

Sectoral professions – Update no.3, June 2009

The first two EUA updates appeared at six-month intervals. This – the third – was to have been published in April, but was held back in order to provide coverage of the Bologna ministerial summit and of the progress of new patient mobility legislation through the European Parliament. Like the previous two updates, it summarises developments in:

- the Bologna Process
- the European Commission
- the European Parliament
- the professional, academic and regulatory bodies
- EUA

Updates 1 and 2 are available at

<http://www.eua.be/bologna-universities-reform/bologna-and-professional-qualifications/>

1 The Bologna Process

1.1 The 46 Bologna ministers met in Leuven / Louvain-la-Neuve at the end of April. They re-asserted their commitment to Bologna's long-running action lines and resolved to accelerate progress towards the completion of the European Higher Education Area [EHEA]. The main policy thrust of the **Communiqué** concerned:

- The integration of education and research at all levels
- The importance of public investment in higher education, while at the same time urging institutions to use their autonomy to diversify their sources of revenue
- A continuing focus on widening participation and equal opportunities
- The prioritisation of lifelong learning provision, based on flexible pathways including work-based routes; specific reference was made to **European University Charter on Lifelong Learning**, available at http://www.eua.be/fileadmin/user_upload/files/Publications/European_Universities_Charter_on_Lifelong_learning.pdf
- A renewed insistence on the importance of the recognition of prior learning, an area in which tension with Directive 2005/36/EC is almost inevitable

- The self-certification of national qualifications frameworks and their alignment with the Bologna 3-tier system, as well as with the European Qualifications Framework [EFQ]; this process is to be completed by 2012
- Measures to enhance the employability of students
- The implementation of student-centred learning, based on the specification of learning outcomes and on their incorporation into the quality assurance process
- A renewed commitment to student mobility, this time with a precise target: by 2020, 'at least 20% of those graduating in the EHEA should have had a study or training period abroad'

These points were supported by strong consensus. More controversial was the question of institutional ranking methodologies. The Communiqué obliquely refers to these as 'multidimensional transparency tools'; it will accept their development, as long as they are based on stakeholder consultation and on the key Bologna principles of quality and recognition.

The Communiqué is available at

http://www.ond.vlaanderen.be/hogeronderwijs/bologna/conference/documents/Leuven_Louvain-la-Neuve_Communique_April_2009.pdf

1.2 The Communiqué also stressed the so-called global dimension of Bologna and the need to ensure that the EHEA remained outward-looking. For the first time, the summit included a **Bologna Policy Forum**, which brought together the 46 Bologna ministers with interested counterparts from Australia, Brazil, Canada, China, Egypt, Ethiopia, Israel, Japan, Kazakhstan, Kyrgyzstan, Mexico, Morocco, New Zealand, Tunisia and USA. Details can be seen at

<http://www.ond.vlaanderen.be/hogeronderwijs/bologna/forum/index.htm>

1.3 From 2009 the biennial rhythm of Bologna meetings is broken. Exceptionally, ministers will meet in **Budapest and Vienna on March 11-12 2010**, to mark the inception, although not the completion, of the European Higher Education Area [EHEA]. The ongoing business of development and stocktaking will next be dealt with at a summit scheduled for 2012 in Bucharest. Thereafter, there will be meetings in 2015, 2018 and 2020. For the time being, responsibility for the Bologna website will remain with the Benelux team.

1.4 Since October 2008, there have been **Bologna seminars** on: mobility, employability, equality of opportunity, qualifications frameworks, quality assurance, the assessment of prior learning, and joint programmes. See <http://www.ond.vlaanderen.be/hogeronderwijs/bologna/BolognaSeminars/>

1.5 The latest state of play in the process of self-certification of **national qualifications frameworks** is as follows: Ireland, Scotland, Germany, the Flemish Community of Belgium, Netherlands, and England/Wales/Northern Ireland have completed the process. The Danish NQF awaits national legislation. Others are in an advanced stage of development.

1.6 There are now nine quality assurance agencies on the **European Quality Assurance Register for Higher Education** [EQAR]. They are: VLHORA (Flanders, Belgium), NVAO (Flanders and the Netherlands), ACQUIN, ASIIN, FIBAA and ZevA (Germany), PKA (Poland), ANECA and AQU (Spain). None of these has a specific focus on the regulated professions. However, **EAEVE** (see the veterinary entry in section 4 below) has applied to join. **[Correction: EAEVE has applied to join ENQA, not EQAR – July 6 2009]** The register can be accessed at <http://www.eqar.eu/register.html>

1.7 The **Ministry of Education and Research in Sweden** has announced draft legislation under the banner of 'knowledge without borders'. It consists of a package of measures designed to promote internationalisation, student and staff mobility, joint degrees, and student recruitment into Sweden. It also has a specific focus on the provision of supplementary training for third country healthcare professionals, whose qualifications are of a lower level than is required by EU law.

<http://www.sweden.gov.se/sb/d/11426/a/124193>

2 The European Commission

2.1 Amendments to DIR 2005/36/EC

In June 2008, the Official Journal carried a Communication recording recent amendments to **Annex V** of the Directive, as notified by Member States. These concern evidence of formal qualifications, awarding bodies and professional titles. Communication 2008/C 137/07 can be found at

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2008:137:0008:0010:EN:PDF>

A further list of amendments to Annex V followed in December. Communication 2008/C 322/03 can be found at

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2008:322:0003:0007:EN:PDF>

Yet another, 2009/C 114/01, was issued in May 2009. See

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2009:114:0001:0007:EN:PDF>

Concerning amendments to the Directive, see also point 3.3 below, on the *regulatory procedure with scrutiny*.

2.2 Infringements

2.2.1 At the time of EUA Update 2, nineteen MSs had still to respond to the Commission's allegation of apparent **non-transposition of the Directive** into national legislation. Fourteen of these had already been referred to the European Court of Justice. In November, four more were added to the number: Estonia, Latvia, Lithuania and the Netherlands. Since the recent series of infringement proceedings began, only six countries have remained uninvolved: Czech Republic, Finland, Italy, Malta, Slovakia, Slovenia.

2.2.2 The ECJ, meanwhile, handed down three relevant **judgements**. In case C-36/08, it held Greece to be in breach of the Treaty by virtue of its insistence on additional training requirements for incoming general practitioners. In cases C-224/08 and C-245/08, France and Portugal were also deemed to be in breach, for failing to update their own legislation to accommodate the accession of Bulgaria and Romania. In connection with the same matter, Luxembourg now risks financial penalties, having failed to abide by an earlier ECJ ruling.

2.3 Internal Market Information [IMI]

EUA Update 2 reported progress in DG MARKT's work on IMI. The pilot programme, which initially covered only a selected range of professions, was

subsequently extended to all professional qualifications. IMI allows electronic information exchange between national agencies responsible for the registration of migrant professionals; it expedites such matters as the checking of qualifications and the screening of criminal records. In February 2009, a further and more far-reaching pilot programme was launched, covering all aspects of inter-agency communication required by the Services Directive (2006/123/EC). IMI is intended to be fully up and running by December 28, which is the date on which the Services Directive comes into force. For details, see http://ec.europa.eu/internal_market/imi-net/index_en.html

2.4 In November the Commission's Communication on **telemedicine** for the benefit of patients, healthcare systems and society [COM(2008)689] was adopted. Insofar as it covers cross-border healthcare service delivery in absentia, it will have an impact on the training of healthcare professionals. The Communication mentions training actions, but contains no recommendations. The matter may well re-surface at the ministerial conference on e-health scheduled for 2010. For the full text, see http://ec.europa.eu/information_society/activities/health/docs/policy/telemedicine/commn_telemedicine_en.pdf

2.5 In December the Commission published its **Green Paper on the European Workforce for Health** [COM(2008)725]. The Green Paper draws attention to the problems created by the ageing of the healthcare workforce and to the fact that professional migration patterns do not necessarily match the distribution of healthcare needs. It lists possible areas for action, set within the complex web of EU, national and regional competences. These areas include:

- Considering recruitment and training campaigns, in particular to take advantage of the growth in the proportion of over-55s in the workplace and those who no longer have family commitments
- Providing for a more effective deployment of the available health workforce
- Considering "return to practice" campaigns to attract back those who have left the health workforce
- Focusing on health professionals' continuous professional development (CPD).
- Developing training courses to encourage the return to the workforce of mature workers.
- Providing management training for health professionals
- Fostering the cooperation between Member States in the management of *numerus clausus* for health workers and enabling them to be more flexible.
- Developing possibilities for providing language training to assist in potential mobility
- Creating an EU mechanism e.g. an Observatory on the health workforce which would assist Member States in planning future workforce capacity, training needs and the implementation of technological developments.
- Fostering bilateral agreements between Member States to take advantage of any surpluses of doctors and nurses.
- Investing to train and recruit sufficient health personnel to achieve self-sufficiency at EU level.
- Encouraging cross-border agreements on training and staff exchanges, which may help to manage the outward flow of health workers while respecting Community law.
- Promoting "circular" movement of staff (i.e. staff moving to another country for training and/or to gain experience, and then returning to their home countries with additional knowledge and skills).

- Ensuring suitable training to enable health professionals to make the best use of new technologies
- Making more use of the support offered by structural funds to train and re-skill health professionals
- Improving the use of the structural funds for the development of the health workforce

The proposed action lines challenge the readiness of training providers to build a pan-European consensus, in a lifelong learning framework, on how to proceed: the debate will be academic, pedagogic, legal, professional, structural, financial. The action lines also pose problems to the operation of Directive 2005/36/EC: its capacity to deal with CPD and with the recognition of prior learning, in particular. The consultation organised by DG SANCO closed on April 10 2009. Many organisations responded (see section 4 below): no summary has yet been posted on the DG website. For the full text of the Green Paper, see <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2008:0725:FIN:EN:PDF>

2.6 In the ongoing legislative proceedings on **healthcare services and patients' rights**, the spotlight shifted from the Commission to the Parliament (see below 3.2.1). Meanwhile, initiatives continued to emerge from DG SANCO, notably, a new **'Europe for Patients'** website, at http://ec.europa.eu/health-eu/europe_for_patients/index_en.htm

3 The European Parliament

3.1 CULT Committee on Culture and Education

3.1.1 In November, Parliament adopted a report by the Slovenian member Ljudmila Novak [EPP-ED] on the Commission's implementation of **lifelong learning policy in the framework of Education and Training 2010**.

The report has a broad policy thrust, albeit with a strong focus on equality of opportunity, but no explicit interface with Directive 2005/36/EC. Para.13 'points out that the transition between different education and training systems and between formal, non-formal and informal learning must be facilitated', while para.47 'emphasises that knowledge and qualifications acquired through lifelong learning should be much broader and easily recognised, and to that end considers that the implementation of the European Qualifications Framework and the Europass as instruments for the promotion of lifelong learning must also be stepped up'. The full text can be consulted at <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//NONSGML+REPORT+A6-2008-0455+0+DOC+PDF+V0//EN&language=EN>

3.2 IMCO Internal Market and Consumer Protection

3.2.1 In its plenary session of April 23 2009, Parliament concluded its First Reading of the draft Directive on the **application of patients' rights in cross-border healthcare**. Based on the IMCO report prepared by UK member John Bowis, it contains no detailed prescriptions relating to professional qualifications. Indeed, it cuts the number of references to DIR 2005/36/EC made in the Commission's original proposal. Specifically, where the Commission asserted that the Qualifications Directive has the power to over-ride the Patients Rights

Directive (Article 3), Parliament prefers simply to state that the latter is without prejudice to the former. For the text of the First Reading, see <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+TA+P6-TA-2009-0286+0+DOC+XML+V0//EN&language=EN>

EUA Update 2 reported that education and training appear only fleetingly in the draft Directive, in connection with the proposed **European Reference Networks**. These are voluntary consortia of supra-national specialist centres, research-based and multi-disciplinary, intended to deliver cross-border healthcare to patients requiring a particular concentration of resources or expertise. Article 15.2d specifies that the ERNs will, inter alia, 'help to share knowledge and provide training for health professionals'. Parliament's First Reading does not substantially change this set of provisions.

Recent reports suggest that **Council**, the co-decider, will want to limit the scope of the new Directive, in such a way as to minimise its impact on existing national and regional health systems. It is therefore unlikely to become law before 2010.

3.2.2 In February, Parliament adopted the non-legislative resolution on the **European professional card**, drafted for IMCO by the Swedish member Charlotte Cederschiöld (EPP-ED). This calls on the Commission to assess the transposition of Directive 2005/36 (IMCO plans its own impact assessment in 2010) and urges professions to fund the issue of cards which would facilitate cross-border mobility and service delivery, but without imposing burdensome conditions. The full report is at <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//NONSGML+REPORT+A6-2009-0029+0+DOC+PDF+V0//EN&language=EN>

3.2.3 The **HPro Card** project, in which a number of regulatory bodies participate, is currently examining the feasibility of the professional card, which was first mooted in recital 32 of Directive 2005/36/EC. The project covers the five sectoral healthcare professions. See <http://www.hprocard.eu/>

3.2.4 As the term of the old Parliament drew near, there was discussion of the possibility of **disbanding IMCO** and of removing health from the remit of the Environment, Public Health and Food Safety Committee [ENVI]. A new health and consumer affairs committee would be created, to mirror the responsibilities of DG SANCO. The legal aspects of internal market business would then move to JURI (Legal Affairs) and the economic aspects to ITRE (Industry, Research and Energy). It is not clear whether or when this will happen. The first committee working session in the new Parliament will be on July 20, by which time a decision may have been taken.

3.3 Agreement of Parliament and Council on the 'regulatory procedure with scrutiny'

In November 2008 the co-decision procedure concluded with agreement on the application of the **regulatory procedure with scrutiny**, set out in Decision 2006/512/EC. A new Regulation 1137/2008 amends the text of Directive 2005/36/EC, allowing comitology to 'adapt' (rather than 'amend', which would require the involvement of the legislative bodies) its non-essential elements. These are elements which are not essential to the structure and to the fundamental purpose of the Directive. They include such items as the skills and knowledge required of each sectoral profession; the introduction of new medical specialties; and the minimum periods of training. However, the Commission, through the Committee on the recognition of professional qualifications, can

'adapt' only in the light of 'scientific and technical progress'. Whether this concept embraces reforms of the type promoted by the Bologna Process is uncertain. For the text of the Regulation, go to <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2008:311:0001:0054:EN:PDF>

4 Professional, academic and regulatory bodies

Medical doctor

- The Standing Committee of European Doctors [**CPME**], having suffered the withdrawal of its French, Italian and Spanish member associations following a dispute concerning governance, issued a number of important policy papers. These respond to the Commission's initiatives on the healthcare workforce, telemedicine and patients' rights, as well as on particular aspects of professional qualifications.

Doctors are in short supply: CPME favours boosting **training capacity** at national level, and with EU support, against a background of high quality qualifications and adequate remuneration. Training must include coverage of new ICT tools. CPME supports the **mobility** of medical students and young doctors in particular, but wishes professional conditions to improve at national level, to the point at which professional mobility is no longer driven by financial motives and at the expense of vulnerable healthcare systems. It has strong reservations regarding the aggressive recruitment of third country graduates and calls for importing countries to respect the requirements of the Directive concerning the **duration of training**. It welcomes the Green Paper's proposal to institute reference networks for cross-border concentration of expertise on rare diseases, while at the same time upholding the principle of national self-sufficiency in healthcare workers. CPME rejects the Green Paper's acknowledgement of **specialties** in alternative medicine and calls instead for wider recognition of general practice / family medicine. Finally, it has drawn up a set of framework guidelines for **quality assurance** site visits to postgraduate training providers.

The various CPME declarations are posted at <http://www.cpme.be/policy.php>

- The response of the European Union of Medical Specialists [**UEMS**] to the Green Paper is in line with that of CPME. It goes further, first, in its critical commentary of the impact of the European Working Time Directive, and secondly, in its explicit call for the **revision of Directive 2005/36/EC** before the deadline of 2012. Revision is urgently needed – in respect of the duration of training, the designation of specialties, and the specification of new competences. Regarding the Bologna Process, UEMS has persisting doubts about the appropriateness of the 3-cycle structure. UEMS has a particular responsibility for postgraduate training and for continuing medical education within the broader framework of CPD. In this connection, it announced its intention to set up a **European Accreditation Council for Postgraduate Training** [EACPT], based on its existing arrangements for credit accumulation and transfer in CPD. The UEMS website at <http://admin.uems.net/uploadedfiles/1050.pdf> cites the answer given by **Commissioner McCreavy** to a question posed by EP member Michl Ebner. It does not accept that the Directive requires revision:

“The Commission is aware of the fact that Continued Medical Education (CME) can differ greatly between the different Member States. Not only with regard to its compulsory character but also the ways in which it is implemented and organised. However, the Commission is not aware of the fact that some Member States are currently making use of the American CME Credit system for the mutual recognition of CME courses in Medicine and Physics. Currently, CME credits cannot constitute an obstacle to doctors wishing to establish themselves in another Member State, since the recognition of medical qualifications under Directive 2005/36/EC is based on harmonised minimum training requirements and automatic recognition of medical qualification titles. Member States may impose continued professional development on professionals established on their territory. However, they cannot require it for the purpose of migration, be it on a permanent or temporary basis. The introduction of a binding system of recognition of CME could only be based on minimum harmonised CME standards, in order not to prejudice the automatic recognition of medical professional qualifications. This would require unanimity among all Member States. Nevertheless, the Commission welcomes initiatives taken by and between stakeholders, such as the European Accreditation Council for Continuing Medical Education (EACCME), established by the Union of European Medical Specialists (UEMS), which facilitates recognition of CME events throughout the European Union and helps to bring about more transparency and comparability of CME at national level.”

Finally, in the period covered by this Update, UEMS has proposed that the Commission launch a HIPPOCRATES Programme to run in parallel with ERASMUS and has published a set of specifications for the **accreditation of e-learning** materials.

- The September conference of the International Association for Medical Education [AMEE] will include a **Bologna workshop**. See <http://www.amee.org/index.asp?lm=108>
- The Medine thematic network, in conjunction with the Tuning Project, has posted its **Learning Outcomes / Competences** for Undergraduate Medical Education in Europe at a new website, hosted by the University of Edinburgh. See <http://www.tuning-medicine.com/index.asp>
- At its Zagreb conference in June 2009, the Association of Medical Schools in Europe [AMSE] focused on **postgraduate education**. Papers will be posted at <http://www.amse-med.eu/meetings.html>

General care nurse

- The European Federation of Nurse Educators [FINE] reacted to the Green Paper's perspective on the healthcare workforce by stressing the difficulties that need to be resolved. European **student mobility** is hampered by discontinuities in funding, problems in the assessment of practice caused by the absence of benchmarking of competences, and by the inconsistent location of various categories of nurses in the sectoral professions and in the general system. FINE argues for a graduate-entry profession, systematic **recognition of prior learning**, flexible learning

pathways and post-registration CPD, for the inclusion of second-language learning in training programmes and for the regulation of nurse educators.
http://www.fine-europe.eu/events/fine_green_paper.pdf

In February, Elizabeth Kidd of DG SANCO presented the Green Paper to Chief Nursing Officers at a meeting convened by the Czech presidency. A report is available at

http://www.eu-nurse-leaders.org/site/uploads/docs/20090225_CNOREport.pdf

- The European Federation of Nurses Associations [EFN], in statements issued in October 2008 (and not in October 2009, the date carried by one of them), considers that nursing as a discipline should be available at each of the three Bologna cycles, duly preceded by secondary education of appropriate duration and quality. Reaching this position will require much more supplementary bridging and CPD courses, pre- and post-registration, set within a lifelong learning frame. EFN calls for a **learning outcome approach** to curriculum design, to facilitate the assessment of practice. It also calls for the **European accreditation of nursing qualifications**, based on criteria defined through stakeholder consultation. EFN joins FINE in its concerns about the inconsistent national attitudes to the qualifications required of nursing educators. In conjunction with ENSA, ESNO and ICN, it demands synergy between the Directive, Bologna and the EQF.
http://www.efnweb.org/version1/en/pos_stat_Education.html
- The question of competences is met head-on by a LEONARDO DA VINCI project located in the **Haute Ecole de Namur** (Belgium). It has compiled a European reference guide which is available at
http://www.henam.be/index.php?option=com_content&task=view&id=399

Midwife

The 2008 conference of the European Midwives Association [EMA] focused on antenatal care and on the relation between alcohol and pregnancy. EMA also attended a meeting convened by the French Order of Midwives and the UK's Nursing and Midwifery Council. Its purpose was to set up an **informal network of midwifery regulators**, to deepen understanding of the variety of training regimes within the EU and to improve the sharing of fitness to practise information. Regulators from Austria, Belgium, Croatia, Cyprus, Denmark, Estonia, France, Hungary, Ireland, Italy, Malta, Norway, Portugal, Romania, Slovakia, Slovenia, Spain and the UK were in attendance. For the press release, see
<http://pr.euractiv.com/press-release/eu-midwifery-regulators-agree-new-network-9881>

Dental practitioner

- Since the last EUA Update, the Council of European Dentists [CED] have published a number of position papers, including a response to the Green Paper and a policy statement on **competences**. The first supports moves to coordinate the European healthcare workforce, but not at the expense of dispensing with national *numerus clausus*. CED wants to see a more socially and ethnically diverse body of dentists. It also calls for a wider range of skills to be included in the basic training programme – management skills, how to deal with ethnically diverse patients, and second language competence. It calls for the **updating of the Directive** to include language testing. The second paper sets out a list of basic competences which, it says, should replace those set out in Annex V.3 (5.3.1) of the Directive. The two papers can be found at

<http://www.eudental.eu/index.php?ID=2741>

- Meanwhile, as reported in EUA Update 2, the Association for Dental Education in Europe [**ADEE**] has carried forward the work of the DentEd III thematic network. Its revised compilation of **competences** – more detailed than that of CED – is to go to the 2009 General Assembly for approval. The ADEE website also carries the DentEd papers on curriculum design, ECTS, quality assurance and benchmarking published in 2006. See <http://www.adee.org/cms/index.cfm?fuseaction=page&plD=280&ppID=200>
- The European Dental Students Association [**EDSA**], which collaborated with ADEE in its work on competences etc., has a new website - <http://www.edsaweb.org/>

Veterinary surgeon

- The Academic Cooperation Association [**ACA**] reported in November that Austria proposes to introduce a **quota system for veterinary** and psychology students from September 2009. 75% of places will go to Austrians, 20% to other EU citizens, and 5% to third country students. This effectively extends quotas already in place for medical and dental students. Austria (together with Belgium) has been given until 2012 to prove to the Commission that infringement proceedings are not justified.
- The European Association of Establishments for Veterinary Education [**EAEVE**] has published its standard operating procedures for the **quality assurance** of training institutions. This is in support of its application to join ENQA, the European register of QA agencies. See <http://www.eaeve.org/evaluation/sop.html>

Pharmacist

- The Pharmaceutical Group of the European Union [**PGEU**] has published its response to the Green Paper. PGEU argues for the recognition of the **pharmacist as a core health professional** – a recognition which in practice would mitigate the (increasingly) heavy workload of the healthcare sector. It could mean 'more co-learning between health professional students', but should not mean the de-skilling of pharmacists. See http://www.pgeu.org/Portals/6/documents/2009/Position%20Papers/09.02.02E%20PGEU%20Response_Green%20Paper_European%20HealthWorkforce-Approved%20GA%2010%20March%202009.pdf
- The European Association of Faculties of Pharmacy [**EAFP**] has been successful in its bid to the Commission for funding for the **Pharmine** thematic network. Pharmine – a consortium of four EAFP-member universities and four associations, including PGEU and the European Pharmaceutical Students Association [EPSA] – will develop 3-cycle Bologna-compatible curricula within the framework of pharmacy training as set down in the Directive. See <http://www.eafponline.org/> and <http://www.pharmine.org/Pharmine/>

Architect

- At the end of 2008, the Architects' Council of Europe [**ACE**] published the 'first comprehensive, professionally executed survey of the profession at European level ever undertaken'. It does not address training issues. <http://www.ace-cae.org/MemberN/Content/EN/pub/int/sectors.html>

- The September conference of the European Association for Architectural Education [EAAE] will have as its main theme '**Bologna 10 Years After: a Critical Mapping of the European Higher Architectural Education Area**'.
- The new Dublin-based European Network of Architects' Competent Authorities [ENACA] has launched an access-restricted website at <http://www.enaca.eu/>

5 The European University Association

EUA engages in a broad range of activities across a number of policy fronts: the Bologna Process, in which it is a major stakeholder, research and knowledge transfer, higher education governance and funding, quality assurance and capacity building. Of particular relevance to the sectoral professions and to the interface of Bologna with Directive 2005/36/EC are the recent initiatives listed below:

5.1 The **European Universities' Charter on Lifelong Learning** was presented to the Council of Ministers at the end of the French Presidency. See http://www.eua.be/fileadmin/user_upload/files/Publications/European_Universities_Charter_on_Lifelong_learning.pdf

5.2 **Trends in Quality Assurance** – EUA has published the proceedings of the third Quality Assurance Forum held in Budapest last autumn. The fourth Forum will be held in Copenhagen in November. See [http://www.eua.be/index.php?id=48&tx_ttnews\[tt_news\]=782&tx_ttnews\[backPid\]=934&cHash=7199da8060](http://www.eua.be/index.php?id=48&tx_ttnews[tt_news]=782&tx_ttnews[backPid]=934&cHash=7199da8060)

5.3 EUA's recent **Survey of Master Degrees in Europe** contains a chapter on the sectoral professions and the tensions between Bologna and the Directive. The survey can be downloaded from http://www.eua.be/fileadmin/user_upload/files/Publications/EUA_Survey_Of_Master_Degrees_In_Europe_FINAL_www.pdf

5.4 EUA presented its **Prague Declaration** to the ministerial summit in Leuven / Louvain-la-Neuve. The Declaration outlines ten success factors for Europe's universities:

- widening opportunities for participation in, and successful completion of, higher education
- improving researcher careers
- providing relevant and innovative study programmes
- developing distinctive institutional research profiles
- shaping, reinforcing and implementing autonomy
- increasing and diversifying income
- enhancing quality and transparency
- promoting internationalisation
- increasing and improving the quality of mobility
- developing partnerships

The full text can be found at

http://www.eua.be/fileadmin/user_upload/files/Publications/EUA_Prague_declaration.pdf

5.5 Of relevance to the architecture professions is the **European Energy Research Alliance** [EERA], set up – with the encouragement of DG Energy and

DG Research – to pool research resources and to coordinate activities in the field of new energy technologies. EUA is a supporting partner.

<http://www.eera-set.eu/home>

5.6 Finally, a reminder that the EUA's **Bologna Handbook** carries articles on a broad range of issues, among which the concerns of the sectoral professions are well represented. See

<http://www.bologna-handbook.com/>

**Please feel free to forward this update to any other interested parties.
Comments, corrections and news items will be very welcome.**

<http://www.eua.be/bologna-universities-reform/bologna-and-professional-qualifications/>

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