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**PROFESSIONAL RECOGNITION DIRECTIVE – VOTE OF THE
EUROPEAN PARLIAMENT**

European Commission made its proposal to renew the professional recognition system already in March 2002, COM (2002) 119. This proposal has been very important for the European medical profession and the centre of strong lobbying activities.

The proposal has been dealt with in the European Parliament and especially its Legal Affairs Committee. A working group of the Council of Ministers has already worked to make a position of the council regarding the proposal.

UEMS has made a lot of efforts to safeguard the position of the specialists in the future directive. These activities have been done partly independently and partly through the coordinated efforts of the CPME. Contacts have been made with key members of the European Parliament and Commission officials as well as national representatives in the working group of the Council of Ministers.

European Parliament vote on February 11

According to the Commission its original purpose was to reach a decision already by the end of 2002. The process has been prolonged substantially very much due to the activities of the health professions.

Over 400 amendments were made to the Commission's proposal by the members of the European Parliament. Finally on February 11, the EP voted on the Commission's proposal and the different amendments. The legislative resolution of the European Parliament can in many ways be seen as a victory for the medical profession. Following is a brief summary of the key elements of the resolution.

1. Sectoral Directives

EP agrees with the Commission's proposal that the original sectoral directives (e.g. for doctors) will be replaced by a general system. The Council of Ministers seems to agree on this also. Therefore it is most likely that a specific directive for doctors will not be able to exist in the future.

2. European representative associations

EP voted in favour of the possibility for European representative associations to participate in the updating of the minimum training conditions. Although the mechanism by which this will be done is still unclear, it is inevitable that the UEMS has a central role in updating the training requirements for the different specialities.

3. Advisory Committees

Since 1975 the Commission has set up different Advisory Committees including ACMT, Advisory Committee on Medical Training, which has had representatives of the medical profession, government officials and universities. During the last years the Commission has not given ACMT possibilities to function. The proposal of the Commission was to abolish all such advisory committees and replace them by only one committee dealing with all professions. The European Parliament resolution would propose having two committees and the other one of them would deal with the present sectoral professions e.g. doctors.

4. Provision of services without recognition

The Commission wanted to allow doctors to practice in another EU-member state for up to 16 weeks without having to register with a regulatory body. This proposal was heavily opposed by the medical profession. A doctor without proper recognition can do a lot of harm during a period of 16 weeks and then move to a third member state. This proposal was not accepted by the European Parliament. This can be seen as a major victory especially for the safety of the European patients.

5. Part-time training

EP agreed to allow part-time training as a part of specialist training. This is very important for the junior doctors. Part-time training is becoming more needed for various reasons and this should be allowed as long as training requirements are met.

6. Third country citizens

European Parliament's resolution wants to apply the directive also to citizens residing legally within a member state without having its nationality as long as the training is done within EU. This would have major consequences for some EU-member states having a lot of non-EU nationals within their workforce.

7. Qualification shopping

Commission's proposal was to allow a doctor with qualifications required in one EU country to have access to the same profession in another EU-state, even if the

qualification required there is set at a higher level. This proposal was not accepted by the MEP's which thought this could lead to "qualification shopping".

8. Specialities under recognition

Currently the medical directive includes 52 specialities under recognition. Specialities common to two or more member states can be included in the directive. Commission's proposal was to include under automatic recognition in the future only those specialities (currently 17) that are common to all EU-member states. This was a proposal having the biggest impact on UEMS and the rights of specialists in the Europe. This kind of system could lead to a system where specialities would be classified in two levels. It would also lead to protective actions of some member states and make the free movement of specialists more difficult.

This proposal was not accepted by the European Parliament. The amendment that was passed in the Parliament (amendment 16, recital 13a) states:

In order to take into account the unique characteristic of the medical doctors qualification system – there exist a great number of specialist qualifications – and the corresponding acquis communautaire in the field of mutual recognition, it is justified to apply the principle of automatic recognition not only to those medical specialisms which are common to and obligatory for all Member States, but also to those medical specialisms which are common to a limited number of Member States.

Although no specific number of specialities is mentioned this would make it possible for the present system to continue.

Furthermore in amendment 179, recital 14 it is stated:

The principle of automatic recognition must continue to apply to all medical specialisms that are already included in this system.

Especially this part of the resolution of the European Parliament on February 11 can be seen as a major co-victory for the medical profession.

What next?

The above described resolution of the European Parliament is a major step in the process. The Council of Ministers and its working party on establishment and services can now start work on a new basis. The Irish presidency has made a revised compromise proposal. It is the purpose of the Irish presidency to reach a common agreement of the ministers of the different Member States during this spring. To reach that before May would be important before the enlargement of the EU.

It is likely that the Council and the Parliament can not agree upon all aspects of the proposal and therefore a so-called consolidation process will have to start to settle different views. However, after the recent resolution of the European Parliament this common view seems likely to be reached.

This means that efforts of UEMS and its national member associations must continue. The focus of the efforts at this stage must be the national ministers and representatives in the council working group.

On behalf of UEMS I want to thank all those colleagues that have done a lot of work to safeguard the rights of specialists and safety of the European patients until now in this long important process.

A handwritten signature in blue ink, appearing to read "Hannu Halila". The signature is fluid and cursive, with a prominent initial 'H'.

Dr. Hannu Halila
President of UEMS