

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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Joint Statement of the European Medical Organisations on the Proposal for a Directive of the European Parliament and of the Council amending Directive 2005/36/EC

The Presidents of the undersigned European Medical Organisations call upon the European Parliament and the Council to respect the following principles in the amendment of the proposal for a Directive amending Directive 2005/36/EC:

- The safeguarding of the highest possible quality of medical training for doctors and medical care for patients must be the guiding value in the revision of the legislation and may not be compromised by economic or administrative pressures.
- The mobility of doctors based on transparent information and decision-making must be ensured regardless of the recognition regime applied, including recognition through the European Professional Electronic Certificate which may support the process.
- Partial access must not be applied to the medical profession, so as to ensure the quality and integrity of qualifications.
- The competent authorities of each Member State must retain their competence to take the final decision on the recognition of qualifications under all recognition regimes and mechanisms. It is imperative that, while respecting applicants' rights to transparent and timely information on the process as well as appeal, the recognition procedure is not subjected to by 'tacit authorisation' automatisms.
- Medical training must be regulated with the objective of achieving the best possible quality and in full respect of national competences. The involvement of the medical profession must be ensured in all discussions and activities on the development of the provisions governing medical training. Sharing best practices of basic and specialist training among Member States should be supported.
- The differentiation between 'medical specialist training' and 'specific training in general medical practice' is not an appropriate or adequate reflection of the medical specialties. The evolution of the activities formerly addressed by the separate provision necessitates a convergence to ensure an effective regulation and recognition of qualifications held by specialists in family medicine on equal footing with all other medical specialities.