

# International (EU and EEA) aspects of MD (et al.) accreditation

*in the light of exchange programmes and transborder  
movements*



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# **The European Union of General Practitioners / Family physicians (UEMO)**

- Organisation of the most representative national, non-governmental, independent organisations representing **24 countries and 600,000 general practitioner/family** physicians in countries of Europe,
- founded in 1967 by national organisations in Belgium, France, Germany, Netherlands and Italy,
- grew to encompass organisations from all the current member states of the European Union,
- from the countries of the European Free Trade Assn and other European countries.

# UEMO's 40th anniversary in 2007



# UEMO GA in Budapest 2011





# **DIRECTIVE 2005/36/EC**

## **on the recognition of professional qualifications**

### **Principle of automatic recognition**

- 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 (midwife)** responsible for general care,
  - as **dental** practitioner, as specialised dental practitioner,
  - as **veterinary** surgeon,
  - as **pharmacist**,
  - and as **architect**.

# **DIRECTIVE 2005/36/EC**

## **on the recognition of professional qualifications**

### *Article 24*

#### **Basic medical training**

...

2. Basic medical training shall comprise a total of at least **six** years of study or **5 500 hours** of ...training provided by, or under the supervision of, a university.
3. Basic medical **training** shall provide that the person ... has acquired the **knowledge and skills**:
  - (a) adequate knowledge of the sciences on which medicine is based ... on the scientific methods ..., the **evaluation** of scientifically established facts ...;
  - (b) sufficient understanding of the structure, functions and behaviour of healthy and sick persons ...
  - (c) adequate knowledge of clinical disciplines and practices, providing a coherent picture of mental and physical diseases, of medicine from the points of view of prophylaxis, diagnosis and therapy and of human reproduction;
  - (d) suitable clinical **experience in hospitals** under appropriate **supervision**.

# „SIX to FIVE ...”

## reactive proposal of EC DG Internal Market

- Training of doctors, the minimum duration of basic medical training is **currently** expressed as minimum of **six years** “or” **min. 5,500** training hours.
- The proposal (of EC) also „reflects recent **educational reforms** when, in the case of certain academic studies, it entitles MSs to express the minimum duration of study with the equivalent (European Credit Transfer and Accumulation System) ECTS credits, which might be relevant for universities in **Scotland**.

# REVISION PROCESS OF THE RECOGNITION OF PROFESSIONAL QUALIFICATION DIRECTIVE (PQD)

EC started activities in early 2010s with the objective of modernising the current Directive (e.g. in healthcare) to serve:

- easier **mobility** (of patients and personnel, either),
- enhance confidence of patients (with healthcare),

## Technical goals:

- introduce a Professional Card to enhance the IMI, while
- reforming the minimum training requirements in many types of professions.



# HOW TO MODERNISE THE PROFESSIONAL QUALIFICATIONS DIRECTIVE

By: Jürgen Tiedje and Andras Zsigmond,  
*DG Internal Market and Services,*  
(EuroObserver, 2012)

## Summary:

The EC has presented a proposal which aims to **facilitate** mobility of health professionals through the use of new e-government tools, such as to


- European Professional Card,
- **Modernisation of the training requirements for health professionals, including doctors ...**
- The proposal responds to public concerns about
- **patient safety ... ,**
- **checks of migrant health professionals' language knowledge and**
- **introduces an EU-wide proactive alert mechanism to spread information about professionals who have been banned from practice.**


# Beyond issues of EPC and „6 to 5” ...

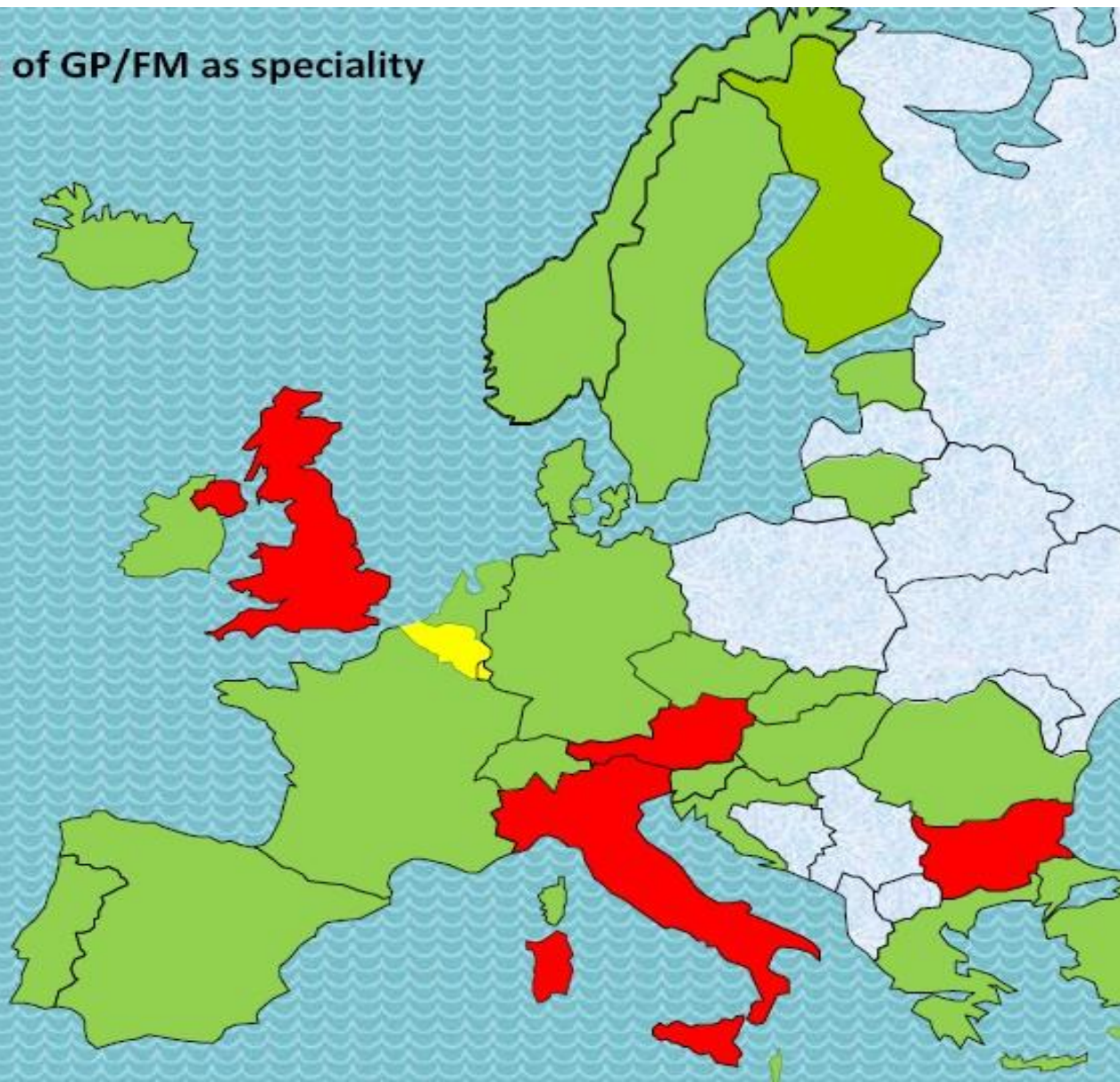
## National recognition of GP/FM as speciality

### Explanations

 –EU & non EU countries where the GP/FM is recognized as speciality

 – EU countries where the GP/FM is not recognized as speciality

 – EU countries where the recognition of GP / FM as speciality is currently under consideration



# Joint Statement of the European medical organisations (EMOs) for EP and EC amending Dir 2005/36/EC

- ... safeguarding of the highest quality of medical training and medical care for patients ... may not be compromised by economic or administrative pressures.
- **Medical training** must be regulated ... in **full respect of national competences**. The involvement of the medical professional organisations must be ensured in all discussions and activities  
...
- The differentiation between ‘medical specialist training’ and ‘specific training in general medical practice’ is not an appropriate ... reflection of the medical specialties.
- The evolution ... necessitates a convergence to ensure an effective regulation and recognition of qualifications held by specialists in general practice / family medicine on equal footing with all other medical specialities.
- **Specialist medical training in GP/Family medicine is equivalent to training in any other speciality. Therefore, we propose the placing of GP/Family medicine training under article 25 and the deletion of article 28 of the Directive.**

# **EMOs joint statement II.**

- **So, EMOs support the idea to abolish the distinction made in the Directive between ‘specialist medical training’ and ‘specific training in general medical practice’.**
- **The specialisation of family medicine is equal to the other medical specialties and should be recognised as such by EU legislation and primary care (general practice) should be considered as a part of health care systems like others.**
- **CPME (biggest European medical NGO) policies affirming this position include:**
  - **CPME endorse the UEMO statements on GP/Family medicine as a medical speciality.**



# What can be the potential benefits of the PQD revision for medical, vet, etc. (EU convertible) professions?

1. Have Erasmus and other exchange programmes pointed out any **difficulties, so far**, of training and/or diploma equivalency worth correcting in the European academic area's countries?
2. Do the academics wish stricter, more **uniformed** basic medical, dental, vet etc. training programmes in Europe?
3. So, shall the national postgraduate medical and other specialist training programmes be more (**regulated**" from upper" or somehow more **harmonized**?
4. Do the current practice of the so-called **„accreditation”** of the European different specialties' training programmes, teaching hospitals/ training sites, specialty examinations make sense without any hope of, due to subsidiarity, official MS-to-MS recognition? (see anaesthesiology, surgery, urology, neurology, pulmonology, etc. „gestored” by UEMS' spec-divisions)
5. Do the „convertible” professions want to check the (inner) migrant EU/EEA workers' professional background deeper than **language** knowledge and searching after home country **bans**?
6. **Any other issues** to be raised for EU professional and HR politics ...?