

Education and Training Committee, 5 June 2014

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

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) citizens 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 Committee's information.

Decision

This is a paper for discussion, 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

27 May 2014

Education and Training Committee – 5 June 2014

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

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) citizens 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 (the Commission).
- Directive 2013/55/EU (the revised Directive) was finally adopted at the end of 2013. This will need 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. The authorities in home and host or 'receiving' Member States will cooperate closely on the processing of EPC applications for mutual recognition rights (the principle that once a professional is allowed to practise in one Member State they can practise in another). One of our professions – physiotherapists – has been provisionally selected as a possible candidate for the EPC.
- The development of common training principles will in principle allow for the extension of automatic recognition (where qualifications are automatically

recognised due to minimum training requirements being harmonised across 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 including the provision of additional declarations and allowing the temporary and occasional service provider (in this instance a visiting health or social care professional) to access the profession across the entire Member State concerned.
- The strengthening of language requirements for EEA citizens 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 have 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 finally 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 citizens 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 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 two systems for the recognition of qualifications:
 - 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 professional qualifications are grouped under five levels so that they can be compared and are recognised on a case-by-case basis.¹
- 3.5 Automatic recognition applies to seven professions, often referred to as the 'sectoral' professions. This includes, doctors, midwives and nurses. EEA citizens in these professions who meet the minimum training requirements set out in the Directive can have their qualifications automatically recognised and can apply to be registered in the UK by the respective competent authorities (CAs).
- 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 affected by the 'general system'. This means that minimum training requirements are not set out in the Directive and the HCPC is able to assess applications on an individual basis. This paper focuses on the directive as it affects the professions regulated by the HCPC.

¹ Under the 'general system', the host Member State's competent authority (CA), normally a regulator or professional body, compares the applicant's qualification 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 that state.

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 receive applications from EEA citizens who wish to practise in any of the professions we regulate in the UK.

3.10 EEA applicants who apply to us must – like other international applicants – prove that they meet the standards of proficiency we set for their profession. 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 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 citizens;
- a maximum application assessment period of three months;
- freedom of establishment;²
- provision of services on a temporary and occasional basis; 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 and then apply for full-HCPC registration. However, they must meet certain criteria.³

3.12 EEA applications are assessed by two registration assessors from the part of the Register that the applicant wishes to join. We first look at whether the applicant's qualification is comparable to a UK approved qualification. If not, we consider whether the combination of the applicant's education, training and experience meets the standards of proficiency required for entry to the profession.⁴

² 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

³ This criteria includes being a EEA citizen; be fully entitled to practise their profession in relevant European Member State; have qualified in a relevant European Member State and so on. Further information on the criteria is available on our website here: www.hcpc-uk.org/apply/eeaandswitzerland/

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

3.13 If that assessment finds substantial shortfalls between the EEA applicant's education, training and experience and the standards of proficiency required for entry to the profession, the applicant will 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. These are in the areas where, in the opinion of the assessors, the standards of proficiency have not been met. If an EEA applicant considers that these measures are 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 applicant but is intended to allow the applicant to demonstrate that they have met the required standards.⁵

Temporary mobility of professionals

3.14 The temporary mobility scheme has allowed EEA citizens who are legally able to practise in a Member State to provide services on a temporary and occasional basis in the UK without needing to go through the full International-EEA mutual recognition rights route and then apply for full-HCPC registration. They can do so once they have made a declaration with us under a process more commonly known as 'temporary registration'.

3.15 Visiting health or social care professionals who have successfully completed our temporary registration process are clearly identified on our Register. 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 with us 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 (are able to access and legally practise the profession in their home Member State).⁶

3.17 We are seeing an increasing number of visiting health or social care professionals applying for and completing the 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.⁷

⁵ 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/

⁶ Further information on the temporary registration process is available on our website here: www.hcpc-uk.org/aboutregistration/temporary/

⁷ 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.

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 changes that had occurred in the Member States' educational 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 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;⁸
 - 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.⁹

⁸ 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/

⁹ 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: http://ec.europa.eu/internal_market/qualifications/docs/policy_developments/131018_call-for-interest_en.pdf and http://ec.europa.eu/internal_market/qualifications/docs/policy_developments/131206_results-call-for-interest_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: http://ec.europa.eu/internal_market/consultations/2014/european-professional-card/index_en.htm

- 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 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 two 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 Europe) 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 Care (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 of professional qualifications procedures to applicants 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 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 The HCPC will still be involved in assessing whether an EEA applicant meets our standards, 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 has not been confirmed. An EPC will be available for selected professions for both recognition purposes leading to full-HCPC registration and/or for the temporary and occasional provision of services.
- 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 EEA applicant's 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 provide services on a temporary and occasional basis 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.¹⁰

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 banned, even temporarily, from carrying out their professional activity 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

¹⁰ The EPC for temporary and occasional provision will then be sent to the relevant CAs. This process will be completed to very short deadlines ie within 4 four weeks.

the period involved. The professional in question will be informed of the alert in writing and their subsequent right to appeal.

- 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 health professions;
 - considering the interaction between this requirement and a CAs obligations under national data protection legislation; and
 - balancing the need to send an alert within the revised Directive's deadlines but before an appeal period has ended.

Common training principles

- 5.11 The revised Directive will allow for Member States 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 are 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.

Changes to temporary mobility

- 5.14 There are a number of improvements to the temporary mobility scheme which the existing Directive introduced. CAs operating in the health sector will now be allowed to carry out a number of additional checks on EEA professionals who wish to provide service on a temporary and occasional basis in their Member State. This includes the following:

- a declaration (or 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 UK applicants); and
- a declaration confirming the applicant's language proficiency for practising a given profession in the host Member State.

5.15 The revised Directive has also introduced the following:

- it has reduced the professional experience requirements for EEA applicants who come from a Member State which does not regulate the profession; and
- has allowed the temporary and occasional service provider (or visitor) to access the profession across the entire Member State concerned.

5.16 However, in the event of justified doubts a host Member State's CA can make further enquiries with regard to the establishment (the ability of the visitor to access and legally practise the profession in their home Member State) of the visitor wishing to complete the temporary registration process with them.

Rules on language skills

5.17 The revised Directive has strengthened the language requirements for EEA citizens 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 checks or controls on EEA applicants who wish to access a profession which has patient safety implications.

5.18 These language checks or controls can only be carried out after the EEA applicant's qualification has been recognised and/or the issuance of an EPC. But this language requirement will be limited to knowledge of one official language used in the host Member State.

5.19 The HCPC currently does not request proof of language competency from EEA applicants and is unable to (with the exception of speech and language therapists).¹¹ 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. This may mean that we will be able to ask EEA applicants to demonstrate or provide evidence of English language competency after they have been assessed as eligible for full-HCPC registration. The exact nature of this evidence is not clear at this stage and whether or not this provision will extend to all our regulated health professions.

6. Conclusion

6.1 The implementation of the revised Directive by the end of the transposition

¹¹ The existing Directive does not allow the HCPC to require evidence of an EEA applicant's 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).

period will require some changes to our administrative and operational processes. There are a number of benefits in the revised Directive including a 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 with ‘mutual recognition rights’ under the existing Directive has met the standards required to be registered with us. Once the applicant passed this test they would be eligible for registration 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 as the ‘sectoral’ professions. This includes, doctors, midwives and nurses. EEA citizens 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 Authority – 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 citizens 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 – under this system, the host Member State's CA compares the applicant's qualification with what is required in that country. Under certain conditions, the host CA can ask the applicant to complete a compensation measure before allowing access to the profession in that state.

Home Member State – is the state where the professional 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 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 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.