

## Who we are

- We bring together over 20 competent authorities in Europe that are responsible for recognising medical education and training under the mutual recognition of professional qualifications Directive
- In some European Economic Area member states, there is only one organisation responsible for recognising qualifications, whereas in others, several organisations are involved in the process
- ENMCA was originally set up in 2010 in collaboration with the European Commission, and is currently coordinated by the German Bundesärztekammer, the French Conseil National de l'Ordre des Médecins and the UK General Medical Council

## How can we help you?

With links to a network of over 20 competent authorities responsible for medical regulation in Europe, ENMCA can give you:

- an understanding of the diverse impact of professional mobility of doctors on different European countries and the various national models of medical regulation
- advice and experience on the implications of the recognition of qualifications across the EEA
- guidance and support on the impact of proposed revisions and amendments to the Directive on mutual recognition of professional qualifications on doctors, patients and healthcare systems

## ENMCA participants

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|---|--|
|  Austria<br>Austrian Medical Chamber   |  Lithuania<br>Ministry of Health                                  |
|  Belgium<br>Federal Public Service,<br>Health, Food Chain and<br>Environment |  Malta<br>Medical Council Malta                                   |
|  Cyprus<br>Cyprus Medical Council  |  Netherlands<br>CIBG, Ministry of Health,<br>Welfare and Sport    |
|  Denmark<br>Danish Patient Safety Authority<br>Danish Health Authority       |  Norway<br>The Norwegian Directorate<br>of Health                 |
|  Estonia<br>Health Board   |  Poland<br>Polish (Supreme) Chamber of<br>Physicians and Dentists |
|  Finland<br>National Supervisory Authority<br>for Welfare and Health         |  Portugal<br>Portuguese Medical Association                       |
|  France<br>French Order of Doctors   |  Romania<br>Romanian College of Physicians                        |
|  Germany<br>German Medical Association                                       |  Slovenia<br>Medical Chamber of Slovenia                          |
|  Hungary<br>National Healthcare<br>Service Center                          |  Spain<br>Ministry of Health,<br>Consumption and Social Welfare |
|  Iceland<br>Directorate of Health  |  Sweden<br>The National Board of Health<br>and Welfare          |
|  Ireland<br>Medical Council of Ireland                                     |  UK<br>General Medical Council                                  |
|  Latvia<br>Health Inspectorate of Latvia/<br>Ministry of Health            |  |

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European Network of Medical Competent Authorities (ENMCA)



## Directive 2005/36/EC (as revised) on the mutual recognition of professional qualifications

Encouraging the mobility of doctors and promoting patient safety

ENMCA is a network of competent authorities across Europe that are responsible for recognising medical qualifications and training.

[www.enmca.eu](http://www.enmca.eu)



## Our four main priorities in the review of the Directive on professional qualifications

**1. Updated and detailed guidance** – the ambiguity inherent in the Directive and the lack of clarification on important aspects of the law has resulted in infringement proceedings issued against all 28 member states by the EC in 2018-2019. This demonstrates a clear need for enhanced cooperation with competent authorities.

We are calling for:

- Better cooperation between the EC and member states with the provision of detailed guidance for authorities in order to avoid the need for further infringement proceedings
- The EC to be in close liaison with the competent authorities who work with the Directive daily when it drafts future revisions of the Directive – for example implementation workshops to explore the link between the precepts in the Directive and Court of Justice case law
- Regular, formalised contact between the EC and competent authorities – the Group of Coordinators is not a suitable channel for communication with authorities

**2. European professional card** – a full patient safety impact assessment must be carried out before the EPC is rolled out to other healthcare professions.

We are calling for:

- Doctors to be excluded from future roll outs of the EPC - evidence from the nursing competent

authorities has shown that the card introduces loopholes in patient safety regimes by imposing arbitrary deadlines and the danger of tacit authorisation

- The minimal use of the EPC by the nursing profession (according to the EC, only 370 were issued between January 2016 - November 2017) demonstrates that the administrative burden to amend the operational rules and procedures of competent authorities to allow for the EPC, is not proportionate to the small number of professionals who actually use it

**3. Internal Market Information (IMI) system** – this is a valuable system that has the potential to greatly streamline ways of working and protect patient safety.

We are calling for:

- Improvements to the legislation governing the fitness to practise alert mechanism to provide competent authorities with the legal justification to share additional information on doctors subject to an alert when requested by another competent authority
- Provisions to be added to ensure that competent authorities respond to requests for further information about an alert with a minimum of delay – there is a clear dichotomy between the overly stringent three calendar day deadline to send an alert but the lack of any guidance on a reasonable time limit to respond to requests for additional information

- Major improvements to the procedure for notifying competent authorities of updates to Annex V of the 2005/36/EC Directive to reduce delays for applicants seeking registration in another member state

**4. Annex V of the 2005/36/EC Directive** – in accordance with article 168 TFEU, a mandatory harmonised training system is neither possible nor desirable due to the different delivery of health services and medical care across Europe. However, it is essential for competent authorities to understand the training regimes in different member states and the scope of practice for specialties listed in the Annex. Best practice should be shared between medical schools and training institutions.

We are calling for:

- The minimum training durations in the Annex to be revised and kept up to date. The durations in the Annex are determined according to the shortest national point of reference. Minimum harmonisation, i.e. using the lowest common denominator of training years, does not contribute to the mutual trust required for the system of automatic recognition
- The EC to facilitate the sharing of information regarding training systems across member states. Experts from competent authorities in all member states should be able to compare training requirements and make informed decisions about whether to opt into a specialty in the Annex based on knowledge of the standards across Europe

