

European Commission consultation on the professional qualifications Directive

The informal network brings together the medical competent authorities in the European Economic Area responsible for the recognition of medical qualifications in accordance with Directive 2005/36/EC.

In 2010, the informal network brought together medical competent authorities to discuss the implementation of the Directive. This work demonstrated that the network is keen to continue its collaboration as part of the revision of the Directive and beyond. It also highlighted a number of areas in the Directive that would benefit from further examination to ensure that professional mobility is maintained whilst at the same time enhancing patient safety.

We welcome the opportunity to contribute to the European Commission consultation on the mutual recognition of professional qualifications and have produced the following submission which complements our individual responses and the [Berlin Statement](#)¹, which was adopted in October 2010.

Our response focuses on the key questions of relevance to the network and is informed by the fact that we all have considerable expertise and practical experience of the implications of high levels of professional mobility. Member states undoubtedly benefit from this mobility, receiving many dedicated medical professionals who contribute positively to healthcare in Europe. Mobility does however raise a number of challenges to the protection of the public, which this consultation presents an opportunity to address.

Simplification

1. It is essential that any suggestions to simplify the current recognition procedure are not detrimental to effective professional regulation in the member states or to patient safety.
2. We understand that the Commission consultation is suggesting that the role of the *Contact Points* should be brought into line with the activities carried out by the *Points of Single Contact*. We agree that Contact Points play a valuable role in providing essential information for qualified professionals to aid mobility throughout the EU, however we are concerned about the proposal to make the *Contact Points* responsible for the administrative procedures relating to professional qualifications. Operating as an intermediary in this way may become an additional tier of bureaucracy and cost between the professional and the competent authority. The *Contact Points* may not have the necessary expertise to deal with each individual profession. This could complicate procedures and may create delay and/or misunderstanding.
3. We call on the Commission to consider incorporating the Certificate of Current Professional Status / Certificate of Good Standing² to the documents listed in Annex VII

¹ Adopted by 26 competent authorities in 24 member states.

² The Certificate of Current Professional Status (CCPS) was developed during the UK Presidency of the European Union in partnership with CEOM, FEPI, PGEU, DLC, CEPLIS, CPME, PCN and individual competent authorities not otherwise represented. A template for the certificate was developed by the Healthcare Professionals Crossing Borders (HPCB) in 2005 and is included in the Edinburgh agreement.

to simplify the current recognition procedure and allowing competent authorities to exchange these certificates and other similar documents securely and efficiently through IMI.

4. The Code of Conduct should not be incorporated into the Directive in order to allow competent authorities in the member states the necessary flexibility to process applications. We understand that the Commission has reservations about the form in which documents are to be submitted by professionals. However, we do not consider that these procedures impose any unnecessary barrier to free movement upon those EEA doctors that are appropriately qualified and safe to practise. We believe that these requirements are essential for the prevention of fraud and identify theft and to ensure that only those fit and safe to practise can gain recognition. This is especially important for medical professionals where any incidents of fraud can have serious implications for the health and safety of the public.

5. We agree with the European Commission assessment that the development of compensation measures has presented competent authorities with some challenges. However, these should not become a justification for weakening the existing provisions. It is essential that competent authorities have the flexibility to devise compensation measures that are most appropriate for the doctor wishing to move, whilst at the same time ensuring the adequate protection of the public. Similarly, we do not believe that the development of Europe-wide codes of conduct to define common approaches for the development and implementation of compensation measures would be helpful. This could have the unwelcome effect of stifling innovation in the development of aptitude tests and adaptation periods, areas in which there is yet limited practical experience. Instead competent authorities should be encouraged to share best practice and experience for the benefit of the professional and the patient.

6. We note with interest the reference in the document to 'partial access'. We welcome the European Court of Justice's clarification that it should only be granted if there are no valid public interest reasons. We therefore call for the revised Directive to allow competent authorities to grant recognition only to fully qualified medical practitioners to ensure public protection

Integrating professions into the single market

7. The experience reports indicate that there was little consensus on whether professional cards are the appropriate tool to facilitate the recognition of medical qualifications. There is also concern as to whether the card should ever become the sole source of information on which to base a recognition decision. We therefore welcome the establishment of the steering group on cards and call for a genuine debate and careful consideration of the purpose, added value, cost, benefits and risks (including fraud) of such a tool, as well as its interoperability with existing national databases, and the relationship with the Internal Market Information (IMI) system.

8. In addition, before any discussions on the features of a card, we would encourage the Commission to consider existing and other alternatives, such as improvements to IMI as part of an independent impact assessment to establish the practical, economic, financial, social and public safety implications of any card proposal. The assessment should be carried out before a revised Directive is adopted. The impact

assessment should take into consideration the principle of proportionality and the need for interoperability with existing systems to avoid duplication.

9. We urge the Commission to improve transparency in the existing system of automatic recognition. The scope and structure of medical education and specialist training should remain the competence of member states. We also call on the Commission to ensure that any future activities take into consideration the differences in training requirements and national health profiles across member states and should be carried out through a fully inclusive consultation process with all relevant stakeholders.

10. The informal network believes that it is essential that each member state is able to maintain a system of medical regulation that is appropriate to its jurisdiction and ensures that patients are effectively safeguarded. We do not support harmonisation in this area. However, it is essential that each member state is transparent about its system of medical regulation and training to ensure clarity about the organisations involved and to facilitate cooperation and information sharing. We would like to highlight that initiatives such as the informal network and IMI have already contributed greatly to our understanding of how medical regulation is defined and organised in other countries and urge the Commission to continue to support their activities.

11. Whilst we understand the difficulty for the Commission to set timeframes for the temporary and occasional provisions of services, competent authorities would welcome further guidance on the interpretation of these provisions. We also call on the Commission to maintain the prior authorisation schemes laid out in Article 7.4 for medical professionals to ensure that doctors practise in accordance with the professional standards of the host member states and that competent authorities can enforce those standards. We view this as essential for the maintenance of public health and safety and confidence in the system. In this context we would also welcome further legal clarity in relation to the provisions included in the e-commerce Directive and the developments in relation to telemedicine to ensure that patients across Europe are adequately protected.

Injecting confidence into the system

12. We welcome the focus in the consultation on minimum training requirement and agree that the European Commission should engage in a thorough review of the criteria for automatic recognition to ensure that it is modernised to more adequately reflect current practice in medical education and training. We encourage the Commission to invite competent authorities to contribute to these discussions. We would also welcome a better notification system for the inclusion of new diplomas in the Annexes of the Directive, including making historical information more accessible, to ensure that doctors do not experience unnecessary delays in the recognition process. In this context, we also ask the Commission to consider a system whereby automatic recognition criteria are periodically reviewed to ensure that they keep up with developments in the field of medical education.

13. We welcome the Commission's focus on the requirements on doctors to maintain and improve their knowledge and skills throughout their careers. Member states have been and/or are developing systems that best suit their national requirements, their medical profession, and the health systems in which they work. To this end we urge the

Commission to refer more generally to competence assurance mechanisms as a wider term that encompasses schemes like Continuous Professional Development and revalidation. We would also welcome further discussion with the Commission about the suggestion in the consultation document that only those doctors that have satisfied the competence assurance requirements in the home and host member states should be eligible for automatic recognition in the host member state³.

14. We agree that efficient cooperation between competent authorities is essential to build trust and confidence in the recognition of professional qualifications. To this end we welcome the Commission's suggestion that an alert mechanism should be incorporated in a revised Directive, allowing competent authorities to share information about decisions taken against a doctor's registration in line with national and European data protection requirements. The current system is not sufficient to ensure that patients are not put at risk by the small minority of doctors that are currently able to avoid or evade regulatory sanctions by moving across jurisdictions. We also call on the Commission to consider whether the alert mechanism could be used to support the exchange of intelligence about doctors that try to register with fake diplomas or false identities.

15. As indicated in the experience reports submitted by competent authorities in September 2010, there is evidence that the current language provisions in Article 53 are not sufficient to ensure adequate public protection. We therefore call on the Commission to include a derogation in the Directive that would allow competent authorities to assess the language knowledge of doctors in a proportionate manner before registration. We believe that medical and other healthcare professionals differ significantly from other professions as they often deal with vulnerable and incapacitated patients. Neither do they work in isolation. They regularly need to communicate with the wider health environment and other healthcare teams and colleagues. It is therefore essential that competent authorities are able to require evidence of language knowledge in exceptional and justified cases where there is a risk to patient safety. This would allow both the competent authorities and the employers (in those cases here there is an employer) to assure themselves that incoming professionals can communicate effectively with patients and therefore practise safely.

Further information, case studies and examples to support this submission are contained in the individual responses submitted to the European Commission by competent authorities in March 2010.

³ In this context, the term "host member states" refers to any member state in which the physician has practised after leaving his home member state (e.g. the state in which the physician has undergone medical training and/or specialist training) and not the member state in which the migrating physician is applying for recognition.

Competent authorities in support of this response

Austria	Österreichische Ärztekammer
Bulgaria	Министерство на здравеопазването
Belgium	SPF Santé publique, Sécurité de la Chaîne alimentaire et Environnement/ FOD Volksgezondheid, Veiligheid van de Voedselketen en Leefmilieu
Cyprus	ΙΑΤΡΙΚΟ ΣΥΜΒΟΥΛΙΟ ΚΥΠΡΟΥ
Czech Republic	Ministerstvo zdravotnictví
Denmark	Sundhedsstyrelsen
Estonia	Tervisemet
Finland	Sosiaali- ja terveystieteiden tutkimuskeskus ja valvontavirasto, Valvira
France	Conseil National de l'Ordre de Médecins
	Ministère de la Santé
Germany	Bundesärztekammer
Hungary	Egészségügyi Engedélyezési és Közigazgatási Hivatal
Ireland	Medical Council
Italy	Ministero del lavoro, della salute e delle politiche sociali
Latvia	Latvijas Ārstu biedrība
Malta	Kunsill Mediku
The Netherlands	Koninklijke Nederlandsche Maatschappij tot bevordering der Geneeskunst
	Ministerie van Volksgezondheid Welzijn en Sport - BIG register
Norway	Statens autorisasjonskontor for helsepersonell
Poland	Naczelna Izba Lekarska
Portugal	Ordem dos Médicos
Romania	Ministerul Sanatatii
	Colegiul Medicilor din Romania
Slovenia	Ministrstvo za zdravje
UK	General Medical Council