Council, 25 September 2014

Directive 2013/55/EU – the revised Recognition of Professional Qualifications (RPQ) Directive – challenges and opportunities for the Health and Care Professions Council (HCPC)

health & care professions council

Executive summary and recommendations

## Introduction

The Recognition of Professional Qualifications Directive (the existing Directive) is a European Union (EU) Directive which established rules for holders of a professional qualification in a relevant European Member State (any member state of the European Economic Area or Switzerland) to have access to and allow the pursuit of the profession in which they are qualified in another Member State. The HCPC applies these rules when we receive applications from European Economic Area (EEA) nationals or other relevant persons, with applicable professional rights and qualifications, who wish to practise in the UK in any of the professions we regulate.

Since 2010, the existing Directive has been undergoing a review led by the European Commission to address a number of concerns on its practical application. After lengthy negotiations, the revised Directive was finally adopted in November 2013.

This paper provides an overview of the existing Directive and how it impacts on us, explains the review process, and summarises a number of new developments contained in the revised Directive and their possible impact on some of the HCPC's operations and processes for the Council's information. The paper was previously discussed by the Education and Training Committee at its meeting in June.

#### Decision

This is a paper to note, no decision is required.

# **Background information**

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'), 28 December 2013, (http://eur-

lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2013:354:0132:0170:EN:PDF)

Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the Recognition of Professional Qualifications (consolidated text), 7 September 2005, (http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CONSLEG:2005L0036:20140117:EN: PDF)

#### **Resource implications**

None as a result of this paper. The resource implications of the revised Directive will be accounted for in department planning for 2014-2015.

#### **Financial implications**

None as a result of this paper. The financial implications of the revised Directive will be accounted for in department planning for 2014-2015.

#### Appendices

None

#### Date of paper

11 September 2014

# health & care professions council

## 1. Executive Summary

## 1.1 Directive 2005/36/EC on the Recognition of Professional Qualifications

- The Recognition of Professional Qualifications Directive (the existing Directive) reorganised and harmonised the rules about the recognition of professional qualifications between relevant European Member States (any member state of the European Economic Area or Switzerland).
- The HCPC's applies these rules when we receive applications from European Economic Area (EEA) nationals or other relevant persons, with applicable professional rights and qualifications, who wish to practise in the UK in any of the professions we regulate. For the remainder of this paper this group will mainly be referred to as 'EEA applicants'.
- Since 2010 the existing Directive has been undergoing a review led by the European Commission (the Commission).
- Directive 2013/55/EU (the revised Directive) was adopted in November 2013. The revised Directive needs to be fully implemented by the UK Government and by us by January 2016.

#### 1.2 Impact of the revised Directive on the HCPC

- The revised Directive will require some changes to the HCPC's operations and processes and contains a number of new measures which will affect us.
- The European Professional Card (EPC) will be available for certain professions on a voluntary basis. It will take the form of an electronic certificate issued under streamlined recognition procedures to professionals who apply for it. One of our professions – physiotherapists – has been provisionally selected as a possible candidate for the EPC.
- The development of common training principles intends to allow for a new avenue for automatic recognition of professional qualifications (where qualifications are automatically recognised between Member States) to new professions.
- The creation of an alert mechanism for all professions whose actions could affect patient safety.
- The strengthening of a number of provisions under the temporary mobility scheme (temporary provision of services) including the provision of additional declarations / attestations.

• The strengthening of language requirements for EEA applicants who wish to have their qualifications recognised in another Member State. However, the profession in question needs to be deemed to have patient safety implications.

## 2. Introduction

- 2.1 The Recognition of Professional Qualifications Directive (the existing Directive) is a European Union (EU) directive which established rules for holders of a professional qualification in a relevant European Member State to have access to and allow the pursuit of the profession in which they are qualified in another Member State.
- 2.2 Since 2010, the existing Directive has been undergoing a review led by the Commission to address a number of concerns on its practical application. These concerns included:
  - the length and complexity of recognition procedures that professionals must go through to be able to practise in other Member States; and
  - that many professionals had found it difficult to find information on the recognition of their qualifications in another Member State, and then apply for recognition.
- 2.3 After lengthy negotiations, the revised Directive was adopted in November 2013. The revised Directive builds on the significant achievements of its predecessor; however, there are a number of new developments which will impact on some of the HCPC's operations and processes.
- 2.4 This paper is divided into three main sections:
  - it provides an overview of the existing Directive and how it impacts on the processing of applications received from EEA applicants who apply for recognition with us;
  - it provides an overview of the review process of the existing Directive; and
  - it summarises a number of new developments contained in the revised Directive and their possible impact on us.
- 2.5 The Policy and Standards Department will bring further papers to the Education and Training Committee and Council to provide updates on the implementation of the revised Directive during the transposition (implementation) period.

#### 3. Directive 2005/36/EC on the recognition of professional qualifications

#### What does the existing Directive do?

3.1 The existing Directive reorganised and harmonised the rules about the recognition of professional qualifications between relevant European Member States.

- 3.2 It replaced 15 other Directives in the field of recognition of professional qualifications and provided the first comprehensive modernisation of the EU system since its introduction over 40 years ago. It was adopted by the European Parliament (EP) and Council in 2005 with a two year transposition period which ended in October 2007.
- 3.3 Transposition is the process whereby EU obligations are implemented into national legislation by a set date. The process in the UK includes the preparation of impact assessments, consultations with key stakeholders at a national level, and both the drafting and laying of statutory instruments (such as regulations) before Parliament.
- 3.4 The existing Directive caters for the recognition of qualifications through:
  - automatic recognition for certain professions for which the minimum training requirements have been harmonised across Member States; and
  - the 'general system' for other regulated professions whereby minimum training requirements are not harmonised across Member States and recognition is granted on the basis of comparability of professional qualifications on a case-by-case basis.<sup>1</sup>
- 3.5 Automatic recognition currently applies to seven professions, often referred to as the 'sectoral' professions. This includes, doctors, midwives and nurses. EEA nationals (or other relevant persons) in these professions, who meet the minimum training requirements set out in the Directive, can have their qualifications automatically recognised in another Member State. In the instance of the UK such professionals can apply to be registered with the appropriate competent authority (CA), for example, the General Medical Council.
- 3.6 CAs are normally regulators or professional bodies who have responsibility for professional registrations. Under the existing Directive, the HCPC is also known as a CA.
- 3.7 The HCPC's professions are all affected by the 'general system' referred to above whereby we are able to assess each individual EEA application for recognition on a case-by-case basis.
- 3.8 The existing Directive also introduced a special scheme for temporary mobility of professionals between Member States which will be discussed in further detail below.

# The existing Directive's impact on the HCPC's operations and processes

3.9 The HCPC applies the rules contained in the existing Directive when we

<sup>&</sup>lt;sup>1</sup> Under the 'general system', the host Member State's competent authority (CA) can compare the applicant's qualification (or regulated education and training) with what is required in that state. Under certain conditions, the host Member State's CA can ask the applicant to complete a compensation measure (such as a period of adaptation or aptitude test) before allowing access to the profession in the host state.

receive applications from EEA nationals or other relevant persons, with applicable professional rights and qualifications, who wish to practise in any of the professions we regulate in the UK.

- 3.10 EEA applicants who apply for recognition of their professional qualifications in order to use one of our protected titles (in this instance full-HCPC registration) must demonstrate a standard of proficiency comparable to that required for entry to the Register. But there are certain principles that we must apply when assessing their application which includes:
  - mutual recognition the principle that once a professional is allowed to practise a profession in one Member State they can practise in another;
  - restriction of movement and the internal market mechanism only measures that apply to UK nationals can be applied to EEA nationals;
  - a maximum application assessment period of three months;
  - freedom of establishment;<sup>2</sup> and
  - the duty to exchange information between CAs regarding disciplinary action or criminal sanctions or serious circumstances likely to affect the ability of a person to practise their profession.
- 3.11 EEA applicants who benefit from mutual recognition rights under the existing Directive, and who do not hold a qualification received from one of our approved education or training programmes, currently apply for recognition via our International-EEA mutual recognition rights route. However, they must meet certain criteria.<sup>3</sup>
- 3.12 For recognition purposes (in this instance full-HCPC registration) each application is assessed by two registration assessors from the part of the Register that the EEA applicant wishes to join. We compare the applicant's regulated education and training to the standard required for entry to the Register. If we identify shortfalls in the applicant's regulated education and training against the standards of proficiency, we look to see if these shortfalls have been made up through any other relevant education, training or experience.<sup>4</sup>
- 3.13 If that assessment still finds substantial shortfalls between the EEA applicant's education, training and experience and the standards of proficiency required for entry to the Register, the applicant can be asked to undergo a 'period of adaptation'. This is normally a period of supervised practice ('signed off' by a registrant) intended to make up for significant shortfalls which have been identified in an application. If an applicant considers that these measures are

<sup>&</sup>lt;sup>2</sup> The principle of freedom of establishment enables an economic operator (whether a person or company) to carry out an economic activity in a stable or continuous way in one or more Member States. Further information can be found on the European Commission's website:

http://ec.europa.eu/internal\_market/top\_layer/living\_working/services-establishment/index\_en.htm <sup>3</sup> This criteria includes being a EEA citizen or be an exempt person who is treated as such a national; be fully entitled to practise their profession in a relevant European Member State; and have qualified in a relevant European Member State. Further information on the criteria is available on our website here: www.hcpc-uk.org/apply/eeaandswitzerland/

<sup>&</sup>lt;sup>4</sup> Further information on the assessment process for EEA applicants is available on our website here: www.hcpc-uk.org/apply/eeaandswitzerland/assessingyourapplication/

not necessary, they can ask to undergo an 'aptitude test' (a test of the applicant's professional knowledge conducted by a CA). The form of an aptitude test will be dependent on the individual assessment of the application but is intended to allow the applicant to demonstrate that they have met the required standards.<sup>5</sup>

## Temporary mobility of professionals

- 3.14 The temporary mobility scheme has allowed EEA nationals (or other relevant persons) who are legally established in their profession in their home Member State to provide services on a temporary and occasional basis only in another Member State. For the professions regulated by the HCPC, such visiting health or social work professionals (visitors) need to make a declaration, concerning the temporary provision of services, with us under a process more commonly known as 'temporary registration'.
- 3.15 Visitors who have successfully completed our temporary registration process are clearly identified on our Register. Temporary registration is provided for a period of twelve months, with the possibility of renewal if the visitor requests it. Renewal of temporary registration is assessed on a case-by-case basis, with the duration, frequency, regularity and duration of services being key considerations.
- 3.16 Temporary registration is not a form of full-HCPC registration and does not give the visitor the right to use one of our protected titles. It also does not involve any assessment of the visitors' qualifications or experience against our standards of proficiency and the visitor is only allowed to use the professional title of their home Member State where they are established (see glossary).<sup>6</sup>
- 3.17 We are seeing an increasing number of visitors both applying for and completing our temporary registration process with us. We currently have 469 visitors on our list of visiting professionals who have declared to us that they are practising on a temporary and occasional basis in the UK.<sup>7</sup>

# 4. About the review of the Directive

4.1 As a result of a number of concerns on how the existing Directive works on a practical level the Commission launched a major evaluation of the existing Directive in March 2010. The review was also required to take account of the

<sup>&</sup>lt;sup>5</sup> Periods of adaptation and / or aptitude tests are known under the existing Directive as 'compensation measures'. Further information on the assessment outcomes is available on our website here: www.hcpc-uk.org/apply/eeaandswitzerland/assessingyourapplication/

 <sup>&</sup>lt;sup>6</sup> Further information on the temporary registration process is available on our website here:
<u>www.hcpc-uk.org/aboutregistration/temporary/</u>
<sup>7</sup> Last financial year we received 875 declarations from visiting health or social care professionals. To

<sup>&</sup>lt;sup>7</sup> Last financial year we received 875 declarations from visiting health or social care professionals. To compare, with two years ago when we received only 494 declarations and not all of which were accepted.

changes that had occurred in Member States' education and training systems since 2005. The review process has included:

- the Commission gathering evidence from relevant stakeholders including CAs – on their experience of implementing the existing Directive's requirements;
- the House of Lords' European Committee seeking evidence from relevant stakeholders to inform its review of the existing Directive at a national level;
- the Commission launching public consultations;
- the Commission publishing a transposition report;
- the Commission forming steering groups on the European Professional Card (EPC);
- the Commission drafting and adopting legislative proposals for the revised Directive; and
- the Internal Market Consumer Protection Committee of the European Parliament (EP) subsequently scrutinising the legislative proposals.
- 4.2 We have actively engaged with the review process in a number of ways:
  - through our active membership of the Alliance of UK Health Regulators on Europe (AURE) where we have issued joint statements on various issues on the revised Directive, where possible;<sup>8</sup>
  - through our attendance at a number of key stakeholder events including those held by the Department of Business, Innovation and Skills (BIS), the Commission and other CAs in order to find out more about the revised Directive and how it might impact on us;
  - through our attendance at Focus Group meetings on the EPC held by the Commission in Brussels;
  - through the provision of feedback to the Departments of Health and BIS on the implementation of the revised Directive;
  - through updating our entries on the EU single market's regulated professions' database; and
  - through responding to numerous consultations on the revised Directive.<sup>9</sup>
- 4.3 Our Chief Executive, Marc Seale, presented our views on the existing Directive to the House of Lords Committee in June 2011, and in April 2012 he spoke about the principles of the EPC to the EP's Internal Market Consumer Protection Committee. Marc has also acted as a rapporteur for the Commission steering group on the EPC which produced case studies about

<sup>9</sup> This has included our response to the 'Call for expression of interest in the introduction of the European Professional Card (EPC)'. Further information can be found here: <u>http://ec.europa.eu/internal\_market/qualifications/docs/policy\_developments/131018\_call-for-interest\_en.pdf</u> and

<sup>&</sup>lt;sup>8</sup> AURE brings together nine of the health and social care regulators to work collaboratively on European issues affecting service user and client safety. Further information can be found on AURE's website here: www.aure.org.uk/

http://ec.europa.eu/internal\_market/qualifications/docs/policy\_developments/131206\_results-call-forinterest\_en.pdf; 'Consultation on introducing the European Professional Card (EPC) for nurses, doctors, pharmacists, physiotherapists, engineers, mountain guides and real estate agents'. Further information can be found here: <u>http://ec.europa.eu/internal\_market/consultations/2014/european-</u> professional-card/index\_en.htm

how the EPC could work for different professions including physiotherapists, doctors and nurses.

## **Process of implementing the revised Directive**

- 4.4 In June 2013, political agreement was reached on the revised Directive. This led to the EP voting in favour and the Council of Ministers (Council of the European Union) adopting the revised Directive in October and November 2013 respectively. The UK Government now has two years to implement the revised Directive into UK legislation. This transposition period is scheduled to end on 18 January 2016.
- 4.5 The transposition period will include:
  - the European Commission drafting implementing acts (a legislative measure which details how certain European measures should be uniformly implemented across the EU) on the EPC and alert mechanism during 2014;
  - the Commission upgrading the Internal Market Information (IMI) system (a secure electronic information tool which is used to exchange information between CAs in the EU) during 2015;
  - the Departments of BIS and Health drafting impact assessments and consultation documents on the revised Directives implementation; and
  - the Departments of BIS and Health drafting and laying regulations in Parliament during the transposition period.

## 5. Revised RPQ Directive

5.1 The revised RPQ Directive will require some changes to our operations and processes. This section is intended to provide a brief overview of some of the key changes in the revised Directive and their possible impact on us. This list is not intended to be exhaustive, as some of the detail in the revised Directive is yet to be fully worked through and will be contained in forthcoming legislation.

# Introduction of the European Professional Card (EPC)

- 5.2 The EPC is intended to promote the free movement of professionals and make the system of recognition of professional qualifications between CAs in Member States more efficient and transparent, whilst also introducing cost and operational efficiencies. It will take the form of an electronic certificate which will be issued under streamlined recognition procedures to professionals who apply for it.
- 5.3 For establishment purposes (ie where full-HCPC registration is required), the home Member State's CA will be involved at an earlier stage in checking and verifying the documentation contained in an individual EEA applicant's electronic file prior to it being sent to the 'receiving' or host CA. However, the host CA will ultimately make the final decision about whether or not to issue the EPC (ie in effect recognise the qualification).

- 5.4 At this point it is still envisaged that the HCPC will continue to carry out some form of assessment of comparability of the applicant's professional qualification to the standard required for entry to our Register (ie where full-HCPC registration is required), as the professions regulated by us will continue to be included in the 'general system' of recognition.
- 5.5 One of our professions physiotherapists has been provisionally selected as a possible suitable candidate for the EPC. However, the final selection will not be confirmed by the Commission until the autumn of 2014 at the earliest. An EPC will be available for selected professions for both establishment (where full-HCPC registration is required) and under the temporary mobility scheme.
- 5.6 The benefits of the EPC will include:
  - professionals who wish to establish themselves in another Member State will be able to start the procedure with their home CA;
  - deadlines for issuing the EPC will be shorter;
  - CAs will be required to include information in the application file concerning any disciplinary or criminal sanctions which relate to a prohibition or restriction on a professional or EPC applicant's professional activities;
  - if deadlines for recognition are not met the qualifications will be tacitly recognised and the EPC will automatically be issued; and
  - professionals who wish to benefit under the temporary mobility scheme (temporary provision of services) will be able to use the EPC to work in several Member States during an 18-month period.
- 5.7 The latter process will be completed solely by the home Member State's CA, who will verify the application and supporting documentation, and issue the EPC for temporary and occasional provision only.<sup>10</sup>

# Alert mechanism

- 5.8 The revised Directive will create an alert mechanism for all professions whose actions could affect patient safety. If a professional has been restricted or prohibited (even temporarily) from carrying out their professional activities or has attempted to use falsified documents in the recognition process, an alert will be sent by a CA to all other relevant CAs in other Member States.
- 5.9 This alert must be sent via an upgraded IMI system. These alerts will need to be sent within three days of a final decision being taken and will contain key information relating to the professional. This information will include their identity; profession concerned; the scope of the restriction or prohibition; and the period involved. The professional in question will be informed of the alert in writing and their subsequent right to appeal.

<sup>&</sup>lt;sup>10</sup> The EPC for temporary and occasional provision will then be sent to the relevant host CAs. This process will be completed to very short deadlines ie within 4 four weeks.

- 5.10 However, there are a number of issues which will need to be addressed in the forthcoming implementing act and national regulations. These include:
  - clarifying whether this provision will extend to all our professions; and
  - balancing the need to send an alert within the revised Directive's deadlines but before the statutory appeal period has ended.

## **Common training principles**

- 5.11 The revised Directive will allow for Member States (in conjunction with the Commission) to decide on a common set of knowledge, skills and competences that are needed to pursue a given profession through introducing common training frameworks (CTFs). Professionals who have gained their qualifications under a CTF will be able to have their qualification recognised automatically, without further compensation measures (for example, periods of adaptation or aptitude tests) being imposed, in all Member States who are participants of the CTF.
- 5.12 The revised Directive also allows for the development of common training tests (CTT). This will be a standardised aptitude test for access to the profession which will be available across participating Member States and reserved to holders of certain qualifications. If a professional passes such a test they will be entitled to pursue that profession in any Member State who has agreed to the CTT under the same conditions as their own nationals who have obtained their qualifications there.
- 5.13 The intention behind these provisions is to allow for a new avenue for automatic recognition of professional qualifications. There will be exemptions to both CTFs and CTTs under specific conditions. A CTF or CTT could be developed if a given profession or the education and training leading to that profession is regulated in at least one-third of EU Member States. The Commission will retain a high degree of discretion with regard to which professions will ultimately benefit from these provisions once the core conditions are reached. However, representative professional organisations at EU level, as well as national organisations or CAs from one third of EU Member States, can submit to the Commission suggestions for CTFs and CTTs. At present it remains unclear which of our professions, if any, will ultimately benefit from these provisions.
- 5.14 However, the Commission has recently issued a call for tenders to carry out a study which will explore the feasibility and prepare for a future suggestion for the establishment of a CTF for healthcare assistants.<sup>11</sup>

#### Changes to temporary mobility

5.15 There are a number of improvements to the temporary mobility scheme which the existing Directive introduced. Host CAs operating in the health sector will

<sup>&</sup>lt;sup>11</sup> Further information on the tender can be found on the European Commission's website here: http://ec.europa.eu/chafea/health/tender-04-2014\_en.html

now be allowed to request additional undertakings / information from EEA nationals (or other relevant persons) who wish to benefit from the temporary mobility scheme. This includes:

- an attestation confirming the absence of temporary or final suspensions from exercising the profession or of criminal convictions (in other words a possible extension of our current character declaration requirements for all UK applicants); and
- a declaration confirming the visitor's language competency for practising the profession in the host Member State.
- 5.16 The revised Directive has also introduced the following:
  - it has reduced the professional experience requirements for visitors who come from a Member State which does not regulate the profession; and
  - has allowed the visitor to access the profession across the entire Member State concerned.
- 5.17 In the event of justified doubts a host Member State's CA can make further enquiries with regard to the establishment (see glossary) of the prospective visitor wishing to complete the temporary registration process with them.

## Rules on language skills

- 5.18 The revised Directive has strengthened the language requirements for EEA nationals (or other relevant persons) who wish to have their qualifications recognised and establish themselves in another Member State. In principle, it allows a host Member State's CA to carry out language controls on EEA applicants who wish to access a profession which has patient safety implications.
- 5.19 These language controls can only be carried out after the EEA applicant's qualification has been recognised and / or the issuance of an EPC. This language requirement will be limited to knowledge of one official language used in the host Member State.
- 5.20 The HCPC currently does not request proof of language competency from EEA applicants (with the exception of speech and language therapists).<sup>12</sup>
- 5.21 However, the HCPC and the other CAs are continuing to discuss with the Department of Health and others on what this might mean in the future.

#### 6. Conclusion

6.1 The implementation of the revised Directive by the end of the transposition period will require some changes to our administrative and operational processes. There are a number of benefits in the revised Directive including a

<sup>&</sup>lt;sup>12</sup> The existing Directive does not allow the HCPC to require evidence from all EEA applicants on their ability to communicate in English for the purpose of full-HCPC registration. However, the existing Directive does require a sufficient knowledge of the host Member State's language in order for a professional to practise professionally (article 53).

strengthening of safeguards for patient safety and increased transparency in the application process.

# 7. Abbreviations

AURE – Alliance of UK Health Regulators on Europe

- BIS Department of Business, Innovation and Skills
- CA Competent Authority

CTF – Common Training Framework

- CTT Common Training Test
- EEA European Economic Area
- EFTA European Free Trade Association
- EPC European Professional Card
- EP European Parliament
- EU European Union
- IMI Internal Market Information (IMI) system

RPQ Directive – Recognition of Professional Qualifications Directive

# 8. Glossary

Aptitude Test – in this instance a test of the professional knowledge, skills and competences of the applicant carried out by the HCPC in order to assess whether an applicant who is applying for recognition via the International – EEA mutual recognition rights route has met the standards of proficiency required to be registered with us. Once an applicant passes this test they would be eligible to become registered with us.

Automatic recognition –relates to certain professions for which minimum training requirements have been harmonised across Member States. It currently applies to seven professions, often referred to as the 'sectoral' professions. This includes, doctors, midwives and nurses. EEA nationals (or other relevant persons) in these professions who meet the minimum training requirements set out in the Directive can have their qualifications automatically recognised in other Member States. No compensation measures can be imposed on these professionals.

Common Training Framework – a common set of minimum knowledge, skills and competences necessary for the pursuit of a specific profession.

Common Training Test – a standardised aptitude test available across participating Member States and reserved to holders of a particular professional qualification.

Compensation measures – for the purpose of the Directive compensation measures include periods of adaptation and / or an aptitude test.

Competent Authorities – are normally regulators or professional bodies who have responsibility for professional registrations. Under the existing Directive, the HCPC is also known as a CA.

Council of the European Union – this is where national ministers from each EU Member State meet to adopt laws and coordinate policies.

Directive – EU Directives lay down certain end results that must be achieved in every Member State by a certain date. This usually would include having to amend national legislation.

Establishment – rules regarding professional establishment differ from one Member State to another. In some Member States access to a profession is administered by a professional regulator, in others by professional bodies, and in some cases by the government at national or local level. In some cases access to a profession is conditioned solely by acquiring a relevant degree. A profession is said to be regulated when access to it is subject to the possession of a specific professional qualification. National authorities should be able to guide EEA nationals or other relevant persons in what they need to do to become professionally established in their home Member State.

European Commission – represents the interests of the EU as a whole. It proposes new legislation to the EP and Council of the EU, and ensures that EU law is correctly applied by Member States.

European Economic Area – includes all EU Member States, together with three member states of the European Free Trade Association (EFTA) namely Iceland, Lichtenstein and Norway.

European Parliament (EP) – acts as co-legislator for nearly all EU law. Together with the Council, the EP adopts or amends proposals from the Commission. The EP also supervises the work of the Commission and adopts the EU's budget.

General system – means that the minimum training requirements are not set out in the Directive and the HCPC is able to assess EEA applications on an individual basis. Under certain conditions, the HCPC can ask the applicant to complete a compensation measure before allowing access to the profession in the UK.

Home Member State – is the state where the EEA professional (or other relevant persons) originates and / or was established and / or completed their education and training.

Host Member State – in this instance is the receiving country of the migrating professional.

Implementing Acts – are a legislative measure drafted by the Commission which detail how certain European measures should be uniformly implemented across the EU.

Internal Market Information (IMI) system – a secure electronic information tool which CA's use to exchange information.

Member States – for the purpose of this paper, these refer to all member states of the EEA and Switzerland.

Mutual Recognition – the principle that once a professional is allowed to practise a profession in one Member State they can practise in another.

Period of adaptation – in this instance is a period of supervised practice and / or academic training which allows an EEA applicant with 'mutual recognition rights' under the existing Directive to reach the standards required to be registered with us.

Transposition – is the process whereby EU obligations are implemented into national legislation by a set date.