

Health Professions Council, 3rd October 2007

Professional Qualifications Directive (2005/36/EC) and Temporary Registration

Executive summary and recommendations

Introduction

The Professional Qualifications Directive (the Directive), which harmonises the various current mutual recognition arrangements by which EEA nationals who are qualified to practise certain professions in one Member State may be admitted to practise in another Member State, is due to be incorporated into domestic law on 20th October 2007.

The Directive will rationalise 15 different mutual recognition arrangements, including the General Systems Directive which applies to the professions regulated by HPC, but without making any material change to the underlying process. However, it will also introduce an entirely new system of temporary registration, permitting 'visiting EEA professionals' to provide services in another Member State on a "temporary and occasional" basis by making a declaration to the relevant regulatory body.

Visiting EEA health professionals

The Directive maintains the current arrangements for assessing applications from appropriately qualified EEA nationals who wish to become permanently established in the UK, but introduces an entirely different process for visiting EEA health professionals who are established in another Member State but wish to provide services in the UK on a temporary and occasional basis, a term which is not defined in the Directive. In essence, the Directive only obliges visiting EEA professionals to provide the 'host' state regulator with a **declaration** setting out certain basic information about their right to practise in their 'home' state.

The Directive, like all EC Directives, is addressed to the Member States' governments and only sets out the framework for the domestic legislation which Member States must introduce by 20th October 2007 in order to give the Directive full effect.

Consultations on implementing the Directive in the UK were undertaken by the then Department for Education and Skills (DfES) and Department of Health (DH) earlier this year and we are awaiting the outcome of those consultations and the UK implementing regulations before we know exactly how the Directive will be transposed into UK legislation.

A project team at HPC has been developing a system which will integrate declarations by visiting EEA health professionals into our current registration system and enable them to appear on the HPC register but clearly identified as only having temporary registration.

Although declarations do not have to be made in a prescribed form (the Directive provides that the person concerned “*may supply the declaration by any means*”). The European Commission has produced a template for this purpose (set out in the appendix to this paper).

We are also developing a standard HPC declaration form and guidance notes (similar to those used for other registration purposes), in order to reduce the administrative burden and for other operational purposes, but that work can only be concluded once the precise details of the UK implementing regulations are known. The form and guidance notes will be presented to the Council once the Directive has been transposed and the work can be completed.

Decision

The Council is requested to note the document. No decision is required.

Background information

None

Resource implications

Not applicable

Financial implications

Not applicable

Appendices

European Commission declaration template

Date of paper

20th September 2007

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2007-09-21	b	OPS	PPR	Professional Qualifications Directive and Temporary Registration	Final DD: None	Public RD: None

**Declaration pursuant to Article 7
concerning the temporary provision of services¹**

1. This declaration concerns:

- A first provision of services in the host Member State (please complete sections 2 to 7)
- An annual renewal of the declaration¹ (please complete sections 2 to 5 and 8 to 10)

2. Identity of applicant:

2.1. First name(s) and surname(s)

2.2. Nationality(ies):

- | | | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AT | <input type="checkbox"/> BE | <input type="checkbox"/> CY | <input type="checkbox"/> CZ | <input type="checkbox"/> DE | <input type="checkbox"/> DK | <input type="checkbox"/> EE | <input type="checkbox"/> EL | <input type="checkbox"/> ES | <input type="checkbox"/> FI |
| <input type="checkbox"/> FR | <input type="checkbox"/> HU | <input type="checkbox"/> IE | <input type="checkbox"/> IT | <input type="checkbox"/> LT | <input type="checkbox"/> LV | <input type="checkbox"/> LU | <input type="checkbox"/> MT | <input type="checkbox"/> NL | <input type="checkbox"/> PL |
| <input type="checkbox"/> PT | <input type="checkbox"/> SI | <input type="checkbox"/> SK | <input type="checkbox"/> SE | <input type="checkbox"/> UK | <input type="checkbox"/> BG | <input type="checkbox"/> RO | <input type="checkbox"/> IS | <input type="checkbox"/> LI | <input type="checkbox"/> NO |

Other(s)

2.3. Passport number or Identity card number: Country

Country

Country

2.4. Gender: Male Female

2.5. Date of birth:

2.6. Place of birth: Town:

- | | | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AT | <input type="checkbox"/> BE | <input type="checkbox"/> CY | <input type="checkbox"/> CZ | <input type="checkbox"/> DE | <input type="checkbox"/> DK | <input type="checkbox"/> EE | <input type="checkbox"/> EL | <input type="checkbox"/> ES | <input type="checkbox"/> FI |
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Other

2.7. Contact details in Member State of establishment:

Address:
.....

Telephone (with dialling codes):

Fax (with dialling codes):

E-mail:

2.8. Contact details in the host Member State:

Address:
.....

Telephone (with dialling codes):

Fax (with dialling codes):

E-mail:

¹ Please attach a copy of the previous declaration and of the first declaration made.

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3. Profession concerned:

3.1. Profession pursued² in the Member State in which you are established:³

.....
.....
.....

3.2 Please state the professional activities for which you will be providing services on a temporary basis in the host Member State:

.....
.....

4. Legal establishment in one or more Member States:

For the purposes of this declaration, "legal establishment" refers to the pursuit of the profession in compliance with the rules relating to professional qualifications, including the related training conditions, and all the rules specific to the pursuit of the profession. Legal establishment precludes any prohibition, albeit temporary, from pursuing the profession. For holders of third country qualifications, the legal establishment which may give rise to the provision of services also entails professional experience of at least three years on the territory of a Member State which has recognised the qualifications in accordance with its national legislation, and certified by it (cf Article 3(3) of Directive 2005/36/EC).

4.1. Are you legally established in a Member State(s) to pursue the profession referred to in 3.1³

Yes No

If you answered yes, in which Member State are you legally established?³

AT BE CY CZ DE DK EE EL ES FI
FR HU IE IT LT LV LU MT NL PL
PT SI SK SE UK BG RO IS LI NO

If no, please explain:

4.2. Is this profession regulated in the Member State(s) in which you are established?³

Yes No

If it is regulated, please go to question 4.4.

Any comments:

4.3. If the profession referred to in 3.1 is not regulated in the Member State(s) in which you are established and you have not undergone regulated education and training leading to the profession in 3.1,³ have you acquired for that profession professional experience of at least two years during the last ten years on the territory of that Member State(s)?

Yes No

Any comments:

² Please indicate the title of the profession in the language of the Member State(s) in which you are established and in the language of the host Member State.

³ If you are established in more than one Member State, please supply the information for each of the Member States in question.

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4.4. Do you belong to a professional association or an equivalent body?³

Yes No

If your answer was yes, please indicate which one, giving the relevant contact details and your registration number.

.....
.....
.....

Are you subject to authorisation or supervision by a competent administrative authority?³

Yes No

If your answer was yes, please indicate which one, giving the relevant contact details and your registration or licence number

.....
.....
.....

5. Professional insurance

5.1. Do you have any insurance cover or other means of personal or collective protection with regard to professional liability arising from the pursuit of the profession referred to in 3.1?

Yes No

If yes, please provide the following details of your insurance cover:

Name of the insurance company:

Number of contract:

Limit of indemnity.....

5.2. Does the insurance cover referred to in 5.1 include protection for the practice of the professional activities in the host Member State?

Yes No

Any comments:

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6. Supporting documents annexed to this declaration (if requested)⁴

6.1. Please tick the document(s) which accompany this declaration:

- Proof of nationality
- Attestation of legal establishment
- Evidence of professional qualifications
- Proof of two-year professional experience⁵
- Evidence of no criminal convictions⁶

7. I confirm that the information I have provided in this declaration is correct and that I intend to provide services on a temporary and occasional basis.

Signed _____

Date _____

8. Renewal Information⁷

8.1. What period(s) did you provide services in the host Member State?

From □□/□□/□□□□ to □□/□□/□□□□

From □□/□□/□□□□ to □□/□□/□□□□

From □□/□□/□□□□ to □□/□□/□□□□

From □□/□□/□□□□ to □□/□□/□□□□

From □□/□□/□□□□ to □□/□□/□□□□

Any comments:

8.2. Please indicate the professional activities carried out during the periods you provided services.

.....
.....

9. Other comments such as any changes to the supporting documentation referred to in 6.1

.....
.....

10. I confirm that the information I have provided in this renewal declaration is correct and that I intend to provide services on a temporary and occasional basis.

Signed _____

Date -----

⁴ To be completed concerning relevant documents required by the legislation of the host Member State and only with a view to a first provision of services.

⁵ To be completed only if the profession is not regulated in the Member State of establishment

⁶ To be completed only for professions in the security sector

⁷ This information will be retained by the competent authority to monitor service provision.