

## **ROYAL COLLEGE OF NURSING BRIEFING**

### **TRIALOGUE AGREEMENT ON PROFESSIONAL QUALIFICATIONS DIRECTIVE – JUNE 2013**

The three key institutions of the European Union – the European Parliament, the Council of Ministers and the European Commission - have now reached agreement on a revised professional qualifications directive. The legislation provides the framework for mutual recognition of qualifications across Europe and sets minimum standards for nurse education. The Council formally approved the compromise text at the end of June and the European Parliament is due to give its final vote of approval on 7 October 2013.

The RCN outlined its views on the draft directive previously<sup>1</sup> and has worked with other UK and European health organisations, in particular the European Federation of Nurses Associations (EFN), to ensure that the directive balances the objective of simplifying arrangements for professional recognition in another EU country with the overriding need to maintain safety and quality.

The agreement covers many of the issues supported by the RCN and by other nurses associations across Europe in membership of EFN. In relation to minimum requirements for nurse education, differences in educational systems at national level led to very divergent positions on the initial Commission's proposals. However, agreement has now been reached on balancing the level of general education required for accessing nurse education with clearer outcome measures for nurse education.

#### **MAIN CHANGES TO THE DIRECTIVE**

##### **Language controls. (article 53)**

The section of the legislation dealing with language ability has been changed to clarify that regulators – and particularly those dealing with professions with patient safety implications - will be able to carry out language controls. However these must take place after recognition of the qualification, although before access to the profession.

Any checks by regulators do not replace the employers' responsibilities and "Employers should also continue to play an important role in ascertaining the knowledge of languages necessary to carry out professional activities in their workplace" (recital 19). The RCN supports an explicit role for regulators in language controls and a recognition that employers also have a responsibility for assessing language and communication skills.

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[http://www.rcn.org.uk/\\_\\_data/assets/pdf\\_file/0003/434928/RCN\\_response\\_to\\_December\\_2011\\_Mutual\\_Recognition\\_of\\_Professional\\_Qualifications\\_legislative\\_proposals.pdf](http://www.rcn.org.uk/__data/assets/pdf_file/0003/434928/RCN_response_to_December_2011_Mutual_Recognition_of_Professional_Qualifications_legislative_proposals.pdf)

### **Modernising minimum standards for nurse education (article 31)**

The directive now contains a number of competences for nurses in general care in addition to the knowledge and skills. These include independently diagnosing nursing care, planning, organising and implementing nursing care as well as assuring the quality of and evaluating nursing care.

The directive also allows for the updating of a key annex in the directive to further develop the content of nurse education and expand on the competences defined in the directive. This will be done using implementing acts with expert input. The RCN has worked closely with EFN on preparing for the development of wider competences in the Annex and supported insertion in the directive of a limited number of competences to reinforce nurses' autonomous role in planning, delivering and evaluating care.

Whereas the directive previously stated that those entering nurse education must have completed at least 10 years of general education, the RCN had pushed for the minimum to be "12 years or equivalent" which was not accepted by a number of member states. The compromise approved does now provide two options:

- 10 years general education giving access to vocational training,
- and 12 years giving access to university or high education.

Both of these need to meet the same standards in terms of duration, knowledge, skills and competences.

The minimum length of training has also changed from 4,600 hours OR three years to 4,600 hours AND three years, although in the UK the Nursing and Midwifery Council already specifies both. The years can now additionally be expressed with equivalent European Credit Transfer System (ECTS) credits.

### **Romanian nurses (article 33 and 60)**

Previously there were specific conditions on acquired rights for a nursing title based on qualifications which existed in Romania prior to accession to the EU. Under the existing directive these nurses could gain automatic recognition but only if they had practised for five of the previous seven years before their application for recognition in another member state. This has now changed to three out of the last five years and the list of nursing titles benefiting from these acquired rights provisions have increased.

The Commission's first report on the application of the new directive will include a review of the special upgrading programmes for these nurses which Romania has promised to introduce to meet the standards in the directive. The review will assess whether the specific provisions requiring recent experience need to continue or not. Poland successfully introduced bridging programmes for the nursing qualifications which had not met the requirements

of the directive prior to them joining the EU, and their special acquired rights arrangements have now been removed from the directive.

### **Updating skills and continuing professional development (article 22)**

There is now a specific reference to continuing professional development for health professionals covered by automatic recognition arrangements. This has been strengthened slightly from the European Commission's first proposal so that member states not only have to report every five years on their continuing education and training procedures but must ensure that health professionals are able to update their knowledge, skills and competences by "encouraging" continuous professional development.

### **Central online access to information (article 57 and**

All member states will need to provide access to online information for potential migrants, through single points of contact, including contacts for regulators, information about the European professional card where applicable, and fees and redress. There will also be "assistance centres" to inform and advise individuals seeking recognition of their qualifications.

### **Alert mechanisms (article 56)**

For health professionals (including nurses in general care and other professionals carrying out activities with patient safety implications) regulators must inform their counterparts in other member states about any professionals who have been restricted or prohibited from practising. This includes temporary restrictions as well as those who have sought recognition of their qualification under the directive and have been proved to have falsified evidence. The information, which includes the scope of the restriction or prohibition and the length of time it applies, has to be exchanged within three days of the decision. Regulators are also required to alert their counterparts when these sanctions have expired. The RCN supported the introduction of a pro-active alert mechanism.

### **Partial access (article 4f)**

Following European Court of Justice rulings, the Commission's proposals would expect regulators to consider allowing "partial access" to a profession, if the differences between the profession from one member state to another were so great that normal compensation measures, such as additional training, would not close the gap. Assessments would be carried out on a case by case basis for each professional but could be refused for an overriding reason of general interest.

The triilogue agreed to amend this proposal to specifically exclude health professions covered by automatic recognition entirely from "partial access" arrangements, which includes nurses in general care. The RCN had pushed for this exclusion, given the confusion, safety risks and impracticality of this for nurses registering in the UK.

### **Common Training Frameworks (article 49)**

For professions not currently covered by the automatic recognition/common minimum standards of education arrangements, there is now an opportunity for them to introduce common training frameworks, if they are regulated in at least one third of member states. Professional organisations and/or regulators can submit proposals to the European Commission for such frameworks. This could include, for example, regulated specialist nursing roles.

### **European Professional Card (article 4b,c,d,e)**

The directive introduces the option of a migrant applying for a European professional card (a kind of electronic certificate issued by the regulator in the home member state), for those professions supporting the introduction of this system and after an impact assessment has been carried out. The aim is to speed up the recognition process, remove duplication between the home regulator and the host regulator and make greater use of the EU's online International Market Information system for exchange between regulators. The card, if introduced for a specific profession, can also be used for practising temporarily in another member state.

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