

Proposed amendments from the Internal Market and Consumer Protection Committee (IMCO) on the proposal amending the recognition of professional qualifications Directive (2005/36/EC)

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 have closely followed the review of the recognition of professional qualifications Directive (2005/36/EC) and have welcomed IMCO's draft report (see [ENMCA briefing – September](#)).

This briefing sets out ENMCA's views on some of the key amendments tabled in the IMCO committee ahead of the vote on 24 January 2013. We welcome many of the suggestions put forward by MEPs which take into consideration the specificities of healthcare professionals, in particular doctors, and the need to enhance patient safety.

Language requirements (Article 53)

It is essential for doctors to be able to effectively communicate with their patients and colleagues in the official language of the host Member State. In this context, we consider that competent authorities should be allowed to make access to the profession conditional on a professional's language competence.

ENMCA supports amendments 599, 601, 605, 610, 611

In addition, we consider that it is the professional's responsibility to ensure that they address any gaps in their language skills in order to practise the profession safely in the host country. Therefore, 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 supports amendments 613, 616, 619

Alert mechanism (Article 56.a)

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

ENMCA supports amendments 653 and 654

In the interests of patient safety, we also consider that the alert should cover all final decisions that have an impact on a professional's practice, in line with national data protection laws.

ENMCA supports amendments 158, 647, 649 and 650

We also welcome the extension of the alert mechanism to the exchange of intelligence about applicants that try to register with fake diplomas or false identities, which would introduce important safeguards for competent authorities and patients.

ENMCA supports amendments 82 and 662

European Professional Card (EPC) (Article 4a-4e)

Proposals to increase the timescales for the host and home competent authorities to process applications are welcome but greater flexibility is still needed for authorities to request further information, carry out proper checks and ensure that professionals are safe to practise in the host member state.

This challenge is exacerbated by the principle of tacit authorisation, which we consider should not apply to healthcare professionals. This principle has the potential to allow unsafe doctors to start practising when the host competent authority is unable to get the necessary information from the home competent authority or the applicant within the timelines. It would represent a risk to patient safety for medical practitioners to be able to start practising without explicit authorisation by the host Member State.

ENMCA supports amendments 297-302

We consider that the most effective way to ensure the successful implementation of the EPC would be to have pilot projects between competent authorities first. This would not need to delay the implementation of the professional card but would simply ensure that the system is safe, appropriately resourced and delivers benefits for the profession and competent authorities. It would also ensure that the Directive and framework established for the EPC is future proofed.

ENMCA supports amendments 91,219,231,279

Continuous competence

Currently professionals are not required to provide any evidence of current practice as a condition for automatic recognition, which means competent authorities are required to automatically register professionals who may have been out of practice or not kept their knowledge and skills up to date.

Therefore, we are encouraged that several amendments put forward in the European Parliament propose to address this challenge (Am.75, 444, 622 and 643) and welcome the discussion on this issue. However, we do not consider that any additional checks should be free of charge for professionals. It should be the professional's responsibility to ensure they have the appropriate skills to practise safely and to remedy any gaps in their practice.

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 welcome amendments which propose clear and active participation of competent authorities in the development of any acts.

ENMCA supports amendments 697 – 701, 703 – 705 and 710

Partial Access (Article 4f)

We consider that healthcare professionals should be exempt from the provisions on partial access. 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 amendments 349, 352, 354, 359, 360 and 361

Further information

For further information please visit ENMCA's website: <http://www.enmca.eu/> or to discuss our position in further detail please contact:

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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:

<http://www.enmca.eu/positions-3>