



# UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

*Association internationale sans but lucratif*

*International non-profit organisation*

AVENUE DE LA COURONNE, 20  
BE- 1050 BRUSSELS

[www.uems.net](http://www.uems.net)

T +32 2 649 51 64

F +32 2 640 37 30

[info@uems.net](mailto:info@uems.net)

## UEMS 2012 / 07

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# UEMS POSITION PAPER

on the European Commission's Proposal for a Directive of the European Parliament and of the Council amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation on administrative cooperation through the Internal Market Information System (COM(2011) 883/2)

**POSITION PAPER on EC DIRECTIVE PROPOSAL  
(COM(2011) 883/2)**

Adopted by the UEMS Council on 21<sup>st</sup> April 2012

## **EXECUTIVE SUMMARY**

The UEMS is a non-governmental organisation representing national associations of medical specialists in the European Union and in associated countries. With a current membership of 35 countries and operating through 39 specialists sections and European boards, the UEMS brings together approximately 1.4 million medical specialists in Europe. With the support of its membership, the UEMS is committed to the promotion of free movement of European medical specialists while ensuring the highest quality of medical care for European citizens.

The UEMS congratulates the European Commission for approaching the challenges faced by the revision of the Directive on the mutual recognition of professional qualifications (2005/36/EC – hereafter “Professional Qualifications Directive”) and introducing innovations such as proposed by professional organisations.

Particular attention was drawn to issues relating to:

- Medical education and training - in order to maintain the quality of general standards;
- The necessary guarantees of necessary qualifications and fitness to practice of mobile healthcare professionals.

While the UEMS is particularly pleased to see the importance of each of these issues acknowledged by the Commission, it is also concerned to bring healthcare professionals, particularly medical specialists, better conditions and improve the profession’s ability to maintain sustainable levels of competence.

The UEMS carefully examined the directive proposal and elaborated this paper bearing in mind the provisions of its contributions to previous Commission’s consultations and especially the UEMS contribution to the EC Green paper on modernising the Professional Qualifications Directive (UEMS 2011/29) which provides in-depth analysis of the main issues to be addressed as far as medical specialists are concerned.

# **POSITION PAPER from the EUROPEAN UNION of MEDICAL SPECIALISTS on the PROPOSAL for a NEW PROFESSIONAL QUALIFICATIONS DIRECTIVE**

## **List of acronyms used in this paper:**

- **CA:** Competent authority
- **CME:** Continuing Medical Education
- **CPD:** Continuing Professional Development
- **EACCME<sup>®</sup>:** European Accreditation Council for CME
- **ECAMSQ<sup>®</sup>:** European Council for the Accreditation of Medical Specialist Qualifications
- **ECJ:** European Court of Justice
- **ECTS:** European Credit Transfer System
- **IMI:** Internal Market Information System
- **PQD:** Professional Qualifications Directive – Directive on the mutual recognition of professional qualifications (2005/36/EC)
- **UEMS:** European Union of Medical Specialists – Union européenne des médecins spécialistes

## A EUROPEAN PROFESSIONAL CARD

***The UEMS supports the development of a European professional card***, provided that:

- it facilitates professional mobility and guarantees greater trust in the recognition process;
- it is electronic;
- it is voluntary;
- it does not incur additional costs for professionals;
- it is open to incorporating additional features, e.g.:
  - professional identification and authentication;
  - evidence of fitness to practice and/or tokens of professional competence, i.e. e-portfolio with formal qualifications and continuous professional development, as well as authorisation to practice and professional standing;
  - and all further items of information that may be relevant.

***However, a certain number of issues ought to be clarified*** whilst considering the European professional card, such as:

- conducting an in-depth impact assessment of the practical, economic, financial and social implications of developing such a card;
- providing clarity as regards data protection;
- maintaining coherence between the procedures for establishment and temporary mobility;
- clarifying the conditions whereby “tacit authorisation” is granted;
- assessing the likely relevance of extending temporary mobility to two years;
- ensuring interactions with IMI and access to information by professionals.

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## THE PRINCIPLE OF PARTIAL ACCESS

***It is widely understood and agreed that this principle can in no way be applicable to the medical profession.***

Full licence/registration to practice medicine is essential to ensure optimum patient safety and healthcare service delivery in Europe. Medical organisations were satisfied to note that the ECJ itself confirmed that partial access could only be granted if this was not in conflict with valid public interest reasons. This should though be clarified and enshrined in the revised PQD.

## PARTIALLY QUALIFIED PROFESSIONALS & REMUNERATED TRAINEESHIPS

***The UEMS supports the mobility of trainees, and that young graduates be allowed throughout the EU without discrimination.***

### ***Rationale:***

Mobility at all stages of the medical specialist's career is of great value in his-her professional development and due to the ever increasing co-operation in the health sector within the EU. Further facilitation during postgraduate training and in the early phases of the professional career is therefore necessary for this mobility to become fully effective and beneficial.

### ***Supporting means:***

Further harmonisation in postgraduate medical training curricula likely would prove to be highly beneficial as it will contribute to realising this principle concretely.

A further means of achieving this aim would be to introduce a voluntary "European postgraduate training internship" recognised in all EU Member States as envisaged previously by EU decision-makers.<sup>i</sup>

This would permit doctors who were interested in developing specialist experience, in an international setting, to apply for such placements.

Mechanisms of support must also be developed in order to foster the mobility of trainees and young graduates. In previous contributions, the UEMS has advocated for stronger support to be provided for "*the mobility of healthcare professionals for education and training and/or professional experience purposes*" and the UEMS has encouraged "*the idea to establish exchange programmes for doctors based on the Erasmus model. Such "Hippocrates" programmes are likely to be highly beneficial to doctors for the purpose of their PGT and CME-CPD.*"<sup>ii</sup>

### ***Comment:***

In order to become fully effective and beneficial, this concept must be supported by appropriate resources and incentives.

## LANGUAGE REQUIREMENTS

***Patient care and treatment requires adequate language skills from health care professionals. This is fundamental as regards communication and patient safety.***

***This component is key to doctors' fitness to practice***, in many respects, and should therefore be subject to appropriate checks, if deemed necessary, at the point of practice. However, it is the opinion of the UEMS that this should not be part of the qualifications recognition process.

The UEMS recognizes that required language skills depend on the practitioner's tasks and speciality. It should, therefore, be left to the Member States to determine the level of language skills required in this respect. There is also considerable doubt whether any EU-enforced regime of systematic and/or obligatory language testing would bring any added value.

When language tests are needed, ***clarity should though be provided as regards the level of responsibility*** for carrying these out. However, the UEMS is concerned that the current Directive proposals would be delegating power to national patient organisations when they would not be able to deliver on these expectations.

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## ALERT MECHANISM

***The UEMS very much supports alert mechanisms to be introduced for healthcare professionals via the IMI.***

However, any alert obligation should be limited to cases when sanctions of a disciplinary or criminal nature, or other kinds of lawful decisions, impose constraints on the entitlement to practice the profession in the Member State, i.e. suspension or deprivation of licence, or limit the scope of professional activities that a doctor is entitled to perform.

It therefore is essential that specific trigger conditions and the use of alert mechanism are determined.

Any alert mechanism that could be introduced must also comply strictly with data protection regulations. Provisions to this end must take into account the on-going review of EU data protection legislation and ensure the highest possible standards are followed. Adherence to these high standards for issuing alerts must be enforced in all Member States.

The above regulatory requirements should apply to electronic as well as traditional healthcare<sup>iii</sup>. EU Member States should ensure that the providers of e-Health and other telemedicine services adhere to the same quality and safety standards as those in use in non-electronic healthcare provision, and that they offer adequate protection to patients through the application of regulatory requirements for telemedicine practitioners, wherever their location, identical to those in use for non-electronic healthcare provision.

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## AUTOMATIC RECOGNITION & MINIMUM TRAINING REQUIREMENTS

*The UEMS has long advocating for the updating of the provisions related to minimum training requirements which supports automatic recognition, and therefore welcomes the Commission's proposal to do so.*

Such an update must:

- be implemented without further delay;
- ensure that provisions on specialist training are fit for purpose, and therefore introduce a blend of **duration-based and competence-based specialist training**;
- be based on proper consultation, conducted with competent authorities, professional organisations and universities.

Further scrutiny should be devoted to the use of a proper credit system in the context of postgraduate medical training similar to the ECTS.

*The UEMS also welcomes:*

- the principle of partial exemptions;
- the new threshold of 1/3 of Member States for the introduction of new specialties.

The UEMS notes the introduction of Common Training Requirements (CTR) for non-regulated professions and is encouraged to explore the introduction of such a mechanism also for the medical profession in order to create a **voluntary system of qualifications at the European level**, provided that it does not supersede or replace national systems.

## **IMPLEMENTING & DELEGATED ACTS**

***The UEMS has some concerns with the use of delegated acts to update training competences and to develop sets of competences.***

***It also calls for a formalised consultation of an expert committee when dealing with such matter.***



## CONCLUDING REMARKS

***By and large, the UEMS welcomes all initiatives directed at ensuring professional mobility, provided that the necessary conditions are met in order to guarantee sufficient levels of quality of care and patient safety.***

Professional mobility has always been a major component of the professional life of medical specialists. The UEMS is committed to this principle, as long as genuine training standards are respected and the quality of care provided for patients is thereby preserved.

This is why the UEMS calls for the necessary revision of the PQD to ***update the provisions on medical specialist training*** with regard to the current standards of modern medicine and to introduce the concept of ***competence-based education and training***.

Support should also be provided to make ***mobility of professionals, young graduates and trainees*** more feasible. The concept of starting a ***“Hippocrates” exchange programme*** is suggested as a means of support mobility for training purposes.

***The UEMS supports the notion that Education and Training at all stages of the medical life are vital components to sustain doctor’s knowledge, skills and professionalism.***

With this philosophy in mind the UEMS established the European Accreditation Council for Continuing Medical Education (EACCME®) – to support the quality assurance of education provided for medical specialists – and currently is launching a sister project, the European Council on Specialist Medical Qualifications (ECAMSQ®) – aiming at the harmonisation of assessment and certification of medical competence at the European level.

***The UEMS looks forward to continuing close cooperation with the Commission and other EU decision makers in order to ensure that high standards of medical training are achieved for all European doctors at all stages of their lives.***

\*\*\*\*\* END \*\*\*\*\*

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<sup>i</sup> Council Recommendation of 16 June 1975 and Council Directive 93/16/EEC of 5 April 1993.

<sup>ii</sup> See UEMS 2009/07: UEMS Contribution to the EC Green on EU Workforce for Health  
(<http://admin.uems.net/uploadedfiles/1280.pdf>)

<sup>iii</sup> See UEMS contribution to the EC Green Paper on the Profession Qualifications Directive (UEMS 2011/29)  
page 14.