

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 ΙΔΤΡΩΝ 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 ZDRAVINIKOV **EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV** EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE

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## ASSOCIATION EUROPÉENNNE DES MÉDECINS DES HÔPITAUX EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS

European Commission Internal Market Directorate General, Unit D-4 Rue de Spa 2 B-1049 Brussels

For the attention of Mr Jürgen Tiedje

Brussels, 14 March 2011

### <u>Public Consultation on the Recognition of Professional Qualifications Directive</u>

Dear Mr Tiedje,

First of all, we would like to thank you for the current initiative, which we very much welcome as it provides us the opportunity to express the perspective of hospital physicians.

The AEMH – European Association of Senior Hospital Physicians is a non-profit-making professional association of and for European hospital physicians, who have final responsibility for the patients, with the primary goal to improve all aspects of hospital life in Europe. It encourages the exchange of ideas and experiences and promotes discussion among doctors, patients and politicians with the major objective of promoting health and improving patient safety.

We hope that our response contributes to give you a broad overview of the stand of the medical profession and remain at your disposal for any further information you might require.

Yours sincerely,

Dr Joao de Deus AEMH-President

# The Public Consultation on the Recognition of Professional Qualifications Directive 2005/36/EC.

## (Comments from the AEMH working group).

AEMH has made some comments to the Public Consultation on the Recognition of Professional Qualifications Directive.

We want to emphasise that no measures for simplification or further facilitation of the access of health care professionals should be implemented if the measures would lower the current qualitative requirements in respect of health care professionals.

## Simplification of the existing system of recognition of professional qualifications

It is important that the system of automatic recognition appears to be well-functioning, and information in English easily accessible in all Member States. In our opinion, however, there is no immediate urge to make any major amendments in the relevant legislation. Simplifications and improvements should be made by development of the existing systems, rather than by establishing new regimes. A further development of for instance the IMI system is important regarding patient safety.

AEMH supports a proposal from the Nordic Countries that the speciality of family medicine should be accepted as a medical profession according to article 25 in the Directive, separated from "specific training in general medical practice" as defined by article 28. It should be pointed out that family medicine is a unique medical speciality on equal terms with all other professional medical specialities.

AEMH wants to emphasise that the Member States, within the Directive, must be able to lay down national requirements in terms of competence and skills. Each Member State may have specific challenges to deal with, for instance due to geography, composition of the population etc. Furthermore the Member States may wish to impose knowledge requirements regarding the national health insurance scheme etc.

### Facilitation of the access of professionals to the internal market

AEMH is sceptical to the idea of a European Professional Card. We are not certain that such a card would facilitate the access to the market in any significant way, and we point out that such card could be subject to falsifications and other misuse, in addition to the question of duplications. It is also unclear how one can ensure that the information on the card at all times is updated-

#### Short comments to some questions.

**Question 21**: We find that the rules regarding automatic recognition significantly has facilitated the movement of physicians between the Member States.

**Question 22**: Adaption and modernisation of the training requirements should be the responsibility of the Member State.

**Question 28 and 29**: Updated information about the competent authorities of each Member State, with contact details, at all times must be easily available.

We support the extension of IMI and better cooperation between the competent authorities.

Regarding an early warning system, it should be strongly emphasised that personal data protection issues must be taken fully account of. It is important, however, that there is a common understanding concerning when, what, how and **to whom** information may be passed on. Information on legal, disciplinary and punitive sanctions could then be passed on proactively and on request.

**Question 30:** *AEMH* emphasises the importance of phycisians' knowledge of the national language. The assessment of language skills should be made part of the recognition process of professional qualifications, and we support that it must be left up to the discretion of every Member State to determine the level of language skills required.

Information about the level of language competency required and forms of acceptable proof must be made available to physicians who wish to migrate.