ENMCA position

European Network of Medical Competent Authorities

ENMCA position paper on common training frameworks and tests
October 2015

1. The European Network of Medical Competent Authorities (ENMCA) was first convened at the behest of the European Commission (EC) in spring 2010 and brings together organisations responsible for recognising medical qualifications under Directive 2013/55/EU. 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 mobility and recognition procedures.

ENMCA notes the existence of <u>voluntary</u> training frameworks and tests that aim to raise standards of medical education across Europe and promote the exchange of best practise.

We have deep reservations about enshrining these voluntary initiatives into EU law which would make it compulsory for competent authorities to recognise the frameworks and tests without being able to make any checks on their content or the qualifications of doctors who are awarded them.

2. The possibility of developing EU common training frameworks (CTFs) and common training tests (CTTs) for medical specialties that do not already benefit from automatic recognition was introduced by the revised Directive 2013/55/EU on the recognition of professional qualifications. These open up the possibility of a third route to recognition (in addition to automatic recognition and general systems) for doctors that have completed a qualification that complies with an adopted common training framework or have completed a European test.

3. ENMCA has a number of concerns, highlighted below, about the adoption and implementation of CTFs and CTTs for the medical profession.

Legitimacy of proposing organisations

4. CTFs and CTTs can be proposed by representative professional organisations at EU level or by competent authorities representing 1/3 of member states. Professional associations at EU level are not accountable to a government or to legislation in the same way that competent authorities are. This lack of a legal framework of accountability poses a risk to patient safety and to the legitimacy of any CTF or CTT.

Transparency of the Process

5. CTFs and CTTs will be delivered by Delegated Acts. As drafting and deciding on Delegated Acts happens mainly behind closed doors, the process is not transparent and excludes the majority of competent authorities. Due to the technical nature of Delegated Acts and the timeframes for adopting them, the actors involved in the decision making process may not have sufficient time or expertise to assess the content of the proposed CTF or CTT or to consult effectively with competent authorities.

Quality assurance

6. Current national training programmes are delivered within a rigorous quality management and quality assurance structure to ensure that delivery meets the necessary national standards and that those doctors who complete the programme are of the same standard. It is not clear what the quality assurance and quality management processes for CTFs and CTTs would be and whether they include external assurance.

7. There is ambiguity regarding the European Commission standards, approval and quality assurance processes that it employs when assessing and ultimately approving the CTFs and CTTs. In approving such qualifications, it is implied that European Commission would be acting as a pan-European regulator of professional standards without the due protection of country specific clinical expertise, quality management and quality assurance processes. There are significant educational and service risks with this approach.

Lack of flexibility

8. Standards of postgraduate education and training vary significantly across Europe and the scope of curricula differs between countries. In an attempt to design an EU framework and/or test that is acceptable to a large number of member states, there is the risk that a lowest common denominator approach would be taken with the ensuing result of lowering standards rather than raising them.

9. It would also risk fossilising the training and standards to a particular point in time. The Directive makes no mention of the need for a CTF or a CTT to keep up to date with developments in curricula, patient or service needs. This means that they may become out of date without possibility of revision or for a member state to opt out if they are no longer suitable for that country. Given the fact that CTFs and CTTs would be set in secondary EU legislation (therefore requiring agreement by the 28 member states before they can be amended), we have good reasons to call into doubt the agility of CTFs and CTTs to stay up to date, posing significant risks to patient safety and workforce flexibility.

Opt out

10. Member states must be given the option to opt out from a CTF or CTT or to withdraw at a later date should it no longer be compatible with evolving standards for national training programmes and provision. Member states must also be able to opt out of a CTF or CTT if they believe there are patient safety risks in accepting a CTF or CTT for automatic recognition.

Conclusion

11. In light of the above risks, ENMCA remains highly sceptical about enshrining voluntary frameworks or tests for the medical profession into EU law. The current automatic recognition and general systems regimes are adequate routes to the recognition of doctors wishing to move in Europe as evidenced by the high number of doctors already availing themselves of their rights of free movement under these routes. The addition of a third route to recognition would introduce unnecessary complexity to the recognition system and further decrease member states' flexibility in matters of medical education.

To discuss our position, please contact: Nicola While, General Medical Council (+44 161 250 6954); Alexander Jäkel, German Medical Association (+49 30 400 456-369); Marie Colegrave-Juge, French Medical Council (+32 2 401 61 58) or visit the ENMCA website for more information.