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ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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

In the AEMH-plenary meeting May 27th in Montreux there was a working group discussing some questions from the public consultation on the Directive, based upon the reponse from the AEMH board to the European Commission, March 14th 2011.

The plenary working group agreed in the response from the AEMH to the European Commission, and had a few additional comments:

Comments from the AEMH working group.

The AEMH working group has made some comments based upon the CPME draft response 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.

The working group 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.

The working group 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

The working group 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-

Additional comments from the plenary working group: Even if we had a system, we might need additional information from competent authorities.

Short comments to some questions from the draft response of the CPME

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.

Additional comments from the plenary working group: Member states could contribute to more transparency in the system by making information on the content of medical training and specialisation accessible to the public, for example via electronic platforms.

The system must react faster and more flexibly to changes at a national level when it comes to notifying new diplomas. An automatic recognition cannot take place until notification has been completed.

The plenary working group will also suggest to list the previous titles of those speciality designations where there has been a change of titles to generate more transparency.

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.

Additional comments from the plenary working group:

A critical issue is at what time it is relevant to make an early warning. There are different systems in different countries when it comes to how to react on complaints regarding medical treatment. In some countries a lot of physicians are exposed to investigations during their career, without any consequences for their further practice.

There may be a system of complaints to a local office in the municipalities in the first instance, but if not rejected there, the case may be passed on to a national office for final assessment. It is important that warnings are not given until final desicions are made. There are a lot of examples of physicians having been exposed in a negative way in media based on "insufficient" patient treatment turning out not all being as critical as presented.

Question 30: The working group emphasises the importance of physicians' 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.

Additional comments from the plenary working group:

The Directive are by authorities in some countries interpreted in a way saying that national language requirements as such cannot be laid down in connection with the recognition processes. Thus it will be up to the employer to ensure that the employees` have sufficient knowledge of the language.

The plenary working group wants to emphasize that the Directive should ensure that member states can determine the level of language skills needed regarding patient safety, quality and efficiency in the health service sector.

Other comments from the plenary working group:

It would be interesting to have a registration of:

- *How is the flux of doctors?*
- *How is the flux of patients?*

How does the different regulations affect the influence of the medical associations?

- *Lack of influence/power*
- *Deregulations?*
- *Bypassing?*