UEMS PROPOSED AMENDMENTS

on the 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

PROPOSED AMENDMENTS to EC DOCUMENT

Adopted by the UEMS Executive on 11th July 2012
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Amendments by the European Commission:
Amended text is highlighted in black bold italics.

Amendments or corrections by the UEMS:
Amended text is highlighted as a track change, i.e. in red bold italics.
BACKGROUND INFORMATION

Ensuring Quality in Mobility

The UEMS is a non-governmental organisation representing national associations of medical specialists in the European Union and its associated countries. With a current membership of 34 countries and operating through 39 Specialist Sections and European Boards, the UEMS brings together around 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 the benefit of European citizens.

On that basis, the UEMS strongly supports the issue of professional mobility being addressed by the EU. When considering this issue as presented in the current paper and the potential for suggesting improvements, the UEMS focussed on the following key principles:

- Modernising the basis for automatic recognition;
- Ensuring transparency at all stages of the recognition process;
- Sustaining confidence in the recognition mechanism.

In general terms, the UEMS congratulates the European Commission for approaching the challenges faced with the revision of the directive on the mutual recognition of professional qualifications (2005/36/EC – hereafter “Professional Qualifications Directive”) and very much welcomes the innovations proposed in the text, namely:

- The general commitment to reinforcing the principle of automatic recognition as well as modernising and broadening the basis for this;
- The extension of recognition to remunerated traineeships;
- The incentive for establishing systems and structures of continuing professional development for doctors and other healthcare professionals through Member States’ public reporting;
- The introduction of a European professional card, as a voluntary tool to facilitate the recognition process;
- The provision of an alert mechanism to ensure the exchange of relevant information between competent authorities;
- Clarification regarding the controls of language competence, which will also involve mechanisms that include feedback from within the national healthcare system.
While the UEMS is particularly pleased to see the importance of each of these issues acknowledged by the Commission, it is concerned that this opportunity is taken to improve the profession’s ability to maintain sustainable levels of competence and to bring healthcare professionals, particularly medical specialists, better conditions. Accordingly, the UEMS would like to draw attention to a number of issues mentioned in the current proposal that require further clarification or amendment. In particular, the UEMS has identified the following items as requiring further attention:

- The quality of standards in specialist medical training must be maintained. It is therefore proposed that:
  - Training requirements, which are the basis for automatic recognition (establishment), will:
    - be of no less than 5 years for all medical specialties and provide assurance that trainees have acquired relevant core competences;
    - no longer be referred to as “minimum” standards.
  - Common training principles will:
    - serve as models for modernising training requirements (see above);
    - provide a mechanism for waiving “compensation measures” (establishment – general system);
    - facilitate prior checks of qualifications (temporary provision of services);
    - (possibly) extend the scope of automatic recognition, for medical specialties which do not or cannot enjoy automatic recognition through the harmonisation of training requirements.¹

- Transparency must be provided at all stages (before, during and after) of the recognition process. It is therefore proposed that:
  - Member States provide for publically available reports on a regular basis on the implementation of the directive and, in particular the requirement for “compensation measures”;
  - the Commission provides for publically available reports on a regular basis on the implementation of the directive and, in particular the adoption of delegated acts;
  - experts from relevant professional groups are involved in the implementation of the directive;
  - the European professional card will contain information on the professional, that is necessary and relevant for its holder, competent authorities and potential employers;
  - charge incurred by applying for recognition are reasonable and justified.

- Decisions to grant partial access must not apply to professions having public health and safety implications.

¹ It should be ensured that those systems, albeit potentially overlapping, are maintained coherent and complementary for an efficient implementation of the directive. It should therefore be aimed at eventual complete uniformity of the system, which should lead to a basis common for all conditions of professional mobility (i.e. free establishment and temporary provision of services).
The UEMS is happy to provide further information or clarification of these issues and trusts that Members of the European Parliament are equally concerned by the need to further develop the elements covered in the proposed directive and the UEMS proposed amendments. Therefore, the UEMS calls for greater attention to be given to these matters and requests the support of MEPs to guarantee that quality and safety standards of medical practice are respected for the benefit of European citizens. The UEMS also has gained adherence to these concerns among the healthcare community and is happy to offer its expert knowledge to the Commission and other EU decision-makers on the fields identified as its core areas of interest and expertise.

For practical purposes, recommendations and observations were incorporated in the text of the Directive and formulated within amendments to the current text.
PROPOSED AMENDMENTS from the EUROPEAN UNION of MEDICAL SPECIALISTS (UEMS)


Amendment 1
Proposal for a new Directive
Recital 1
Current Directive

Proposal from the European Commission

(1) Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications consolidated a system of mutual recognition which was initially based on 15 Directives. It provides for automatic recognition for a limited number of professions based on harmonised minimum training requirements (sectoral professions), a general system for the recognition of evidence of training and automatic recognition of professional experience. Directive 2005/36/EC also established a new system of free provision of services. It should be recalled that third country family members of Union citizens benefit from equal treatment in accordance with Article 24 of Directive 2004/38/EC. Third country nationals may also benefit from equal treatment with regard to recognition of diplomas, certificates and other professional qualifications, in accordance with the relevant national procedures, according to specific Union legislation such as acts on long term residence, refugees, “blue card holders” and scientific researchers.

Justification

Training requirements must not be referred to as “minimum” standards of training. This indeed implicitly induces that Member States can lower standards of training, taking the Directive as benchmark. Albeit this is not the purpose of this directive, some countries have been reported to try reducing their national specialist training programmes to underqualify their healthcare workforce as a way to either reduce spending or prevent them from migrating. This undesired consequence from the interpretation of the Directive is unacceptable and must be addressed. This is why this deletion is recommended.
Amendment 2
Proposal for a new Directive
Recital 4
Current Directive

(4) In order to facilitate the free provision of services, there should be specific rules aimed at extending the possibility of pursuing professional activities under the original professional title. In the case of information society services provided at a distance, the provisions of Directive 2000/31/EC of the European Parliament and of the Council of 8 June 2000 on certain legal aspects of information society services, in particular electronic commerce, in the Internal Market (1), should also apply.

Proposal from the European Commission

(4) Directive 2005/36/EC only applies to professionals who want to pursue the same profession in another Member State. There are cases where the activities concerned are part of a profession with a larger scope of activities in the host Member State. If the differences between the fields of activity are so large that in reality a full programme of education and training is required from the professional to compensate for shortcomings and if the professional so requests, a host Member State should under these particular circumstances grant partial access. However, in case of overriding reasons of general interest, such as in the case of a doctor of medicine or other health professionals, a Member State should be able to refuse partial access. Partial access will not be granted for professions providing health services or otherwise related to public health.

Justification

The UEMS is opposed to the application of partial access to health professionals as allowing this option for these categories of professions could be detrimental to the quality and safety of care provided to European citizens. It is widely understood and agreed that this principle can in no way be applicable for 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 must be enshrined in the revised Directive.

Amendment 3
Proposal for a new Directive
Recital 10
Current Directive

Proposal from the European Commission

(10) In the absence of harmonisation of the minimum training conditions for access to the professions governed by the general system, it should remain possible for the host Member State to impose a compensation measure. This measure
should be proportionate and, in particular, take account of the knowledge, skills and competences gained by the applicant under Common Training Principles, in the course of his professional experience or through lifelong learning. The decision imposing a compensation measure should be justified in detail in order to enable the applicant to better understand his situation and to seek legal scrutiny before national courts under Directive 2005/36/EC.

**Justification**

See justification to amendment 1.

Common Training Principles can help facilitating the treatment of applications to mobility as they provide additional evidence of professional competence from their holder. These can therefore contribute to reconsidering the need for “compensation measures” but also increasing transparency and reducing discrepancies in the requirement for those measures.

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**Amendment 4**

Proposal for a new Directive

**Recital 6**

Current Directive

Proposal from the European Commission

(12) The system of automatic recognition on the basis of harmonised minimum training requirements depends on the timely notification of new or changed evidence of formal qualifications by the Member States and their publication by the Commission. Otherwise, holders of such qualifications have no guarantees that they can benefit from automatic recognition. In order to increase transparency and facilitate the examination of newly notified titles, Member States should designate an appropriate body, such as an accreditation board or a ministry, to examine each notification and provide a report on compliance with Directive 2005/36/EC to the Commission.

**Justification**

See justification to amendment 1.
Amendment 5
Proposal for a new Directive
Recital 8
Current Directive

Proposal from the European Commission

(14) In the interest of enhancing the mobility of medical specialists who have already obtained a medical specialist qualification and afterwards follow another specialist training, Member States should be allowed to grant exemptions from some part of the training if such elements of the training have already been completed during the former medical specialist training programme in that Member State covered by the automatic recognition regime.

Justification

The UEMS recognises merit in allowing partial exemptions for certain medical specialities. Furthermore, the UEMS advocates for this principle to be able to interact with the provisions on the recognition of remunerated traineeships. It is therefore necessary that these words are removed.

Amendment 6
Proposal for a new Directive
Recital 24
Current Directive

Proposal from the European Commission

(24) In order to supplement or amend certain non-essential elements of Directive 2005/36/EC, the power to adopt acts in accordance with Article 290 of the Treaty on the Functioning of the European Union should be delegated to the Commission in respect of updating of Annex I, setting the criteria for the calculation of fees related to the European Professional Card, establishing the details of the documentation necessary for the European Professional Card, the adaptations of the list of activities set out in Annex IV, the adaptations of points 5.1.1 to 5.1.4, 5.2.2, 5.3.2, 5.3.3, 5.4.2, 5.5.2, 5.6.2 and 5.7.1 of Annex V, clarifying the knowledge and skills for medical doctors, nurses responsible for general care, dental practitioners, veterinary surgeons, midwives, pharmacists and
architects, adapting the minimum periods of training requirements for specialist medical training and specialist dental training, the inclusion in point 5.1.3 of Annex V of new medical specialities, the amendments to the list set out in points 5.2.1, 5.3.1, 5.4.1, 5.5.1 and 5.6.1 of Annex V, inclusion in point 5.3.3 of Annex V of new dental specialities, specifying the conditions of application of common training frameworks, and specifying the conditions of application of common training tests. It is of particular importance that the Commission carries out appropriate consultations during its preparatory work, including at expert level. The Commission, when preparing and drawing-up delegated acts, should ensure a simultaneous, timely and appropriate transmission of relevant documents to the European Parliament and to the Council.

**Justification**

The UEMS advocates for specialist training to be based on a blend of duration and competences in order to reflect the developments in modern medical education and training. Also, as stated above, training should no longer be referred to as a “minimum”. The mechanism of recognition should therefore take these elements into consideration.

**Amendment 7**

**Proposal for a new Directive**

**Article 2 – Scope**

**Current Directive**

2. Each Member State may permit Member State nationals in possession of evidence of professional qualifications not obtained in a Member State to pursue a regulated profession within the meaning of Article 3(1)(a) on its territory in accordance with its rules. In the case of professions covered by Title III, Chapter III, this initial recognition shall respect the minimum training conditions laid down in that Chapter.

**Proposal from the European Commission**

2. Each Member State may permit Member State nationals in possession of evidence of professional qualifications not obtained in a Member State to pursue a regulated profession within the meaning of Article 3(1)(a) on its territory in accordance with its rules. In the case of professions covered by Title III, Chapter III, this initial recognition shall respect the minimum training conditions laid down in that Chapter.
Justification

Training requirements must not be referred to as “minimum” standards of training. This indeed implicitly induces that Member States can lower standards of training, taking the Directive as benchmark. Albeit this is not the purpose of this directive, some countries have been reported to try reducing their national specialist training programmes to underqualify their healthcare workforce as a way to either reduce spending or prevent them from migrating. This undesired consequence from the interpretation of the Directive is unacceptable and must be addressed. This is why this deletion is recommended.

Amendment 8
Proposal for a new Directive
Article 3 – Definitions

1. For the purposes of this Directive, the following definitions apply:
   (h) ‘aptitude test’: a test limited to the professional knowledge of the applicant, made by the competent authorities of the host Member State with the aim of assessing the ability of the applicant to pursue a regulated profession in that Member State. In order to permit this test to be carried out, the competent authorities shall draw up a list of subjects which, on the basis of a comparison of the education and training required in the Member State and that received by the applicant, are not covered by the diploma or other evidence of formal qualifications possessed by the applicant.

Justification

Aptitude tests should encompass the whole spectrum of professional competence rather than testing only the knowledge of the applicant which is more restrictive. The UEMS considers the evaluation of knowledge, skills and competence as the relevant basis for ascertaining qualifications of medical doctors. Moreover, the UEMS shares the idea that aptitude tests organised by other institutions than competent authorities could be recognised by these authorities. In doing so, the UEMS does not want to supersede the competence of each Member State but rather propose a pragmatic approach, possibly leading to common training tests, whereby national competent authorities can voluntary recognise such initiatives thereby facilitating the recognition process.
Amendment 9
Proposal for a new Directive
Article 3 – Definitions
Current Directive

Proposal from the European Commission

"(j) ‘remunerated traineeship’: the pursuit of supervised and remunerated activities, with a view necessary to access to a regulated profession granted on the basis of an examination assessment conducted or recognised by a competent authority;

Justification

The UEMS is convinced that remunerated traineeships in other European Member States can be of great added value to its beneficiary provided that a competent authority recognises it. In this regard, a double assessment of the trainee further to this traineeship by the host and home Member State must be avoided.

Amendment 10
Proposal for a new Directive
Article 3 – Definitions
Current Directive

Proposal from the European Commission

(k) ‘European Professional Card’: an electronic certificate issued to the professional proving the recognition of his qualifications for establishment in another Member State or that he has met all the necessary conditions to provide services in another Member State on a temporary and occasional basis;

Justification

This amendment aims to clarify the current wording through avoiding possible confusion with functioning of article 4a, particularly with regard to the role of the home Member State in issuing the card.
Amendment 11
Proposal for a new Directive

Article 3 – Definitions (new)

Current Directive

Proposal from the European Commission

(m) ‘training requirements or conditions’: a common set of knowledge, skills and competences necessary for the pursuit of a specific profession

Justification

Training requirements or conditions were thus far not defined within the scope of the Directive. This proposed definition also provides for these to not only rely on duration. Modern education and training standards clearly show that the length of training is not sufficient to ascertain professional competence of an individual.

Amendment 12
Proposal for a new Directive

Article 4a 7. – European Professional Card

Current Directive

Proposal from the European Commission

7. Any fees which applicants may incur in relation to administrative procedures to issue a European Professional Card shall be reasonable, proportionate and commensurate with the costs incurred by the home and host Member States and shall not act as a disincentive to apply for a European Professional Card. The delivery of the European Professional Card shall be at no additional costs for the applicant.

The Commission shall be empowered to adopt delegated acts in accordance with Article 58a concerning the setting of criteria for the calculation and distribution of fees.

Justification

The UEMS advocates for a European Professional Card with no additional charge for professionals other than those applicable for the normal procedure. Moreover, the UEMS insists on the need for a transparent system whereby the charge of the recognition process is made available to the applicants via the Assistance Centres such as described in article 57b.
Amendment 13
Proposal for a new Directive
Article 4e – Processing and access to data regarding the European Professional Card

Current Directive

Proposal from the European Commission

4. The information included in the European Professional Card shall be limited to the information that is necessary to ascertain its holder’s professional competence and right to exercise the profession for which it has been issued, in particular name, surname, date and place of birth, profession title of professional qualifications, applicable regime, competent authorities involved, card number, security features and reference to a valid proof of identity.

Justification

The European professional card must contain information that is relevant and necessary to its (potential) users as regards its holder. It is therefore essential to be more descriptive in this regard. In particular, it was felt that the concepts of “right to exercise” and “professional competence” ought to be distinguished in order to encompass both regulatory license to practice a profession and the ability to perform the activities involved.

Amendment 14
Proposal for a new Directive
Article 4 f Partial access

Current Directive

Proposal from the European Commission

2. Partial access may be rejected if such rejection is justified by an overriding reason of general interest, such as public health, it would secure the attainment of the objective pursued and it would not go beyond what is strictly necessary. Partial access will not be granted for professions providing health services or otherwise related to public health.

Justification

The UEMS is opposed to the application of partial access to health professionals as allowing this option for these categories of professions could be detrimental to the quality and safety of care provided to European citizens.
It is widely understood and agreed that this principle can in no way be applicable for 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 must be enshrined in the revised Directive.

Amendment 15
Proposal for a new Directive

Article 7 Declaration to be made in advance, if the provider moves

Current Directive

(e) for professions in the security sector, where the Member State so requires for its own nationals, evidence of no criminal convictions.

Proposal from the European Commission

"(e) for professions in the security sector and in the health sector, where the Member State so requires for its own nationals, evidence of competence to practice including evidence of no neither temporary and final suspensions from exercising the profession nor criminal convictions".

Justification

The competence to practice a professional activity is an essential component in professional fitness to practice, particularly in the medical profession. In the context of temporary mobility, competent authorities should be able to receive necessary evidence in this regard beside information on suspensions and/or criminal convictions.

Amendment 16
Proposal for a new Directive

Article 7 Declaration to be made in advance, if the service provider moves

Current Directive

4. (…)

§3. Where there is a substantial difference between the professional qualifications of the service provider and the training required in the host Member State, to the extent that that difference is such as to be harmful to public health or safety, and that it cannot be compensated by professional experience or lifelong learning of the service provider, the host Member State shall give the service provider the opportunity to show, in particular by means of an aptitude test including Common Training Test or compliance with a Common Training Framework, that he has acquired the lacking knowledge or competence. In any case, it must be possible to provide the service within one month of a decision being taken in accordance with the third
subparagraph.

(...) Justification

Prior checks of qualifications are meant to provide a mechanism by which competent authorities can ascertain the competence of candidates to temporary mobility. In doing so, considering completion of one of the Common Training Principles as described in Chapter IIIa can facilitate authorities duty in doing so. Considering this kind of information will also contribute to increase transparency in the assessment of substantial differences in training, the requirement for and organisation of aptitude tests.

Amendment 17
Proposal for a new Directive
Article 8 - Administrative cooperation

Current Directive

1. The competent authorities of the host Member State may ask the competent authorities of the Member State of establishment, for each provision of services, to provide any information relevant to the legality of the service provider’s establishment and his good conduct, as well as the absence of any disciplinary or criminal sanctions of a professional nature. The competent authorities of the Member State of establishment shall provide this information in accordance with the provisions of Article 56.

Proposal from the European Commission

"1. The competent authorities of the host Member State may ask the competent authorities of the Member State of establishment, for each provision of services in case of doubts, to provide any information relevant to the legality of the service provider’s establishment and his good conduct, as well as the absence of any disciplinary or criminal sanctions of a professional nature. In case of control of qualifications, the competent authorities of the host Member State may ask the competent authorities of the Member State of establishment information about the service provider training courses to the extent necessary to assess substantial differences likely to be harmful to public health or safety. This information shall include evidence of completion of Common Training Test or compliance with a Common Training Framework by the service provider. The competent authorities of the Member State of establishment shall provide that information in accordance with Article 56.”

Justification

As stated above (Amendment 15), considering completion of one of the common training principles as described in Chapter IIIa will contribute increase transparency in the exchange of information between competent authorities. Having such information readily available will contribute to facilitate their appraisal as it will provide more information on the applicant’s achievements in terms of education and training.
Amendment 18
Proposal for a new Directive
Article 14 Compensation measures (new)

Current Directive

Proposal from the European Commission

8. Where the applicant’s professional qualifications satisfy the criteria established in the measures adopted in accordance with chapter IIIa, the host Member State shall waive the application of compensation measures under this chapter. This shall not affect the competence of Member States to decide the professional qualifications required for the pursuit of professions in their territory as well as the contents and the organisation of their systems of education and professional training.

If a Member State considers that the criteria established in a measure adopted in accordance with Chapter IIIa no longer offer adequate guarantees with regard to professional qualifications, it shall inform the Commission which will take the appropriate measures.

Justification

The scope of common training principles, once fully developed, should be extended in order to allow for the waiving of compensatory measures in case of satisfactory completion. Again, this will facilitate the work of competent authorities whilst providing for safeguards that:
1. A due procedure will have to be followed for compensation measures to be waived;
2. Member States remain competent for the content and organisation of their own education and training systems;
3. Member States are able to report back to the Commission should they have doubts upon the guarantees offered by that mechanism. This will eventually increase mobility.

This proposed new article is taken over from the previous Article 15.3-5 of Directive 2005/36.

Amendment 19
Proposal for a new Directive
Article 14 Compensation measures (new)

Current Directive

Proposal from the European Commission

9. For the purposes of paragraph 1 to 8, as from [insert date - the day after the date set out in first subparagraph of paragraph 1 of Article 3] and every five years thereafter, the competent authorities in Member States shall submit publically available
Without prejudice of the right for Member States to impose compensation measures on applicants to mobility, it is necessary to ensure that those measures are applied in a commensurate, coherent and coordinated manner in order to guarantee equal treatment between EU citizens. For that purpose, it is necessary to introduce a mechanism by which transparency is made, i.e. through compulsory public reporting by the Member States. This reporting shall include due justifications and information on increased cooperation with other Member States, possibly by means of common training principles.

This proposed new article derives from proposed amendments to Articles 22 and 59 in the Commission’s proposal.

### Amendment 20
Proposal for a new Directive

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<td>Recognition on the basis of coordination of minimum training conditions</td>
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**Justification**

See justification to amendment 1.

### Amendment 21
Proposal for a new Directive

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<tr>
<td>Article – Principles of automatic recognition</td>
<td>1. Each Member State shall recognise evidence of formal qualifications as doctor giving access to the professional activities of doctor with basic training and specialised doctor, as nurse responsible for general care, as dental practitioner, as specialised dental practitioner, as veterinary surgeon, as pharmacist and as</td>
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architect, listed in Annex V, points 5.1.1, 5.1.2, 5.2.2, 5.3.2, 5.3.3, 5.4.2, 5.6.2 and 5.7.1 respectively, which satisfy the minimum training conditions referred to in Articles 24, 25, 31, 34, 35, 38, 44 and 46 respectively, and shall, for the purposes of access to and pursuit of the professional activities, give such evidence the same effect on its territory as the evidence of formal qualifications which it itself issues.

2. Each Member State shall recognise, for the purpose of pursuing general medical practice in the framework of its national social security system, evidence of formal qualifications listed in Annex V, point 5.1.4 and issued to nationals of the Member States by the other Member States in accordance with the minimum training conditions laid down in Article 28.

The provisions of the previous subparagraph do not affect the acquired rights referred to in Article 30.

3. Each Member State shall recognise evidence of formal qualifications as a midwife, awarded to nationals of Member States by the other Member States, listed in Annex V, point 5.5.2, which complies with the minimum training conditions referred to in Article 40 and satisfies the criteria set out in Article 41, and shall, for the purposes of access to and pursuit of the professional activities, give such evidence the same effect on its territory as the evidence of formal qualifications which it itself issues. This provision does not affect the acquired rights referred to in Articles 23 and 43.

Justification

See justification to amendment 1.
Amendment 22
Proposal for a new Directive
Article 22 – Common provisions on Training

Current Directive

Proposal from the European Commission

(...)  "For the purposes of point (b) of the first paragraph, as from [insert date - the day after the date set out in first subparagraph of paragraph 1 of Article 3] and every five years thereafter, the competent authorities in Member States shall submit publicly available reports to the Commission and to the other Member States on their continuing education and training professional development systems and procedures related to doctors of medicine, medical specialists, nurses responsible for general care, dental practitioners, specialised dental practitioners, veterinary surgeons, midwives and pharmacists."

Justification

The introduction of a procedure by which Member States are encouraged to report on mechanisms they provide in order to promote lifelong learning of their professionals is very much welcomed. However, it is essential to extend the scope of such mechanisms to encompass the broader concept of “continuing professional development” (CPD) as it goes beyond “continuing education and training” and includes other notions, e.g. peer review, 360° appraisals, etc.

Amendment 23
Proposal for a new Directive
Article 25 – Specialist medical training

Current Directive

Proposal from the European Commission

2. Specialist medical training shall comprise theoretical and practical training at a university or medical teaching hospital or, where appropriate, a medical care establishment approved for that purpose by the competent authorities or bodies.

Justification

Specialist Medical Training as understood in modern medical practice cannot be limited to knowledge and skills only but should also encompass additional aspects of the profession. Ethical issues are essential components in this regard and should be included in the proposed definition.
Amendment 24
Proposal for a new Directive
Article 25 – Specialist medical training

Current Directive

2. The Member States shall ensure that the minimum duration of specialist medical training courses referred to in Annex V, point 5.1.3 is not less than the duration provided for in that point. Training shall be given under the supervision of the competent authorities or bodies. It shall include personal participation of the trainee specialised doctor in the activity and responsibilities entailed by the services in question.

Proposal from the European Commission

2. The Member States shall ensure that the minimum duration of specialist medical training courses referred to in Annex V, point 5.1.3 is not less than the duration provided for in that point. Requirements encompass the following basic conditions:

(a) be of no less than five years duration, which may also be expressed in a relevant credit system, such as ECTS. Training shall be given under the supervision of the competent authorities or bodies. It shall include personal participation of the trainee specialised doctor in the activity and responsibilities entailed by the services in question.

(b) provide assurance that the trainee specialised doctor has acquired the following core competences in:

i. Communication
ii. Problem solving
iii. Applying knowledge and science
iv. Patient examination
v. Patient management/treatment
vi. Using the social and community context of healthcare
vii. Self reflection

Justification

Specialist medical training was up to now defined in terms of duration on the basis of the Annex 5.1.3 of Directive 2005/36. For some specialties, this body of the Directive entered into force with the first sectoral “Doctors’ Directive” in 1975 and was never adapted since then and this, in spite of a large number of repeated requests to the Commission and the Member States for doing so as well as evidence that this was not only relevant but also necessary.

This is why the UEMS calls for an update to the provisions on medical specialist training in the framework of the revision of the Directive, in order for those to reflect the current standards of modern medicine. It is commonly accepted that specialist medical training cannot be satisfactorily completed within less than five years and this needs to be incorporated within the revised Directive. Whilst expressing duration of specialist medical training in a credit system such as ECTS is welcomed, such mechanism should probably be fine tuned rather than be applied as such.

Modern education and training systems nowadays are based on a set of training outcomes and incorporate elements reflecting the competences of the learner or trainee. This is why the UEMS also calls for introducing the concept of competence-based education and training in the scope of Article 25 through the inclusion of a set of core competences.
It is necessary that these two elements of modern training systems (duration and competences) are coupled in order to demonstrate individual doctors’ fitness to practice. This proposed revised article is based on the proposed new Article 24 which provides for a description of basic medical training.

Amendment 25
Proposal for a new Directive
Article 25 – Specialist medical training

Proposal from the European Commission

"3a. Member States may lay down in their national legislations partial exemptions from parts of the specialist medical training, if that part of the training has been followed already during the completion of another specialist training programme which is listed in point 5.1.3 of Annex V and provided that the former specialist qualification has already been obtained by the professional in that Member State. Member States shall ensure that the granted exemption is not more than one-third of the minimum duration of specialist medical training courses as referred to in point 5.1.3 of Annex V.

(...)"

Justification

The UEMS very much welcomes this innovation under the revision of Directive 2005/36 as it will facilitate the recognition process of doctors’ qualifications and paves the way to the concept of common trunks. However, it is necessary that such system is organised in a coherent manner. Seeing the potential interaction between the proposed new Articles 25.3a and 55a (remunerated traineeships), it must be ensured that such mechanism of partial exemptions can also be extended across borders, hence the proposed deletion. For the sake of clarity, it will also be necessary to clarify fully the mechanisms by which such arrangements can be organised between competent authorities. This will need to be considered in the implementation of the Directive.

Amendment 26
Proposal for a new Directive
Article 25 – Specialist medical training

Proposal from the European Commission

3. Training shall be given on a full-time basis at specific establishments which are recognised by the competent authorities. It shall entail participation in

3b. Training shall be given on a full-time basis at specific establishments which are recognised by the competent authorities. It shall entail participation in the full
the full range of medical activities of the department where the training is given, including duty on call, in such a way that the trainee specialist devotes all his professional activity to his practical and theoretical training throughout the entire working week and throughout the year, in accordance with the procedures laid down by the competent authorities. Accordingly, these posts shall be the subject of appropriate remuneration.

Justification

In order for trainee specialised doctors to be able to complete their training, it is necessary to ensure that decent working conditions are offered. This goes beyond the only aspect of remuneration.

Amendment 27
Proposal for a new Directive
Article 25 – Specialist medical training
Current Directive

5. The Commission may adapt the minimum periods of training referred to in Annex V, point 5.1.3, to scientific and technical progress. Those measures, designed to amend non-essential elements of this Directive, shall be adopted in accordance with the regulatory procedure with scrutiny referred to in Article 58(3).

Proposal from the European Commission

"5. The Commission may adapt shall be empowered to adopt delegated acts in accordance with Article 58a concerning the adaptations of the minimum periods of training requirements referred to in point 5.1.3 of Annex V to scientific and technical progress. Those measures, designed to amend non-essential elements of this Directive, shall be adopted in accordance with the regulatory procedure with scrutiny referred to in Article 58(3)."

Justification

The UEMS agrees that there must be a mechanism of correction for training requirements to be adapted to scientific and technical progress. It is hoped that delegated acts will offer a more flexible and efficient mechanism than the Recognition Committee in that regard. The Commission must also take the opportunity to review and update all lengths of training mentioned in Annex 5.1.3. in light of the proposed new Article 25. In doing so, the reference to training requirements should no longer be seen as a “minimum” (see justification to amendment 1).
Amendment 28  
Proposal for a new Directive  
Article 26 – Types of specialists medical training  

*Current Directive*  
Evidence of formal qualifications as a specialised doctor referred to in Article 21 is such evidence awarded by the competent authorities or bodies referred to in Annex V, point 5.1.2 as corresponds, for the specialised training in question, to the titles in use in the various Member States and referred to in Annex V, point 5.1.3.

*Proposal from the European Commission*  
Evidence of formal qualifications as a specialised doctor referred to in Article 21 is such evidence awarded or recognised by the competent authorities or bodies referred to in Annex V, point 5.1.2 as corresponds, for the specialised training in question, to the titles in use in the various Member States and referred to in Annex V, point 5.1.3.

*Justification*  
*A certain number of formal qualifications for specialists organised by institutions or bodies other than competent authorities are today recognised by these authorities. In doing so, the UEMS does not want to supersede the competence of each Member State but rather propose a pragmatic approach whereby these titles or pieces of evidence of qualifications are incorporated formally within the scope of the revised Directive. (See also justification to amendment 8)*

Amendment 29  
Proposal for a new Directive  
Article 27 – Acquired rights specific to specialised doctors  

*Current Directive*  
2. Every Member State shall recognise the qualification of specialised doctors awarded in Spain to doctors who completed their specialist training before 1 January 1995, even if that training does not satisfy the minimum training requirements provided for in Article 25, (...)

*Proposal from the European Commission*  
2. Every Member State shall recognise the qualification of specialised doctors awarded in Spain to doctors who completed their specialist training before 1 January 1995, even if that training does not satisfy the minimum training requirements provided for in Article 25, (...)

*Justification*  
*See justification to amendment 1.*
Amendment 30
Proposal for a new Directive
Article 50 – Documents and Formalities

Current Directive

In the event of justified doubts, the host Member State may require from the competent authorities of a Member State confirmation of the authenticity of the attestations and evidence of formal qualifications awarded in that other Member State, as well as, where applicable, confirmation of the fact that the beneficiary fulfils, for the professions referred to in Chapter III of this Title, the minimum training conditions set out respectively in Articles 24, 25, 28, 31, 34, 35, 38, 40, 44 and 46.

Proposal from the European Commission

In the event of justified doubts, the host Member State may require from the competent authorities of a Member State confirmation of the authenticity of the attestations and evidence of formal qualifications awarded or recognised in that other Member State, as well as, where applicable, confirmation of the fact that the beneficiary fulfils, for the professions referred to in Chapter III of this Title, the minimum training conditions set out respectively in Articles 24, 25, 28, 31, 34, 35, 38, 40, 44 and 46.

Justification

See justification to amendments 27 and 1.

Amendment 31
Proposal for a new Directive
Article 56 – Competent Authorities

Current Directive

3. Each Member State shall, no later than 20 October 2007, designate the authorities and bodies competent to award or receive evidence of formal qualifications and other documents or information, and those competent to receive applications and take the decisions referred to in this Directive, and shall forthwith inform the other Member States and the Commission thereof.

Proposal from the European Commission

3. Each Member State shall, no later than 20 October 2007, designate the authorities and bodies competent to award or receive evidence of formal qualifications and other documents or information, and those competent to receive applications and take the decisions referred to in this Directive, and shall forthwith inform the other Member States and the Commission thereof. Each Member State shall also ensure that the charge for such application for recognition is reasonable and justified by the costs.

Justification

The UEMS is concerned that the cost of applying for recognition is not a disincentive to professional mobility. This is why it calls for it to be reasonable and justified.
Amendment 32
Proposal for a new Directive
Article 56a – alert mechanism
Current Directive

Proposal from the European Commission

(i) holders of certificates mentioned in point 2 of Annex VII attesting that the holder completed a training which satisfies the minimum training requirements listed in Articles 24, 25, 31, 34, 35, 38, 40, or 44 respectively, but which started earlier than the reference dates of the qualifications listed in points 5.1.3, 5.1.4, 5.2.2, 5.3.2, 5.3.3, 5.4.2, 5.5.2, 5.6.2 of Annex V.

Justification
See justification to amendment 1.

Amendment 33
Proposal for a new Directive
Article 58 – Committee Procedure
Current Directive

Proposal from the European Commission

1. The Commission shall be assisted by a Committee on the recognition of professional qualifications.

1. The Commission shall be assisted by a Committee on the recognition of professional qualifications. That Committee shall be a committee within the meaning of Regulation (EU) No 182/2011. In doing so, the Commission shall ensure the involvement of experts from the relevant professional groups in an appropriate manner especially in the context of the implementation of this directive and shall provide a reasoned report on these consultations.

Justification
It is the firm opinion of the UEMS that the implementation of such an ambitious piece of legislation can only be achieved through the involvement of all interested parties. Therefore, the UEMS advocates for appropriate mechanisms of consultation being put in place to assist the “Recognition Committee”.

This proposed amendment is based on previous proposals, such as in the context of the directive on patient’s rights in cross-border healthcare (UEMS 2008/55).
Amendment 34
Proposal for a new Directive
Article 58a – exercise of delegation power (new)

Current Directive

Proposal from the European Commission

6. For the purpose of this article, as from [insert date - the day after the date set out in first subparagraph of paragraph 1 of Article 3] and every two years thereafter, the Commission shall submit publically available reports on the delegated acts that it has adopted as well as on the justifications and evidence for the areas which have not been dealt with.

Justification

The European Commission is to adopt delegated acts to update the list of titles of qualifications provided by Member States. For the sake of coherence and transparency, the Commission must have a duty to report on a regular basis on the delegated acts that it has adopted. Such reports must include appropriate justifications, including on the Commission’s reasons to postpone the adoption of delegated acts. This latter element proves to be important in light of the experience from the implementation of Directive 2005/36, where decisions, particularly on the revision of medical specialties’ training requirements or denominations, were constantly postponed.

This article derives from the proposed new Article 22 reporting systems on national CPD systems.

Amendment 35
Proposal for a new Directive
Article 60 - reports

Current Directive

Proposal from the European Commission

2. As from 20 October 2007, the Commission shall draw up every five years a report on the implementation of this Directive.

2. As from [date]20 October 2007, the Commission shall draw up every five years a publically available report on the implementation of this Directive. In addition to general observations, the report shall contain a statistical summary of decisions taken and a description of the main problems arising from the implementation of this Directive.

Justification

The need to guarantee transparency and accountability within the scope of this Directive goes beyond the adoption of delegated acts. This is why it is proposed that the Commission provides reports on a regular basis on the implementation of the Directive.

This proposed new Article mirrors the proposals made for Articles 22, 58.a.6. and 60.1