

A survey on the Registration/ licensing of doctors following long term absence from medical practice

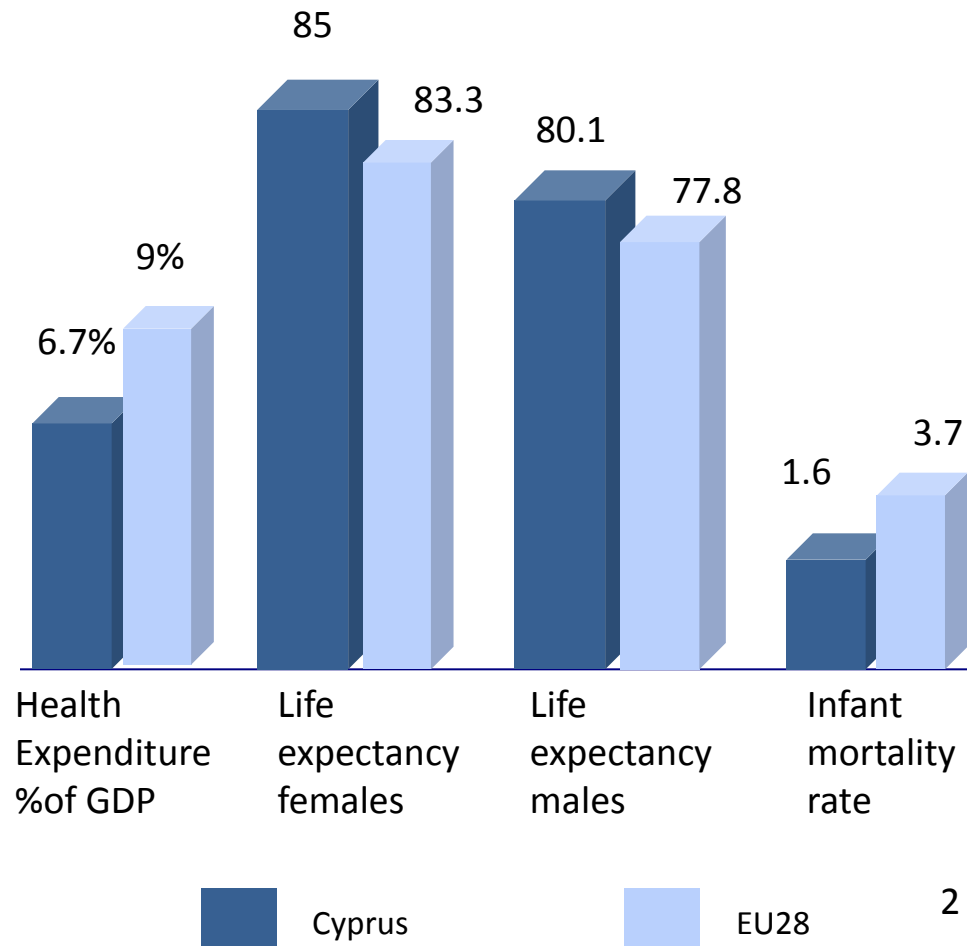
**15th ENMCA meeting
Manchester
15th April 2015**

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The Health indicators of Cyprus compare favorably to those of the most European Countries

Cyprus is the third biggest Mediterranean island with an area of 9,251 sq. km. (3,572 sq. mi.). Population (2011 est.) in the government-controlled area is 838.897

- Infant mortality rate: 1.6/1,000 living births.
- Life expectancy: males 80.1 yrs.; females 85 yrs.
- Health expenditure is 6.7% of the GDP



Capacity of Doctors



The majority of doctors study in Greece, Russian Federation, UK, Germany and other former east bloc countries

- 3027 practicing physicians
- 3.5 physicians per 1000 population
- OECD average of 3.3 physicians/1000 population
 - UK 2.76 /1000,
 - Greece 6.14/1000 and
 - Germany 3.9/1000

Country of medical diploma		Nr of Doctors
Greece	GRC	2531
Russian Federation	RUS	371
United Kingdom	GBR	290
Germany	DEU	258
Romania	ROU	231
Hungary	HUN	212
Ukraine	UKR	184
Bulgaria	BGR	163
Italy	ITA	135
Czech Republic	CZE	124
Turkey	TR	104

Health care is delivered by two parallel systems due to the lack of a General Health Insurance System in Cyprus,

- Public system employing 30% of doctors, 44% of hospital beds, with 8 public hospitals and a network of primary healthcare centres
- The Private System, with more than 80 private clinics, a share of 55% of the total hospital beds, 70% of physicians

Directive 2005/36/EC

Article 29

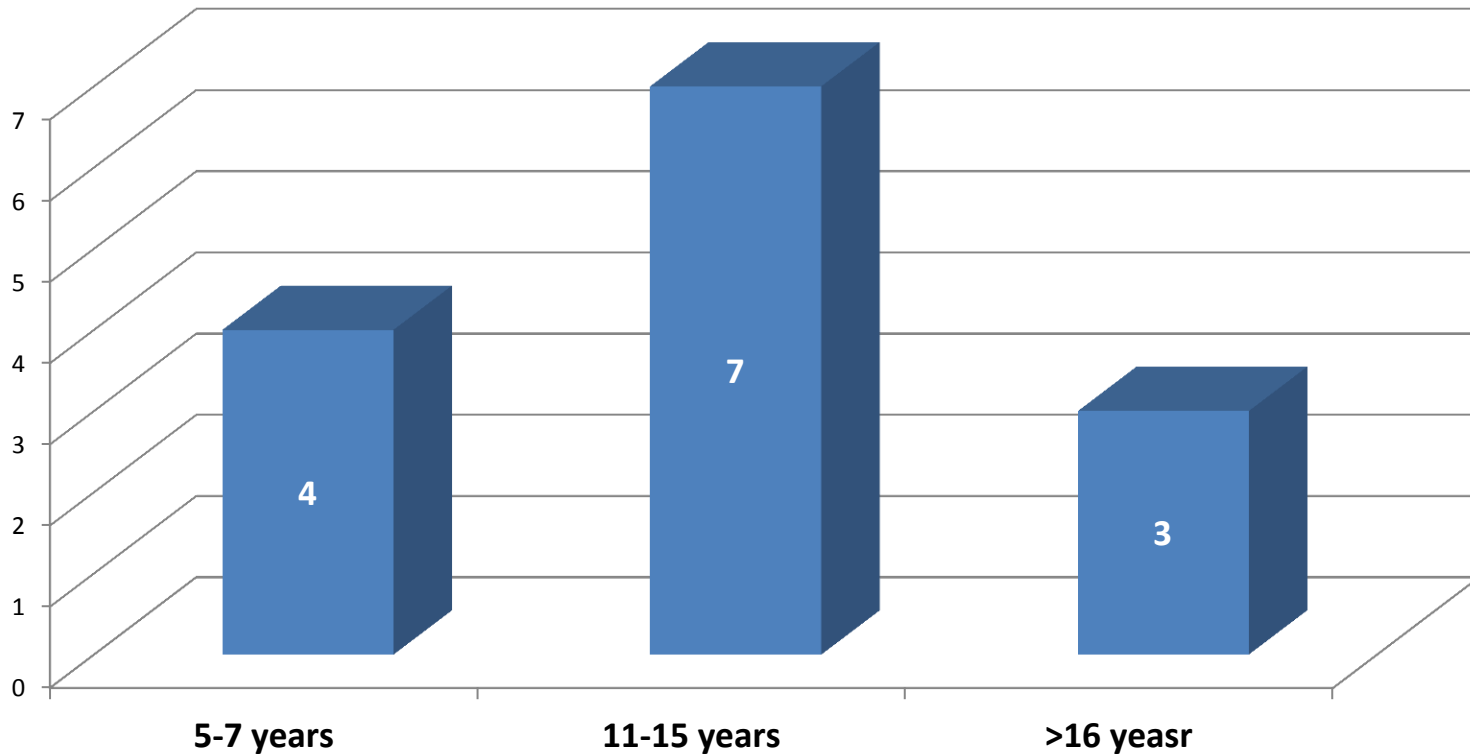
- **Pursuit of the professional activities of general practitioners**

Each Member State shall, subject to the provisions relating to acquired rights, make the pursuit of the activities of a general practitioner in the framework of its national social security system contingent upon possession of evidence of formal qualifications referred to in Annex V, point 5.1.4. Member States may exempt persons who are currently undergoing specific training in general medicine from this condition.

Doctors without any specialty may work in the private or public sector as “general practitioners”, after being registered

- Doctors that graduate from a member state university and have no other work experience
- Doctors who graduated from a third country university and have been away from practising for many years
- Specialized doctors, with long term absence from practising

From 2010-2014 there were 14 registrations of doctors that have been away from practising for more than 5 years



The majority are from Russia, Ukraine, Moldova, Belarus.

A survey was done among the European Medical Competent authorities (ENMCA participants)

- Received answers from 15 Competent Authorities



Member states that do not require any work experience prior to registration for doctors, who fall under automatic recognition

1. **Luxembourg**
2. **Estonia** (life long registration)
3. **Germany**
4. **Hungary** (for recognition) they need to apply for a licence to practice within 8 years from the date of recognition
5. **Austria**
6. **Finland** (only if the applicant has an old degree that does not comply with the directive requirements, then he can be registered according to acquired rights (has worked for 3 years in the last 5 years))
7. **Ireland**
8. **Cyprus**
9. **UK** (PLAB test only if the doctor wishes to do so, consider the application case by case)
10. **Bulgaria**
11. **Latvia** (re-registration every 5 years)
12. **Sweden**

Member states with specific requirements regarding registration of doctors, who fall under automatic recognition

- **The Netherlands**: a minimum of 2080 hours over a 5-year period of clinical work is required. A break for more than 2 years may result in removal from BIG-register
- **Greece**: For doctors that have been away from clinical practice for 5 consecutive years need to undergo a 12 month compensation training in a hospital, health centre or other establishment accordingly
- **Romania**: after a pause of more than 5 years physicians need to follow a professional rehabilitation program as a practical training, done in university hospitals, lasting for 3 months (medical specialties) or 6 months (surgical specialties) and to promote the final assessment. Interruption for more than 10 years the duration of training is doubled

Registration of doctors with “Third Country diplomas”

1. **Luxembourg**: third country graduates require a prior recognition from an other MS and 3 years of experience in this MS, as there is no University to evaluate third country diplomas
2. **Estonia**: if the length of training of specialized doctors equals the required length of training and they have sufficient professional experience (3 consecutive years within the last 5 years prior to their application then they are registered. If not they have to take an aptitude test
3. **The Netherlands**: The qualifications of doctors, who graduated from a third country university need to be tested by an assessment or the commission
4. **Greece**: Assessment (test) for all third country graduates
5. **Bulgaria**: doctors who have acquired their professional qualification in a third country they should necessarily take exams in order to be given the right to exercise the medical profession in Bulgaria.
6. **Sweden**: For many professions a medical knowledge test is required together with practical service before license to practice is granted to make sure that the foreign training meets the Swedish standards and to ensure patient safety.

Registration of doctors with “Third Country diplomas” ... (2)

6. **Germany:** Recognition procedure: There is no procedure taking into consideration previous work experience and practice for recognition and licencing of doctors. However if professional practice is used to document certain knowledge or skills then practice is being evaluated. Compensation measures may be imposed i.e exams in case of deficits in training

7. **Latvia:** Third country nationals need to recognize their diploma at the Academic Information Centre

8. **Cyprus:** According to the current legislation recognition of diplomas by an Academic Board is needed, however no tests or adaptation periods are required

There are three main objectives of professional regulation:

- to provide a system of professional accountability;
- to ensure that basic standards of care do not fall below acceptable standards;
- and to promote continuing improvements in quality of care.

Issues for further discussion... (1)

- European legislation assumes that someone registered to practice in one member state is competent to do so in all others.
- Furthermore the existing European legal framework fails to recognize the need, of periodic revalidation and requirements to participate in continuing professional development (CPD) as done in a number of MS.

Table 1: Revalidation of the medical profession in selected European countries. Data sourced from country questionnaire.

Country	Time frame (years)	Types of revalidation		Compulsory	Penalty / reward	Lead regulator	Other authorities
		CME / CPD	Peer review				
Austria	3	Yes	Yes	Yes	Legal requirement	Austrian Medical Chamber (PB)	Federal Ministry of Health and Women (G); Austrian Academy of Physicians (PB)
Belgium	3	Yes	Yes	No	Financial incentive (increased salary by about 4%)	Minister of Public Health (G) and INAMI/RIZIV (IF)	N/A
France	5	Yes	Yes (EPP)	Yes	Law suit by Regional Council of the Physicians' Order (not monitored)	National Councils for CME (PB)	Regional Councils for CME (PB); Regional Council of the Physicians' Order (PB); High Health Authority (IA)
Germany	5	Yes	Yes	Yes (GPs and specialists contracted by SHIF)	Non-compliance results in reduced reimbursement; then after two years withdraw of accreditation	Regional Chambers of Physicians (PB)	State Ministry of Health or Social Affairs (G); Regional Associations of SHIF Physicians (PB); Federal Association of SHIF-Physicians (PB)
The Netherlands	5	Yes	Yes (<i>visitatie</i>)	Yes (specialists)	Removed from medical registrar	Central College of Specialists (PB)	Central Information Centre for Professional Practitioners in Healthcare (G)
Spain	N/A	Yes (9 of 17 regions)	N/A	No	Varies between regional commissions	Spanish Medical Association (PB)	Ministry of Health and Education (G); Medical Colleges (PB); Commission of Continuing Education of Health Professionals; Accreditation Council for CME (PB)
United Kingdom	5	Yes	Yes (360-degree feedback exercise)	Pending: GPs and specialists	Failure will result in practice supervision	Department of Health (G)	General Medical Council (PB); Royal Colleges (GPs, specialists) (PB)

CME = Continuing Medical Education; CPD = Continuing Professional Development; EPP = Evaluation of Professional Practices; G = Government; IA= Independent Authority; IF = Insurance Fund; N/A = not applicable; NHS = National Health Service; PB = Professional Body; SHIF = Social Health Insurance Fund.

Issues for further discussion... (2)

- Would clinical practice be a parameter for registration/ licensing of doctors in MS?
- Is the performance of doctors with long absence from practicing up to the expected standard?
- Should CPD reaccreditation/revalidation be regulated on a European basis through the directive?
- What compensation measures would be appropriate for doctors following long absence from practicing?

Thank you

