



***European Commission proposals for amendment of the Directive on the Recognition of Professional Qualifications, December 2012:
Response from the Royal College of Surgeons***

The Royal College of Surgeons is a professional body with a mission to advance surgical standards.

We welcome wholeheartedly this timely revision of the Directive on the Recognition of Professional Qualifications, and support the aim of minimising barriers to mobility of professionals within the EU. When considering health professionals however, the College believes strongly that this must not be accomplished at the expense of patient safety and public protection. Whilst this point has been acknowledged and addressed in several proposed amendments to date, we outline in this document our remaining areas of concern with reference to the draft Directive issued by the Commission in December 2011.

Topics within the proposed Directive:

The Professional Card

Whilst we are pleased to note that the Professional Card concept has been favourably clarified in the recent proposals, we remain concerned about quality assurance of the information on the Card. We firmly believe that Competent Authorities in the host Member State should at all times retain the right to verify an individual's identity and qualifications pre-registration (whether they are utilising the Professional Card or not), so as to maintain the standards and integrity of the register. This principle should extend across all categories for automatically recognised professions, including temporary and occasional registration.

In addition, the College does not believe that doctors or dentists should be placed on a register without the explicit satisfaction of the Competent Authority in the host Member State. Therefore on the grounds of public protection we oppose the concept of 'tacit authorisation' introduced in the draft Directive.

Partial access to a profession

We are disappointed to note that the Commission has not proposed an explicit derogation for health professionals regarding partial access. The College believes that an individual who would not be able to meet the required standards in the maximum allowable adaptation period as currently defined should not be granted access to the health professions to any extent, with the accompanying possibility of access to patients and other vulnerable groups.

IMI alert mechanisms

We strongly support the proposal for compulsory notification to Member States if a health professional is no longer able to practise due to disciplinary sanction. In addition, we would

recommend that notifications are also issued for other sanctions leading to restriction of practice (for example temporary suspension or a supervision order).

Language requirements

The proposals indicate that the Commission has acknowledged the concerns of the medical profession regarding language and communication. In particular we support the removal of the words 'one off' regarding language checks, and the removal of the stipulation that checks should only be for professionals in direct contact with patients.

The College remains concerned however that the wording in the new proposals does not sufficiently clarify where and how language checks of health professionals are permissible. We make a distinction between general language skills, and those required by a doctor or dentist in a specific employment role. Therefore we call for wording in the Directive which retains the right of both the Competent Authority and the Employer to check language and communication skills (without the necessary precondition of serious doubt), whilst stipulating clearly that these checks must be proportionate and complementary – i.e. a professional should not have to undergo the same language check twice.

A phased approach to modernisation: Towards competencies

We support the proposed move towards acknowledging and incorporating competencies as a useful qualification indicator in addition to minimum training duration, particularly as the UK training curricula for doctors is competency-based. It must however be made clear in this move that harmonisation of competencies should not equal standardisation, and that Member States must retain the right to develop and evolve their competency requirements as determined by the health systems and health needs of their country. In addition, it should be reiterated that employers are responsible for ensuring that doctors and dentists are only employed in roles that are within their competence.

This move towards competencies must occur with full engagement of the professions throughout each Member State.

CPD

We are encouraged by the acknowledgement of CPD relevance within the proposals. We believe that this revision of the Directive is an opportunity to significantly raise standards by requiring that CPD is mandatory in all member states – whilst allowing development of CPD standards on a national basis to allow them to most usefully complement and reflect professional practice in that member state. We recognise that there are however implications to explore and resolve regarding movement of professionals between member states with significantly different CPD regimes and requirements.

In the context of competencies and CPD - both significant and welcome updates to the Directive - we remain concerned about the fact that the Directive in current and proposed form omits the issue of recent practice. For a doctor, this can mean that a qualification gained decades ago can enable inclusion on the medical register (with eligibility for employment in the health service) without having practised medicine for several years. This is not an acceptable situation for patients in the EU.

Minimum training requirements

We are content with the proposal of 5500 minimum training hours and five minimum training years to allow all doctors the opportunity of EU mobility, on the condition that the first year of practice (whilst still registered with a University) is included in this count. This would allow

recognition for UK doctors completing 5500 hours of training in the four year accelerated programmes which have proven highly effective.

The proposed five year minimum training for dentists poses a problem in the UK and other member states, which have well established and highly effective four year postgraduate dental programmes. We strongly suggest the Directive is amended to allow flexibility in this respect, otherwise scores of highly skilled dentists will face barriers to EU mobility.