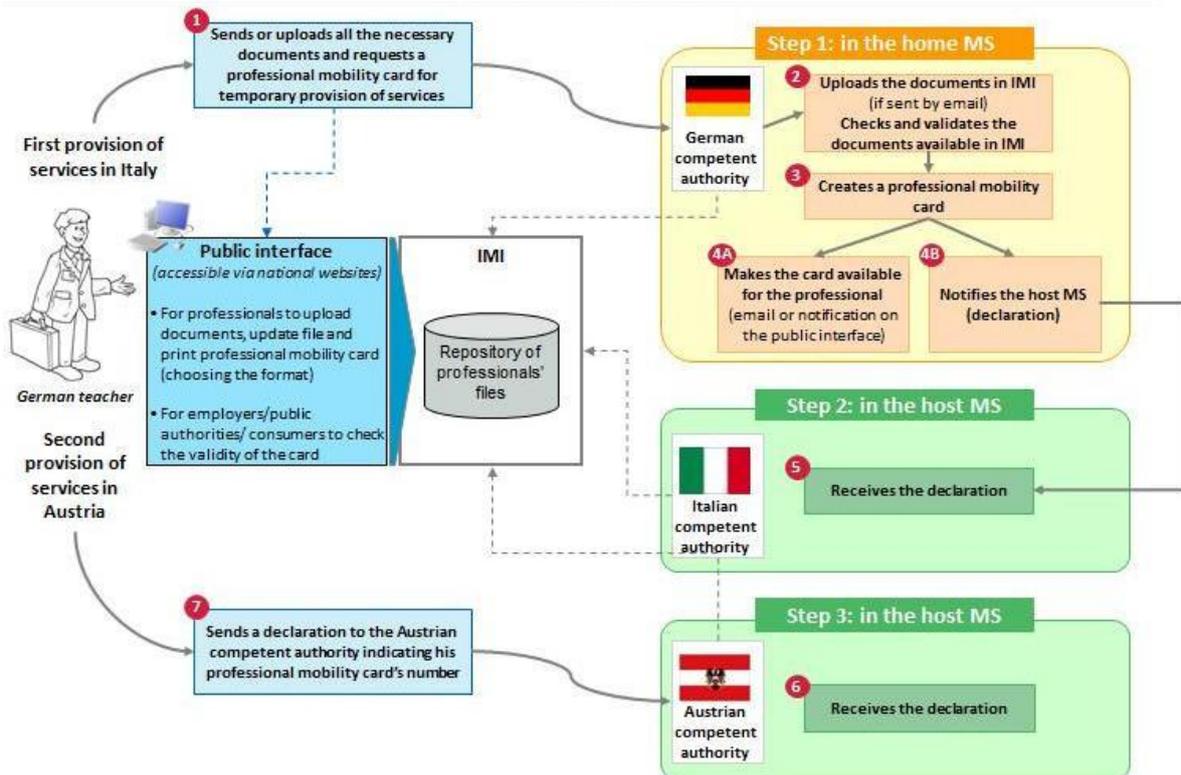
## ANNEXE I

### Steering Committee of the European Professional Card Presentation of possible scenarios using the IMI system

#### PROFESSIONAL MOBILITY CARD: ILLUSTRATION OF THE POSSIBLE FUNCTIONING CASE 1: Establishment- immediate recognition (without compensatory measures) (also valid for temporary mobility – article 7(4))



#### PROFESSIONAL MOBILITY CARD: ILLUSTRATION OF THE POSSIBLE FUNCTIONING CASE 3: Temporary mobility



## ANNEXE II

### Accreditation National Nursing Curricula (*EFN members' information*)

EFN MEMBERS	AGENCY
<b>Austria</b>	<p>The <b>accreditation of nursing schools is competence of the federal state</b>. The law fixes the framework but the education happens on secondary level. The curricula aren't accredited but the federal ministry makes recommendations.</p> <p>The name of the organisation in Vienna is:  <b>Bundesministerium für Gesundheit</b>            Radetzkystraße 2            1030 Wien - Austria            Tel: +43-1/711 00-0</p> <p>The colleges create the curricula themselves. Here it is the council of the colleges which gives accreditation. In this case the name of the organisation is:  <b>Geschäftsstelle des Fachhochschulrates</b>            Liechtensteinstrasse 22a            1090 Wien - Austria            Tel: +43-1/3195034-0</p>
<b>Belgium</b>	<p>Ce sont les <b>Communautés (Française, Flamande, Germanophone)</b> qui ont en charge l'enseignement (secondaire et supérieur) et donc l'équivalence des diplômes (voir les adresses dans le fichier "Finlande") <b>et le SPF Santé publique qui donne l'accès à l'exercice professionnel</b> notamment sur base de la Directive sectorielle 2005/36/EC (voir les autres fichiers).</p>
<b>Bulgaria</b>	<p>The organization giving the accreditation of the nursing faculties in Bulgaria is:  <b>The National Evaluation and Accreditation Agency</b>            125 "Tsarigradsko Shose" Blvd., bl. 5, fl. 4, North Wing            Sofia 1113 - Bulgaria            Tel: (+359) 2 8077811 / (+359) 2 8077812 / (+359) 2 8077826            Fax: (+359) 2 971 20 68            Email: <a href="mailto:info@neaa.government.bg">info@neaa.government.bg</a>            Web: <a href="http://www.neaa.government.bg">www.neaa.government.bg</a></p>
<b>Croatia</b>	<p>In Croatia, the governmental body responsible for accreditation of Croatian nursing school is:  <b>Ministry of Science, Education and Sports</b>            Donje Svetice 38, 10000 Zagreb, Croatia,            Tel: +385 1 4569 000            Fax: +385 1 4594 301            E-mail: <a href="mailto:ured@mzos.hr">ured@mzos.hr</a></p> <p>Note: In the field of higher scientific education, prior to accreditation, National Council for Higher Education (expert group) must provide OPINION, document of consent to accreditation in question. Last two years, ever since new Higher Scientific Education Quality Act was approved, the consent of two state Agencies is also required for acquiring accreditation on the field of high scientific education - <b>The Agency for Science and Higher Education and ASHE Accreditation Council</b>, besides the consent/Opinion from <b>National Council for Higher Education</b>.</p>
<b>Cyprus</b>	<p>Nursing Education in Cyprus is taught at university level, public or private. Their <b>academic accreditation is under the ministry of education and culture</b> but <b>the curriculum needs to be accredited by the Nursing Regulatory body</b> (according to the 2010 amendments to the Cyprus Law)</p> <p><b>Ministry of Education and Culture</b>            Accreditation of Nursing schools            Mr Efstathios Michael, Director of Higher Education (currently substituted by Ms Despina Martidou)</p> <p>(Committee for recognition of PRIVATE universities)            P.O.Box 12592            2251 Latsia,            Nicosia, Cyprus            Tel: +357 22 402329            Fax: +357 22 561400</p>

	<p>Email: <a href="mailto:administration@ecpu.ac.cy">administration@ecpu.ac.cy</a>  Web: <a href="http://www.ecpu.ac.cy/index_en.htm">http://www.ecpu.ac.cy/index_en.htm</a></p> <p><b>Council of Nursing and Midwifery, Cyprus</b>  Accreditation of Nursing Curricula from the professional point of view, not the academic  Dr Evridiki Papastavrou, president  Email: <a href="mailto:e.papastavrou@cut.ac.cy">e.papastavrou@cut.ac.cy</a></p>
<b>Czech Republic</b>	<p>The accrediting organization is:  <b>Sekretariát Akreditační komise</b>  Ministerstvo školství, mládeže a tělovýchovy  Odbor vysokých škol  Karmelitská 7  CZ - 118 12 Praha 1  e-mail: <a href="mailto:akreditacnikomise@msmt.cz">akreditacnikomise@msmt.cz</a>  Ms. Koziolova (<a href="mailto:koziolovaj@msmt.cz">koziolovaj@msmt.cz</a>) is responsible for EU, international agenda.</p>
<b>Denmark</b>	<p><b>The National Board of Health  Islands Brygge 67</b>  DK- 2300 København Ø  Phone +45 72 22 74 00  Fax +45 72 22 74 11  E-mail <a href="mailto:sst@sst.dk">sst@sst.dk</a>  Website: <a href="http://www.sst.dk">www.sst.dk</a></p>
<b>Estonia</b>	<p>The <b>Estonian Higher Education Quality Agency (EKKA)</b> continues the work of the Estonian Higher Education Accreditation Centre and the Estonian Higher Education Quality Assessment Council that operated from 1997 to 2008. EKKA was established on January 1, 2009.  Toompuiestee 30  Tallinn 10149 - Estonia  Tel: +372 696 2424  Fax: +372 640 0455  Email: <a href="mailto:ekka@archimedes.ee">ekka@archimedes.ee</a>  Web: <a href="http://www.ekka.archimedes.ee/en">http://www.ekka.archimedes.ee/en</a></p>
<b>Finland</b>	<p>In Finland nurses are educated on higher education level, at polytechnics (also known as universities of applied sciences). The Finnish higher education system consists of two complementary sectors: polytechnics and universities. The Ministry of Education and Culture (see <a href="http://www.minedu.fi/OPM/?lang=en">http://www.minedu.fi/OPM/?lang=en</a>) makes decisions on degree programmes, but we don't have an accreditation system in the sense you mean. <b>The Polytechnics Act</b> gives the basis and regulations on education at polytechnics.</p> <p>Basic information on polytechnic education in Finland you can find at:  <a href="http://www.minedu.fi/OPM/Koulutus/ammattikorkeakoulutus/?lang=en">http://www.minedu.fi/OPM/Koulutus/ammattikorkeakoulutus/?lang=en</a>  <a href="http://www.finlex.fi/en/laki/kaannokset/2003/en20030351.pdf">http://www.finlex.fi/en/laki/kaannokset/2003/en20030351.pdf</a></p>
<b>France</b>	-
<b>F.Y.R. of Macedonia</b>	<p>In Macedonia the accreditation of the nursing schools and curricula are given by the <b>Higher Education Accreditation Board</b>. This Board is established within the Department for Advancement of Higher Education at the Ministry of Education and Science.</p> <p>The contact details are:  Phone: + 389 2 3117 896  Fax: + 389 2 3118 414  E-mail: <a href="mailto:contact@mon.gov.mk">contact@mon.gov.mk</a></p>
<b>Germany</b>	<p>In Germany, because of our federal system there is <b>no national accreditation</b> – at least there is no institution at federal level that does the accrediting. <b>In the different states (Laender) the way of accrediting schools varies. Every nursing school requires 'state recognition'. The responsibility for that is with the health authorities.</b> Some Laender have integrated nursing schools into the vocational education systems. Then the education authorities are involved as well. Federal law only defines minimum requirements for recognizing schools (nurse teacher need to be nurses and have an academic degree). And it gives a framework for the content of theoretical and practical education and practical training. Curricula exist only in some of the Laender. In that case they are formulated by the MoH of that country or in some cases</p>

	(e.g. Bavaria form the Min of Education).
<b>Greece</b>	<p>In Greece the Nursing Schools that educate Nurses (according to the definition of ICN) belong in the third degree education (Highest Education). These schools are public educational institutions. Do not exist in Greece private nursing schools. <b>The accreditation to the nursing schools became from the nursing schools which belong in the Ministry of Education. The Ministry of Education guarantees for this accreditation.</b> The Nursing Curricula are shaped by the nursing schools (by the professors) and are approved by the Ministry of Education. Person in charge for their approval is the Ministry of Education:</p> <ol style="list-style-type: none"> <li><b>Deputy Minister:</b> <a href="#">John Panaretos</a> (Tel: +30 210 3443517 / +30 210 3443518)</li> <li><b>United Administrative Sector of Highest Education, Head:</b> <a href="#">Vasilis Papazoglou</a> (Tel: +30 210 3443635 / +30 210 3442422 / +30 210 3443604 / +30 210 3443400)</li> </ol>
<b>Hungary</b>	<p><b>The National Institute of Vocational Education (Nemzeti Szakképzési Intézet)</b>  Berzsenyi u. 6  1087 Budapest - Hungary  Tel: +36 1-210-1065  Fax: +36 1-210-1063  Email: <a href="mailto:info@nszi.hu">info@nszi.hu</a>  Web: <a href="http://www.nive.hu">www.nive.hu</a>, <a href="http://www.nszi.hu">www.nszi.hu</a>  For further information: <a href="https://www.nive.hu/start_en.php">https://www.nive.hu/start_en.php</a></p>
<b>Iceland</b>	<p>In Iceland it is the <b>ministry of education that accredits nursing schools and nursing curricula</b>. The ministry does every five year get a international review from validators.</p> <p><b>Ministry of Education, Science and Culture</b>  Solvholsgata 4  150 Reykjavik - Iceland  Tel: +354 545 9500  Fax: +534 562 3068  Email: <a href="mailto:postur@mrn.is">postur@mrn.is</a></p>
<b>Ireland</b>	<p>The organisation is the: <b>Nursing Board (An Bord Altranais)</b>  18/20 Carysfort Avenue,  Blackrock,  Co. Dublin - Ireland  Tel: +353-1-639 8500  Fax: +353-1-639 8595  Web: <a href="http://www.nursingboard.ie/en/homepage.aspx">http://www.nursingboard.ie/en/homepage.aspx</a></p>
<b>Italy</b>	<p><b>Federazione nazionale dei Collegi IPASVI</b>  via A. Depretis,70  00184 Rome  Tel. 0039 0646200101  Fax. 0039 0646200131  Email: <a href="mailto:federazione@ipasvi.legalmail.it">federazione@ipasvi.legalmail.it</a></p>
<b>Latvia</b>	<p>In Latvia organisation(s) responsible for accreditation of nursing college's and nursing curricula at national level is:</p> <ol style="list-style-type: none"> <li><b>Ministry of Education and Scienc, Higher Education Department</b>  Director Gita Revalde  Valnu street 2, Riga  LV-1050, Latvia  Email: <a href="mailto:gita.revalde@izm.gov.lv">gita.revalde@izm.gov.lv</a></li> <li><b>Higher Education Quality Evaluation Centre (HEQEC)</b>  Director Juris Dzelve  Official and <u>post</u> address: Valnu street 2, LV-1050, Riga, Latvia  Office address: Smilšu street 8 (entrance from Aldaru street 2/4, 3rd floor)  Tel: +371 67213870  Fax: +371 67212558  E-mail: <a href="mailto:aiknc@aiknc.lv">aiknc@aiknc.lv</a></li> </ol>

<p><b>Lithuania</b></p>	<p>The organisation responsible for accreditation of nursing schools and nursing curricula at national level in Lithuania is <b>Centre for Quality Assessment in Higher Education (CQAHE)</b>.  A. Goštauto str. 12  LT-01108 Vilnius - Lithuania  Diploma assessment: +370 5 210 47 72  Study programmes assessment: +370 5 210 77 83  Other questions: +370 5 211 36 89  Fax +370 5 2132553  E-mail <a href="mailto:skvc@skvc.lt">skvc@skvc.lt</a></p>
<p><b>Luxembourg</b></p>	<p>L'accréditation au Luxembourg se fait par le <b>Ministère de l'Éducation Nationale</b> :</p> <p>Mme Mady Delvaux Stehres (Ministre de l'Éducation nationale et de la Formation professionnelle)  Tel : +352 247 85101  Fax: +352 247 85110  Email: <a href="mailto:mady.delvaux-stehres@men.lu">mady.delvaux-stehres@men.lu</a></p> <p>Romain Becker (<i>Secrétaire particulier de Madame la Ministre</i>)  Tel : +352 247 85106  Fax: +352 247 85110  Email: <a href="mailto:romain.becker@men.lu">romain.becker@men.lu</a></p> <p>En collaboration avec le <b>Ministre de la Santé</b> :</p> <p>M. Mars di Bartolomeo  Tel: +352 247 85501  Email: <a href="mailto:mars.dibartolomeo@ms.etat.lu">mars.dibartolomeo@ms.etat.lu</a></p> <p>Michèle Wetzel-Beck (<i>Secrétaire particulière du Ministre</i>)  Tel : +352 247 85506  Fax : +352 262 00145  Email : <a href="mailto:michele.wetzel-beck@ms.etat.lu">michele.wetzel-beck@ms.etat.lu</a></p>
<p><b>Malta</b></p>	<p>-</p>
<p><b>Montenegro</b></p>	<p>As regards the accreditation of nursing schools and nursing curricula at national level, the body which is responsible for the accreditation is the <b>Council of Higher Education</b>.</p> <p>The Council is a governmental body, composed of 13 members (representatives of higher education institutions, representative of the Ministry of Education and Sports, representatives from the business sector, and student). It is appointed by the government for the period of four years. Concerning the accreditation of nursing curricula, there are no specific differentiation compared to the accreditation of other curricula. The Council forms a commission for accreditation, composed of the members relevant for the field concerned. Those commission members are chosen from the list of experts, defined by the Ministry of Education and Sports. The Commission may be composed of both local and international experts. The accreditation is valid for three years. In order to have the curriculum accredited, the accreditation request needs to be submitted at least half a year prior to the planned beginning of the concerned curricula. This, of course, all applies to higher education curricula and higher education institutions.</p> <p>Contact: Vanja Drljevic (Ministry of Education and Sports)  Email: <a href="mailto:vanja.drjevic@mps.gov.me">vanja.drjevic@mps.gov.me</a></p>
<p><b>Netherlands</b></p>	<p>All the nursing schools are accredited by the NVAO (nederlands vlaams accreditatie orgaan).</p>
<p><b>Norway</b></p>	<p><b>NOKUT – Norwegian agency for quality assurance in education</b> gives accreditation to nursing schools in Norway  PO Box 1708 Vika  N-0121 Oslo – Norway  Tel: +47 21 02 18 00  Fax: +47 21 02 18 01  Email: <a href="mailto:postmottak@nokut.no">postmottak@nokut.no</a>  Web: <a href="http://www.nokut.no/en/">http://www.nokut.no/en/</a></p>

<p><b>Poland</b></p>	<p>In Poland there is <b>double accreditation system of education of nurses</b>:</p> <ol style="list-style-type: none"> <li><b>Ministry of Health</b> - check all education process - theoretical and practical. Representatives check curricula, teachers' qualifications (e.g. nurses' license of teachers), laboratory skills, fantoms, classrooms, hospitals. They talk with nurses, teachers, Deans. Check documentation etc. ul. Miodowa 15 - 00-952 Warszawa Tel: +48 22 53 00 232 Web: <a href="http://www.mz.gov.pl/wwwmz/index?mr=m7&amp;ms=596&amp;ml=pl&amp;mi=596&amp;mx=6&amp;ma=162">http://www.mz.gov.pl/wwwmz/index?mr=m7&amp;ms=596&amp;ml=pl&amp;mi=596&amp;mx=6&amp;ma=162</a></li> <li><b>Ministry of Science and Higher Education</b> - In this body there are academic teacher who check different side of education - whether it meets standard of Bologna Process and standards of high education. Nurses are invited to monitoring system as experts when accreditation process is going on Nursing Departments.</li> </ol>
<p><b>Portugal</b></p>	<p>In Portugal nursing courses are accredited by: <b>A3ES - Agência de Avaliação e Acreditação do Ensino Superior (Agency for Assessment and Accreditation of Higher Education - A3ES)</b> Praça de Alvalade 6 - 5.º Frente 1700-036 Lisboa – Portugal Tel: +351 21 351 16 90 / +351 21 790 78 00 Fax: +351 21 351 16 91 E-mail: <a href="mailto:a3es@a3es.pt">a3es@a3es.pt</a> Web: <a href="http://www.a3es.pt/en/about-a3es">http://www.a3es.pt/en/about-a3es</a></p>
<p><b>Romania</b></p>	<p>In Romania there are <b>two Agencies for Accreditation Nursing Schools and Nursing Curricula</b>:</p> <ol style="list-style-type: none"> <li><b>ARACIP (THE ROMANIAN AGENCY FOR QUALITY ASSURANCE ON PRE-UNIVERSITY EDUCATION RAQAPE) - Accreditation of Sanitary School post High Schools - 3 years, 4.600-4.900 hours</b> Strada Spiru Haret nr. 12, Sector 1, București – 70738 Tel: +40 21 310 42 13 / +40 21 405 56 18 Fax: +40 21 319 20 96 E-mail: <a href="mailto:aracip@medu.edu.ro">aracip@medu.edu.ro</a></li> </ol> <p>Standards for accreditation and periodic evaluation of Pre-university educational institutions – Appendix H.G. 21/10.01.2007(you will see in attach file)</p> <ol style="list-style-type: none"> <li><b>ARACIS (THE ROMANIAN AGENCY FOR QUALITY ASSURANCE ON UNIVERSITY EDUCATION) – Accreditation of Faculties for Medical Assistance and Midwives</b> Str. Spiru Haret nr. 12 - 010176, Bucuresti – Romania Tel : +40 21 206 76 00 Fax: +40 21 312 71 35 Email: <a href="mailto:mail@aracis.ro">mail@aracis.ro</a></li> </ol>
<p><b>Serbia</b></p>	<p>Organisation is: <b>Ministry of Education of Serbia</b> 22-26 Nemanjina St., 11000 Belgrade - Serbia Minister: Žarko Obradović</p>
<p><b>Slovakia</b></p>	<p><b>Zuzana Slezáková</b>, PhD., MPH, director, department of health education, Ministry of health, Slovakia. Email: <a href="mailto:zuzana.slezakova@health.gov.sk">zuzana.slezakova@health.gov.sk</a></p>
<p><b>Slovenia</b></p>	<p>Our national agency for doing this named <b>NAKVIS - Slovenian Quality Assurance Agency for Higher Education</b> Trg Osobodilne fronte 13 1000 Ljubljana – Slovenia Tel: +386 1 400 5771 Fax: +386 1 400 5779 Email: <a href="mailto:gp.svs@gov.si">gp.svs@gov.si</a> Web: <a href="http://www.nakvis.si/">http://www.nakvis.si/</a></p>

<p><b>Spain</b></p>	<p>The ANECA (National Agency for Quality Assessment and Accreditation) and the Ministry of Education are entrusted with the accreditation of study plans in Spain. The ANECA is a State Foundation aimed at improving the quality of the higher education system by assessing, certifying and accrediting study programmes, faculty and institutions. To this end, it has the PROGRAMA VERIFICA (Verifying Scheme), among others, to assess proposals of study plans devised in accordance with the objectives established to build the European Space of Higher Education. Therefore, this Agency assesses the nursing study plans that are subsequently accredited by the Ministry of Education. Afterwards, the Spanish General Council of Nursing authorises the practice of the profession in Spain, certifies continuing competency and monitors professionals' conduct.</p>
<p><b>Sweden</b></p>	<p><b>National Board of Health and Welfare</b>  Postal address: Socialstyrelsen, SE-106 30 Stockholm, Sweden  Visits: Rålambsvägen 3, Stockholm  Phone: +46 (0)75 247 30 00  Press service: +46 (0)75 247 30 05  Fax: +46 (0)75 247 32 52  E-mail: <a href="mailto:socialstyrelsen@socialstyrelsen.se">socialstyrelsen@socialstyrelsen.se</a></p>
<p><b>Switzerland</b></p>	<p><b>Federal Office for Professional Education and Technology (OPET)</b> - federal government's competence centre for vocational education and training, Universities of Applied Sciences (UAS) and innovation.  Effingerstrasse 27  CH-3003 Berne  Tel: +41 (0)31 322 21 29  Fax: +41 (0)31 324 96 15  Email: <a href="mailto:info@bbt.admin.ch">info@bbt.admin.ch</a>  Web: <a href="http://www.bbt.admin.ch/index.html?lang=en">http://www.bbt.admin.ch/index.html?lang=en</a></p>
<p><b>United Kingdom</b></p>	<p><b>Nursing and Midwifery Council</b>  23 Portland Place  London  W1B 1PZ  Tel: 0044 (0) 20 7333 9333  Email: <a href="mailto:communications@nmc-uk.org">communications@nmc-uk.org</a>  Web: <a href="http://www.nmc-uk.org/About-us/">http://www.nmc-uk.org/About-us/</a></p> <p><a href="http://standards.nmc-uk.org/PublishedDocuments/Standards%20for%20pre-registration%20nursing%20education%2016082010.pdf">http://standards.nmc-uk.org/PublishedDocuments/Standards%20for%20pre-registration%20nursing%20education%2016082010.pdf</a></p>