

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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Author :	AEMH European Policy Adviser, Catherine Hartmann
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e-mail: secretariat@aemh.org, http://www.aemh.org

Report

On 12 February 2014, Catherine Hartmann, AEMH Policy Officer attended the European Conference "Modernisation of the Professional Qualifications Directive [PQD]: safe mobility" held in Brussels and organized by the European Commission.

The Conference focused on 3 main aspects of the PQD:

- The European Professional Card to facilitate mobility,
- The alert mechanism and knowledge of languages to reinforce safeguards for citizens and patients,
- Common Training Principles (CTP)

The conference opened with a presentation of the <u>main aspects of the Directive</u>, its aims, the changes brought about, and on the purpose of the Conference: to allow interaction with the main stakeholders, and to allow the latter to question EU decision makers.

At the end of the conference, it was clear that a lot remains to be done, many questions were left unanswered, especially at Member State level, as they have the various options to implement the Directive, in particular on the alert mechanisms (see below).

Mr Pierre Delsaux (Deputy Director-General, DG MARKT, European Commission- replacing Jurgen Tiejde) stressed the need to boost professionals' mobility and highlighted the key new elements of the Directive, which are the better access to information, electronic facilities, updated requirements for recognition enlarged automatic recognition, traineeship recognition, promotion of CPD, and clarified language requirements.

1. European Professional Card (EPC)

First it was explained that the card is not a card but an electronic certificate issued by the home country for the benefit of the host country. Speakers presenting at this session all asked healthcare professionals (HCP) in the room to promote the EPC as it should allow more ability and sharing of competences. The European Parliament Rapporteur, French socialist Bernadette Vergnaud was quite emotional when talking about the matter and praised her colleagues from the Commission and Council for the great achievement. "Administrative cooperation and flexible procedures are the backbone for recognition of qualifications" was one of the key say of the session.

Panelists highlighted that the EPC needs to be a tool to fight unemployment and an important way to build confidence between the regulators, the government services for mutual recognition and the professional associations.

The EPC is one of the first activities that the European Commission will take forward. A focus Group has already been put in place and a Public Consultation will be launched soon to get the needed features and steps to prepare the implementing acts.

The added value of the EU is demonstrated with the professional card in the Directive on recognition of professional qualifications, the panel insisted.

2. The alert mechanism and knowledge of languages to reinforce safeguards for citizens and patients,

The mechanism was first briefly explained: it shall allow hosting countries to check professional records of a HCP applying for an authorization to practice his/her job in the said country. There is a

great diversity across EU in professional disciplinary systems. The pending question is how to create a pan EU alert mechanism to cover this?

There were different views debated within the panel and with the audience mainly about whether to communicate about procedures against a HCP (should there be a "black list") and if so, should it be made public - Prof. Montgomery would be seriously concerned about publicly available blacklist for instance. There were questions too on when competent authorities should issue an EU alert on a disciplined professional as appeals can be lengthy and this involves risks.

At the lunch break, I had the opportunity to speak with MEP Bernadette Vergnaud. I asked her about the recognition of disciplinary sanctions against a physician - thinking about the Slovak case where doctors are not allowed to march in sign of protest and would be sanctioned or even lose their licence if they do so, if I am correct. So I was wondering if a Slovak doctor who is banned to practice at home on this ground would also not be permitted to practice in another EU country.

After receiving an alert, the host Member State decides on its relevance in its national system.

The alert mechanism set in the Directive makes it mandatory by the national "competent authority" for health to check on which grounds and for what reasons the professional has been banned from practicing - MEP Vergnaud told me.

Interesting debate on whether to diffuse or not information on pending process

For many in the room, it is essential that work on the alert mechanism is prioritised to ensure that patient safety is safeguarded and measures must be taken in advance until alert becomes reality in 2016, panelists said.

Language testing?

Some stressed that language testing must strikes the balance between free movement of professionals and patient safety and that the alert mechanism is the flip side of the professional card, therefore, it should be equally effective.

Communication skills must be measured in a proportionate way and must be part of the licensing procedure and it should be performed by should be done by licenced authority not the employer said Dr Montgomery.

Another speaker argued that the requirement should be an evidence of language, and a test is just one way of doing it but not the only one.

3. Common Training Principles (CTP)

Common training principles are to facilitate mobility for professionals under the general system (7 sectoral professions not covered). There are 2 new avenues for "automatic" recognition:

- Common training frameworks: harmonisation of training on the basis of a common set of knowledge, skills and competences – the focus has shifted from a number of hours over a number of subjects learnt to a an assessment of the knowledge acquired. This could favoured professionals such as hospital pharmacists who wish to get a recognition of their specialization.
- Common training tests: no harmonisation of training but a common training test ("aptitude test")

Common Training Principles should contribute to better quality of services and to more mobility of professionals" said a speaker. They could be a useful tool for employers to evaluate the standardized professional competences.

It was acknowledged that EU still highly fragmented when it comes to training or professional career's systems.

During the discussion, participants insisted that common CTP should a be a joint endeavour between the European Commission and the professional organisations. Questions were also raised on the benefits of having an outcomes-based focus to evaluate knowledge and competence and how the outcomes would be measured – a set of measures are foreseen: peer review, examinations, tests, etc.

Member States need to quickly work on common skills and competencies for better mobility of professionals and pragmatism, safety and mutual trust at the core of free mobility, said the MEPs panelists.

Next steps:

- Consultation of the European Commission on the European Professional Card: no date provided or indications on to whom the consultation would be opened to
- Implementation of the Directive over the course of 2 years (until 2016) by Member States
- Work through delegated acts on all the subject above, to turn them into concrete actions and reality stakeholders should be consulted throughout the process, whether at EU or national levels.

END -Catherine Hartmann, March 2014