

## Workshop on the sectoral professions, October 17, 2007

### Report of meeting

1.1 Following inquiries from professional and academic associations regarding the link between the Bologna Process, the European Qualifications Framework [EQF] and DIR 2005/36/EC on the Recognition of Professional Qualifications, EUA convened a **workshop** on October 17 2007.

1.2 Representatives of the following **associations** met in Brussels:

ACE	Architects Council of Europe
AMSE	Association of Medical Schools in Europe
CED	Council of European Dentists
EAEVE	European Association of Establishments of Veterinary Education
EHNSA	European Network of Heads of Schools of Architecture
EMA	European Midwives Association
EPSA	European Pharmaceutical Students Association
ESU	European Union of Students
EUA	European University Association
Florence Network for Nursing and Midwifery	
FVE	Federation of Veterinarians of Europe
MEDINE	ERASMUS Thematic Network on Medical Education in Europe
PGEU	Pharmaceutical Group of the EU
QAA	Quality Assurance Agency for Higher Education [UK]
Tuning Project	Tuning Educational Structures in Europe (doctors and nurses)

1.3 The workshop heard **presentations** from

Malcolm Harbour, member of European Parliament [EPP-UK] and leader of the centre right group on the committee on the Internal Market and Consumer Protection [IMCO]

Corinne Guidicelli, of Unit D3 (regulated professions), DG MARKT, European Commission

1.4 It also received **background documentation** from EUA summarising

- current state of play in co-decision procedure on EQF
- detail of requirements laid on sectoral professions by DIR 2005/36/EC regarding duration and content of minimum agreed training levels
- position statements by relevant professional and academic organisations

1.5 The **aims** of the workshop were to exchange views and experiences, to map common ground and identify common problems, to explore the possibilities of future action.

1.6 **Discussion** ranged widely across the Lisbon Agenda and the priority set on the higher education and research sectors and on the completion of the internal market in services; the various qualifications frameworks put in place or proposed by the Directive, the Bologna Process and DG Education & Culture; their lack of congruence and the different levels of legal competence supporting them; the practical problems encountered by professionals and academics in the seven sectoral professions.

2 This Report summarises the **issues** which were agreed to be of importance.

### 2.1 **Knowledge, skills, competences, learning outcomes, etc**

It was noted that where the Directive specifies (in Articles or in Annex) the knowledge and skills required of migrant professionals, it retains the text of previous Directives. In most instances, the specifications date from legislation drafted in the 1970s. Most participants felt that only by inference or at an abstract level could the Directive accommodate the technological, professional and pedagogic changes that have occurred since. DG MARKT, on the other hand, considered that there is no clear proof that the legal prescriptions are outdated.

The Directive makes no reference to competences or learning outcomes; for the most part, it itemises required areas of knowledge, with occasional references to practical and/or clinical skills. Yet Bologna, the European Standards and Guidelines and the EQF, all set high priority on student-centred learning, to which competences and learning outcomes are key. Representatives from medicine, dentistry, pharmacy, nursing, midwifery and architecture endorsed this approach – particularly those familiar with the Tuning Project – while recognising that the task of building pan-European consensus was an arduous one.

The question of redrafting the Directive along these lines was broached. One view was that the Commission would resist this: among other reasons, because it suspected that professions would specify competences in a manner that served protectionist ends. DG MARKT, however, said that its principal objection was that learning outcomes could not be objectively assessed; without such assessment, automatic recognition was not possible. (See para.2.8 on QA below)

### 2.2 **Recognition of prior learning – the lifelong learning context**

There was general agreement that the lifelong learning dimension is important. Bologna ministers meeting in London had urged signatory countries to develop procedures for the recognition of non-formal and informal learning. DG MARKT pointed out that, whereas in the general system national authorities are obliged to take the personal experience of the migrant professional into account, there is no such obligation in the case of the automatic recognition of sectoral qualifications, where only formal learning counts. Representatives of general care nurses pointed out that they were the largest group of mobile sectoral professionals and that 80% of them had no academic qualification in their home country; it was wrong to exclude them from the accreditation of lifelong learning.

### 2.3 **Integration/separation of theory and practice**

The debate is complex, involving considerations of intellectual and professional coherence, pedagogy, and labour market entry. Many present thought that the problems would be solved once the issues of competences and learning outcomes had been resolved. For this, in the view of the pharmacists, professional

consensus at European level was essential. In architecture, successive Directives had dissolved the tensions between education and training, and between artistic and scientific course content and rationale (viz. the '11 points' contained in Article 46). But the tension between generalist and specialist training has not yet been addressed. Still missing is any requirement regarding practical experience; the profession does not accept that power of decision should lie with Member States.

#### **2.4 Duration and integrity of 5-year courses**

The dominant view (doctors, dentists, veterinarians, architects) was that the long integrated qualification should be retained. For a number of reasons: there is no evident demand (from students or employers) for large-scale access to the labour market after a 3-4 year Bachelor programme; any compromise of health and safety must be resisted; there is a danger that the Master component of a 2-cycle qualification will not attract public funding. Some present felt that governments have taken Bologna as an opportunity to make savings; by specifying a course of 5500 hours in medicine, for example, the Directive offered a degree of protection.

Nevertheless, there is no strong consensus. Practice varies widely. Most architecture schools have adopted a mode of 2-cycle provision. In medicine, there are 2-cycle systems that allow in-country mobility (CH), while others do not (DK); yet others (UK) have no intention of moving to two cycles. The intensity of the debate has distracted attention from the positive aspects of Bologna.

DG MARKT observed that in principle 2-cycle arrangements are acceptable, as long as they satisfy the requirements of the Directive and as long as they do not lead to confusion in the labour market and in the minds of the public. Only the final qualification has to be notified for recognition. Intermediate qualifications will not give access to professional activity, even if they are acceptable in other parts of the labour market. The complexity is such that it is impossible to generalise; decision regarding the acceptability of qualifications will be taken case-by-case.

#### **2.5 Cooperation between professionals and academics**

The architects noted that professionals and academics had begun to cooperate closely only when the Commission proposed the new Directive in 2002. By contrast, cooperation in pharmacy is at a very low level; there is, for example, no ERASMUS thematic network working in the area.

#### **2.6 Proliferation of jurisdictions**

It was noted that while the Commission has exclusive legal competence over the management of the internal market – and therefore over the recognition of professional qualifications – the EQF is proposed as a Recommendation. Bologna, meanwhile, is inter-governmental and has no legal force; indeed, some of the signatory countries have not yet signed and ratified the Lisbon Convention on the recognition of academic qualifications. At the same time, the majority of EU/EEA countries have enshrined many of the Bologna action lines in national and/or regional legislation. In addition, the Register of quality assurance agencies will impact with some regulatory force on the management of QA at national level.

Effectively, professional and academic bodies operating at European level are confronted by a complex qualifications landscape, in which there are as many different legal perspectives as there are countries and sectoral professions.

NB For the extent to which national legislations have accommodated Bologna, see EURYDICE's 'Focus on the Structure of Higher Education in Europe 2006/07'.

## 2.7 Comitology

The sectoral advisory committees, which had existed under earlier Directives, had either lapsed in the period prior to the 2004 enlargement or would lapse on October 20 2007, when the new Directive came into force. There was general agreement among the professional and academic bodies that the new Committee and Group of Coordinators will have difficulty – in terms of competence and of volume of work – overseeing the hundreds of professions covered by the Directive. Despite the possibility of consultation written into Article 59, professions do not feel assured that their voices will be heard. This is particularly the case in midwifery, where the range of national practice and structure is wide and where mobility is very low.

DG MARKT sought to reassure that the Group of Coordinators has every opportunity to access expert opinion. Moreover, it has to be borne in mind that amending the Directive is difficult, although in comitology (unlike co-decision) unanimity is not required [correction Nov.23]. [If new draft Treaty comes into force, unanimity will give way to Qualified Majority Voting in the co-decision procedure. Addition May 2008] Architects and veterinarians are nevertheless particularly anxious to monitor – on a cross-professional basis – the performance of the new comitology.

## 2.8 Quality assurance

There was scepticism regarding the efficacy of the quality assurance undertaken by those implementing the Directive. The veterinary profession (which carries out its own evaluation programme at school/Faculty level) had no doubt that some schools fail to comply with the minimum agreed standards, in terms of the knowledge and clinical/practical experience required. The Directive put no QA procedures in place at EU level. Individual countries were deemed – either when the original Directives came into force, if they were already Member States, or upon accession, if they were not – to comply with the requirements. Thereafter, recognition is automatic – even though MSs themselves may have no system or culture of QA capable of guaranteeing that compliance will continue.

This raised the question of whether appropriate QA might be provided by the European Standards and Guidelines prepared by ENQA and accepted by the Bologna signatory countries. Will the existence of a Register, operating at the level of the wider Europe, sustained by peer review, and giving particular attention to learning outcomes, curriculum design, labour market feedback and student participation – will this system satisfy the requirements of the Directive and could it be enshrined in the legislation? What will be the attitude of the Commission if professional accreditation bodies are admitted to the Register?

## 2.9 Mobility instruments

It was noted that EUROPASS was intended to become fully interoperable with EQF by 2011. Meanwhile, increasing use of the Certificate and Diploma Supplements was likely to render the content of the sectoral qualifications more visible than hitherto. This could have the negative effect of sharpening comparisons between national provisions and of making mobility and recognition more problematic.

It was also noted that much work remained to be done in accommodating learning outcomes in ECTS and of making ECTS consistent with the pedagogic

and lifelong principles underlying ECVET. DG MARKT has no objection to the use of ECTS as a support for mobility; but where the Directive specifies a number of hours, it is this figure which constitutes the objective criterion. In principle, however, there seems no reason why mobile professionals should not use these instruments. But what of the professional card mentioned in Recital 32 of the Directive? Should professional associations seek to make it interoperable with EUROPASS? Will it undermine their prerogatives? A pharmacist's card has been introduced in France, but no template is accepted by all Member States.

NB EUROPASS is currently undergoing external evaluation.

## 2.10 The relevance of EQF

DG MARKT has already said publicly that EQF cannot be used by national authorities to process applications for recognition by professionals in the general system. Confusion may be caused when a migrant professional presents two sets of corroborative documentation – one referenced to EQF and the other to the requirements of the Directive. As regards the sectoral professions, the danger is felt to be less – both because recognition is automatic and because of the clarity of the lists of formal specialist qualifications in Annex 5 of the Directive.

## 2.11 The devaluation of Masters by Bologna

When a single-cycle integrated 5-year programme is replaced by a two-cycle split qualification, the Master qualification may be devalued. This has been observed in the case of architecture. A high level diploma previously preceded by 5 years of professional training now represents only years 4 and/or 5. But there was no consensus on this point; the situation varies by profession and by country.

## 3 Future perspectives

3.1 **EP** - IMCO is concerned particularly with the completion of the internal market and with making its benefits known to citizens. By 2009 it will have completed a programme of impact assessments, which is likely to include a public hearing on the transposition and implementation of Directive 2005/36/EC sometime in the coming months. Along the same lines, the Commission Secretariat will publish a Communication on November 13 ('A single market for the 21st century'); it will stress the importance of professional service delivery.

NB EP adopted the EQF Recommendation on October 25.

3.2 **DG** - DG MARKT's first preoccupation is to develop and mainstream IMI, the Internal Market Information system. Medical doctors and pharmacists are among the professions featuring in the pilot phase. IMI is a sophisticated IT tool, using machine translation, designed to expedite inter-governmental communication and to facilitate implementation. It is not on public access.

3.3 **EUA** - EUA is currently developing its work plan for 2008 and will consider how best to progress the issue of professional qualifications. It looks forward to working with EP and DG MARKT as appropriate. In the short term it will re-design the questionnaire which was circulated prior to the workshop. There was general agreement that a pan-European cross-professional perspective, backed up by reliable data, is desirable. Midwives were particularly supportive; dentists and pharmacists are organising their own surveys of Bologna implementation.

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