



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
EUROPEISKA ÖVERLÄKARFÖRENINGEN
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVNIKOV
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV
EUROPSKA UDRUGA BOLNIČKIHI LIJEČNIKA
ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΙΑΪΙΑ ΗΑ ΣΤΑΡΣΗΤΕ ΒΟΛΗΝΗΧΝΗ ΛΕΚΑΡΗ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

Document :	AEMH 11-062
Title:	Briefing on the Public Consultation on the Recognition Professional Qualifications Directive
Author :	AEMH European Liaison Office
Purpose :	Information
Distribution :	AEMH Member Delegations
Date :	18 May 2011

Briefing on the [Public Consultation on the Recognition of Professional Qualifications Directive \(2005/036/EC\)](#)

The Commission launched a major evaluation of the RPQ Directive in March 2010, leading to the publication in October 2010 of a [transposition report](#) together with over 180 experience reports produced by bodies responsible for professional regulation. On Friday 7 January 2011 the European Commission published its consultation paper on the Professional Qualifications Directive. The public consultation is aimed at gathering stakeholders' views on the modernization of the Professional Qualifications Directive. The consultation ended on 15 March 2011.

The European Medical Organisations did not respond in a common document but not less than four replies were sent: CPME, UEMS, EJD-PWG and **AEMH 11-021**.

There are especially divergences on the development of European training programmes in addition to national ones.

The consultation paper describes three challenges that need to be addressed in the future:

1. Simplification for individual citizens to continue their professional career in any other Member state;
2. Integrating professions into the Single market by innovative concepts that enable both temporary and permanent mobility;
3. 'Injecting confidence into the system', especially through improving communication between authorities and by limiting the mobility of professionals who were sanctioned in one member state for professional misconduct and who seek employment in another state.

Professionals in the health sector enjoy automatic recognition of their qualifications based on harmonisation of the respective training conditions throughout the EU.

Minimum training requirements: today basic medical training is measured in minimum training hours. Article 24 of the Directive prescribes that for doctors "Basic medical training shall comprise a total of at least six years of study or 5 500 hours of theoretical and practical training provided by, or under the supervision of, a university." As consulted authorities argued, training hours might not guarantee well trained healthcare professionals. Measurement of quantity instead of quality (assessing *how long* and not *what* potential candidates learned during their training) does not necessarily give a fair view of a professional's competences.

The European Commission and the competent authorities also question whether **CPD** needs to be included in the Directive.

The Internal Market Information system (**IMI**) allows national administrations to identify the relevant competent authorities in other Member States and to communicate with them by using a set of pre-defined questions. This could also be used as an alert mechanism in case of professional malpractice.

Next steps

The input of the stakeholder will be included by the Commission in the preparation of the Evaluation Report of the current directive and a Green Paper to be published in summer 2011. The process might result in a legislative proposal on the modernization of the Directive in 2012.