



FÉDÉRATION EUROPÉENNE DES MÉDECINS SALARIÉS
EUROPEAN FEDERATION OF SALARIED DOCTORS

FEMS Permanent Secretariat

Date:	4 April 2013	Document:	F13-011 EN
Title:	ENMCA response to the Internal Market and Consumer Protection Committee (IMCO) report on the proposal amending the recognition of professional qualifications Directive (2005/36/EC)		
Authors:	ENMCA (European Network of Medical Competent Authorities)		

ENMCA response to the Internal Market and Consumer Protection Committee (IMCO) report on the proposal amending the recognition of professional qualifications Directive (2005/36/EC)

March 2013

The European Network of Medical Competent Authorities (ENMCA) brings together organisations in Europe responsible for recognising medical qualifications under the Directive. As doctors are one of the most mobile professions in Europe, ENMCA participants have significant experience with both the benefits and challenges of high levels of professional mobility.

We welcome the report from the Internal Market and Consumer Protection Committee (IMCO) adopted on 23 January 2013 and have produced the following briefing in response which should be considered alongside the [ENMCA briefing - European Parliament amendments, November 2012](#).

This briefing sets out ENMCA's views on some of the key amendments proposed by the IMCO committee ahead of the triologue negotiations and the European Parliament's plenary vote scheduled for June 2013.

Language requirements

The ability of a doctor to communicate effectively with patients and colleagues in the language of the host member state lies at the heart of good medical practice. Therefore, we firmly believe that language must be assessed systematically by competent authorities after recognition but before access to the profession.

ENMCA strongly supports amendments 18, 20 and paragraph 3 of amendment 130.

However, we believe that the means by which competent authorities organise their language assessment systems must be left at the discretion of member state.

ENMCA is concerned that amendment 17 has the potential to create standardised language checks which may not be in accordance with the principle of proportionality.

We also consider that it is the professional's responsibility to ensure that they have the appropriate language skills to practise the profession safely in the host country. As a result, the cost of any language assessment, where required, should be reasonable but borne by the applicant rather than the competent authority. This would also ensure a fair system is created for all doctors, regardless of whether they are trained within or outside the EEA.

ENMCA does not support the proposals in amendment 130, paragraph 4, that the language check should be free of charge.

Alert mechanism

We agree that the alert mechanism should be extended to all alerts about doctors, regardless of whether they have had their qualifications recognised under automatic recognition or general systems.

ENMCA supports amendments 136, 137 and 138.

ENMCA also supports amendment 134 and calls for Article 56a – paragraph 1 – subparagraph 1 – point a to be further clarified to include a reference to point 5.1.2 of Annex V.

To ensure patients are fully protected, we believe competent authorities should be able to share information about all final decisions that have an impact on a professional's practice, in line with national and European data protection requirements.

ENMCA supports amendments 24 and 133.

We welcome the extension of the alert mechanism to the exchange of intelligence about individuals that try to register with fake diplomas or false identities.

ENMCA supports amendment 140.

European Professional Card (EPC)

We agree that the timescales for the host and home competent authorities to process applications should be increased and believe that greater flexibility is needed for authorities to demand further information, carry out proper checks and ensure that professionals are safe to practise in the host member state.

ENMCA calls for longer timelines than those suggested in amendments 49, 51, 54, 56, 57 as these would not provide competent authorities with sufficient time to recognise migrant doctors' qualifications.

We agree with the proposal that the European Commission should consult stakeholders before adopting implementing acts for the professional card. Competent authorities must be among the stakeholders consulted as we will be responsible for implementing the card system, through the IMI system, and the associated costs.

ENMCA supports amendment 42 and calls for the article to make specific reference to competent authorities among the stakeholders to be consulted.

In the interest of patient safety, we believe medical practitioners should not be able to start practising without explicit authorisation by the host Member State. Consequently, we support the clarification that tacit authorisation would not constitute automatic authorisation to practise in the host Member State.

ENMCA supports amendment 58.

Continuous competence

We agree that doctors should keep their knowledge and skills up to date since the award of their qualification. Any provision to implement the principle of article 22(1) must ensure that systems which have already been developed by member state can comply with the proposal included in Article 22(1).

ENMCA is concerned that amendment 92 does not provide sufficient flexibility for member states and calls for the broadening of the scope of amendment 92 to ensure that existing competence development mechanisms can be maintained.

Moreover, we do not support the suggestion that establishments providing continuous education or training shall be assessed by a body listed on the European Quality Assurance Register (EQAR). This would jeopardise the principle of subsidiarity while creating additional and unnecessary burdens for competent authorities. It could encroach on the prerogative of national competent authorities to determine their continuous competence systems in line with their national health requirements.

ENMCA does not support amendment 93.

Common training frameworks

We believe that medical education and training must remain a member state responsibility. Common training frameworks that have been influenced by unspecified private professional organisations must not apply to doctors. This would introduce a third recognition regime in addition to automatic recognition and general systems, which would bring confusion to the professional and the competent authority.

ENMCA is concerned that amendments 16, 121 and 125 have the potential to create an additional and unnecessary route to recognition for the sectoral professions. The changed title of Chapter III suggested in amendment 88 also implies a move from minimum harmonisation towards common training frameworks.

ENMCA does not support amendments 16, 88, 121, 125.

Specialist medical training

We consider that Member States must retain the competency to define the minimum duration of specialty training. As the five year proposal is also incompatible with the majority of specialist qualifications (39) included in point 5.1.3 of Annex V it is unclear how such a change will affect specialist doctors that have already undertaken a shorter specialisation.

ENMCA is concerned about the impact that amendment 95 will have on existing medical specialties and believes that Member States should retain responsibility for defining the minimum duration of their specialist medical training.

Partial Access

Professionals dealing with patients should be exempt from the provisions on partial access, regardless of whether they have their qualification recognised under automatic recognition or general systems. It would pose a risk to patient safety if competent authorities were required to give partially trained doctors access to the profession, even in a limited capacity.

ENMCA support amendment 67 and calls for the requirements of Article 4.f.(2) to be further extended to professionals with public safety implications under Title III, Chapter I.

ENMCA is also concerned that amendment 65 may pose a risk to patient safety if doctors migrating under the general systems regime were given access to the profession in a limited capacity.

Delegated acts – role for competent authorities

We remain concerned about the quantity and quality of legislation which the Commission is proposing to develop through delegated acts. Therefore, we strongly support the proposal to involve competent authorities in the development of any acts.

ENMCA supports amendments 25 and 155 and calls for amendments 97, 99 to make delegated acts subject to stakeholder consultation and include an explicit reference to competent authorities.

Further information

For further information please visit ENMCA's website: <http://www.enmca.eu/>

or to discuss our position in further detail please contact:

[Tanja Schubert](#), General Medical Council (+44 207 189 5346)

[Alexander Jäkel](#), German Medical Association (+49 30 400 456-369)

[Marie Colegrave-Juge](#), French Medical Council (+32 2 401 61 58)

We have also produced a *facts and figures* document with useful information about the mobility and training of doctors which can be found on our [publications page](#).