



## Professional Qualifications Directive

### First Reading by the European Parliament

**EP IMCO committee endorses competence-based training and fosters continued education and training for European medical specialists!**



At its meeting on 23rd January 2013, the Internal Market Committee (IMCO) of the European Parliament voted the draft report revising the EU Directive on the mutual recognition of professional qualifications (2005/36/EC). The report from Ms Bernadette Vergnaud (FR - S&D) received an overwhelming support from

Members of the Committee with 23 voting in favour, 4 against and 2 abstentions. In doing so, IMCO Members of the European Parliament (MEPs) agreed on a series of compromise amendments that take greater consideration of recent developments in the field of specialist medical education and training.

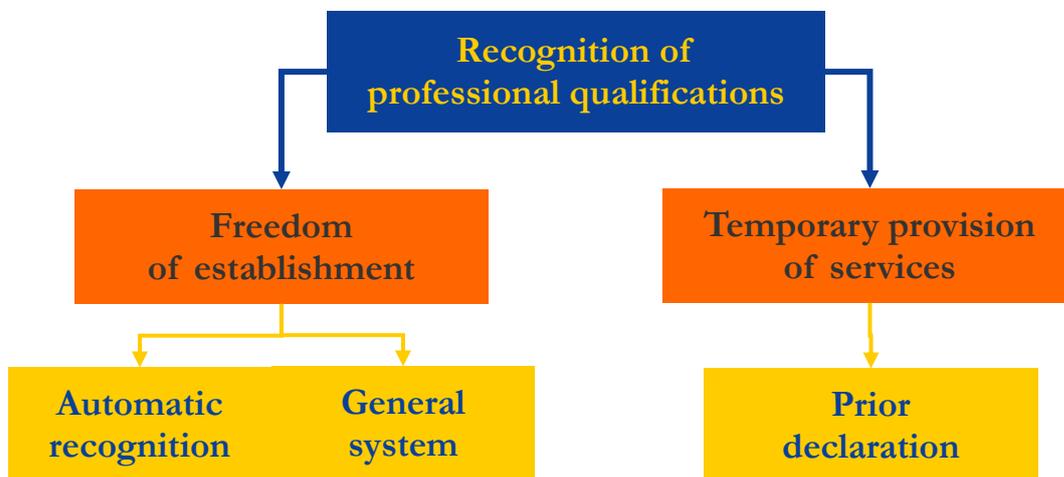
The UEMS is very much encouraged by these recent developments and would like to express its strong support to MEPs in view of the adoption of Ms Vergnaud's report at the plenary session to be held in May as well as the negotiations that will follow with the EU Council. The UEMS Executive invites all National Medical Associations, members of the UEMS, to continue their efforts in raising awareness and lobbying their national MEPs and government in order to ensure ultimately that the achievements of the vote in IMCO are confirmed in the final version of the revised Professional Qualifications Directive. The UEMS Executive also encourages all UEMS structures to liaise with and to contribute their areas of concern and interest on this issue to the Brussels Office in order to continue our current efforts and confirm what has been achieved thus far.

## The current legislative framework

European regulations establishing mutual recognition of qualifications were introduced over the course of the last few decades. The first directive ever to regulate mobility of professionals in the European Community targeted doctors and dated back to 1975. This text was then followed by many other pieces of legislation which broadened the

scope of mobility by embracing little by little other professions. These rules have since been consolidated into a single directive (Directive 2005/36/EC on the recognition of professional qualifications) which is currently under revision. Two mechanisms were introduced under this directive to enable citizens to work abroad:

- For a limited number of professions and under certain conditions, the Directive allows for automatic recognition of qualifications. These "sectoral" professions include doctors, dentists, nurses, midwives, pharmacists, veterinary surgeons, and architects.
- For the large majority of professions which are not covered by automatic recognition, recognition of qualifications is organised under the general system which provides for an "ad hoc" assessment procedure of qualifications whereby national authorities proceed on a case-by-case basis.



## Revision of Directive 2005/36/EC - Key challenges & Timeline

Revision of directive 2005/36/EC was initiated by the European Commission in 2010 with a series of meetings being organised with stakeholders to evaluate the directive in question as it stood. The Commission also launched three public consultations to which stakeholder organisations, particularly from regulated professions, were invited to submit their views on

the possible ways to address the issues at stake. The UEMS was involved in this entire process and contributed substantially in the course of this process. Aside of stakeholders' meetings, the UEMS also released the following documents in response to official Commission's consultations or communications:

- UEMS 2011/07 - UEMS Contribution to the

public consultation

- UEMS 2011/29 - UEMS Contribution to the EC Green Paper
- UEMS 2012/07 - UEMS Position Paper

Further to these, the Commission released its proposal for amending directive 2005/36/EC. In the course of the legislative process currently underway, the UEMS was invited to present its views on how

the directive should change in order to encapsulate developments in the field of medical education and training. Dr Zlatko Fras, UEMS Liaison Office and Past-President, addressed the public hearing of the European Parliament's committee on internal market and consumers on 25 April 2012.

*Further information is available in previous issues of the UEMS Newsletter.*



## Competence-based training

**In particular, Article 25 of the current directive is now proposed to provide for specialist training to be of no less than 5 years and include areas of competence to be fulfilled.**

These elements have been for long the centre of priorities set by the UEMS

and official recognition and inclusion in the text will be significant step towards high quality of medical specialists in EU. MEPs have also decided, as suggested by the UEMS, to extend the definition of "training requirements" to encompass specifically "the common set of knowledge, skills and

competences necessary for the pour suit of given profession". These also are no longer referred to as bare minimums. Other important proposals from the UEMS that were taken over, include:

- Harmonising compensation measures via the introduction of public reporting by the Member States to the

Commission.

- Deleting reference to lengths of training as bare minimums.
- Ensuring greater coherence between provisions of the text, eg. partial exemption of training and remunerated traineeships.

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## Continuing Medical Education & Professional Development

**Greater emphasis was put on "continued education and training" for health professionals.**

Whilst the Commission had proposed the introduction of a regular reporting system by the Member States on their national plans for CME-

CPD every five years, the IMCO committee calls Member States to "introduce schemes of mandatory continuing education and training" for health professionals.

MEPs also suggested that the Commission and the Member States should collect reports on the assessment of

establishments providing CME-CPD by external bodies.

The UEMS recognises that these proposals are likely to bring significant changes to the landscape of CME-CPD in Europe and is gauging their potential consequences, should these come into affect. The UEMS is also

encouraged by the increased recognition of the importance of CME-CPD for all medical and healthcare practitioners in Europe and will continue to lobby EU institutions in order to promote the UEMS policy on this matter.

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## Common Training Principles

**CTPs originally were proposed in the Commission's proposal as complementary tools for the recognition of qualifications beside the already existing mechanisms of automatic recognition and the general system. The UEMS had suggested that CTPs (CT frameworks and CT tests) were valuable concepts that could be helpful for ascertaining and/or complementing proper checks of the competence of candidates to mobility.**

First, the components of CT frameworks, ie.

knowledge, skills and competence, were seen as adequate benchmarks against which common training requirements of the various medical specialties benefiting from automatic recognition could be updated. As reported, these elements are now included in the definition of "training requirements" (see above). Second, CT tests are in effect aptitude tests that professionals under the general system (ie. outside of automatic recognition) can take in order to be recognised more easily. It is the UEMS ambition that training requirements and

European Curricula elaborated by the UEMS Sections & Boards can be recognised as CTPs within the framework of the revised Directive. Further to the vote by the IMCO committee, this objective can still be achieved.

Third, CTPs were seen as an appealing alternative option for those specialties which do not benefit from the mechanism of automatic recognition. The UEMS shares an opinion that automatic recognition has to remain as the fundamental mechanism for medical specialists, but it is ready to envisage CTP-based solution, should the

difficulties in introducing new specialties in the annex of the Directive continue. CTPs were also considered as adequate mechanisms to accommodate specialties which were qualified as "particular qualifications". The UEMS will continue to follow the developments in the provisions pertaining to these innovative proposals from the Commission and investigate these options and their implications in light of the UEMS priorities and activities.

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## The European Professional Card

The IMCO committee has confirmed the introduction of a European professional card. Besides the extension of administrative deadlines for the delivery of the care, MEPs have voted that tacit authorisation does not constitute an automatic right to practice.

The UEMS welcomes introduction of the EPC in general as a positive development further to the stakeholders' consultations, it very much regrets that the Parliament has not decided to be more forward thinking in its approach to the card,

particularly as regards its potential use and application. The UEMS is satisfied that its suggestion that the delivery of the EPC should be at no cost for the professionals was supported.

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## Partial access

IMCO MEPs have proposed to exempt automatic recognition professions from the principle of partial access and have also strengthened the right of competent

authorities for healthcare professionals under the general system to deny partial access on the basis of overriding reasons of general interest, including public health and safety.

The UEMS welcomes this proposal as it is in line with the UEMS suggestions.

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## Language assessment

The IMCO committee has clarified that competent authorities are allowed to assess the language skills of all healthcare professionals after recognition but before access to the practice .

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## Alert mechanism

MEPs have endorsed the Commission's proposal to introduce a mandatory alert mechanism for competent authorities to share fitness to practice/ disciplinary determinations. They have

also proposed to extend it to all restrictions on a professional's registration and the exchange of information about fraudulent applications.

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## Transparency, accountability and stakeholders' involvement

The IMCO committee supported proposals that experts from professional groups should be consulted and involved in the work of the new recognition committee to

be established when the revised Directive comes into force.

The committee also decided that the Commission will have to report on a regular basis

on the implementation of the directive, particularly the delegated acts it has adopted as well as the problems remaining. Both of these issues were part of the proposals

submitted to MEPs by the UEMS and other medical organisations. The UEMS is pleased that these were supported.

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