ACADEMY OF MEDICAL ROYAL COLLEGES

Modernising the Professional Qualifications Directive

European Commission Green Paper

Introduction

The Academy of Medical Royal Colleges welcomes the opportunity to comment on the European Commission Green Paper "Modernising the Professional Qualifications Directive"

The Academy's membership comprises the Medical Royal Colleges and Faculties across the UK and Ireland. The Academy seeks to support and co-ordinate the work of Medical Royal Colleges on issues of common concern. The primary interests of Colleges and Faculties are postgraduate medical education (PGME) and standards of clinical practice, but they also have a general interest in healthcare policy. The content of this consultation is therefore an issue of core concern to the Academy and its members. Comments are restricted to the medical workforce and medical education and qualifications.

Whilst individual Colleges and Faculties may also have submitted their own responses to the consultation we are confident that this response represents the broad view of Academy members.

Context

The approach of the Academy and its member organisations is driven primarily by patient safety issues.

The Academy recognises the value of the mobility of professionals within the EU and the importance that the recognition of professional qualifications must play in this process. We do, however, believe that in healthcare there must be an over-riding need to ensure patient safety. Put simply, in healthcare the requirements of patient safety must take precedence over the aspirations of the individual professional. This will mean that certain practices which may be entirely reasonable in other industries will not be acceptable in healthcare

Section 2.1 The European Professional Card. Questions 1 and 2

The Academy recognises the potential benefits of a European Professional Card. We note the work being undertaken to look at practicalities, cost and feasibility of such a scheme. We do feel there may be considerable issues around the cost of establishing and maintaining such a scheme, assuring accuracy and avoidance of fraud which might make this not a viable proposition at the current time.

Section 3.4.4 Alert Mechanisms for Health Professionals Question 12

The Academy strongly supports Option 2. For reasons of patient safety it is important that alerts are sent to all member states when a health professional is no longer allowed to practise due to a disciplinary sanction. This should also apply to medical and other health profession students who may be disbarred.

Section 3.5 Language requirements. Question 13
The Academy believes this is a key issue. The requirements of patient safety must be the paramount consideration.

The Academy believes that Option 1 is unacceptable as it is too loose a proposal. Option 2 is preferred but does not go far enough

Testing should not be restricted to professionals in direct clinical contact with patients. Communication with colleagues and in multi-disciplinary teams as well as written reporting are still essential for patient safety for clinicians who may not have direct patient contact e.g. pathologists or some radiologists.

We think the description of a “one-off control” is unhelpful and may reduce the efficacy of the measures. Employers have a legal responsibility in the UK and must retain the ability to test communication skills and fitness to work in the post for which they are being employed. The GMC has a duty to ensure doctors are fit to practise for the purpose of registration.

The Academy believes it is reasonable and practicable that the GMC could have the authority to require a general language test for the purpose of assuring fitness for registration whilst employers retain the right to test the general communication skills of a candidate, which may include language skills, in terms of their suitability for appointment to a particular post.

Section 4.1 A three phase approach to modernisation. Question 14
The Academy supports the principle of a move to a more outcome and competence based approach. However experience within the UK suggests this is a complex and time-consuming to achieve. Achieving harmonisation of assessment procedures and standards will is challenging. We therefore believe that the timescale suggested for these phases is seriously unrealistic.

There are mixed views on the practicality and desirability of moving to the European Credit Transfer and Accumulation System (ECTS).

Section 4.2.1 Clarifying the status of professionals. Question 15
We are unclear about the meaning and intent of Question 15. If a professional is declared unfit to practise by a regulator in one member state this should mean that the person may not practise in any state. However the question in relation to meeting CPD requirements is more complex.

CPD requirements vary considerably within the EU and beyond both in the amount of CPD recommended and whether it is mandatory or not. If a professional has failed to meet the mandatory CPD requirements in their home state and subsequently seeks to work elsewhere, they should not be able to do so.

However it would be unreasonable to expect a professional working legitimately in another state, and meeting the CPD requirements of that state, to have to continue to maintain the CPD requirements of their home state should they be more rigorous. The position obviously gets more complicated if the individual wishes to return home to their own state to practise.

Because of the varied position on CPD the Academy strongly believes that the Directive should address the question of CPD more extensively. Whilst the process must not become over-bureaucratic patient safety should again be the driving principle.

Section 4.2.2 Clarifying minimum training periods for doctors, nurses and midwives. Question 16

The Academy strongly opposes clarifying the minimum training requirements to state that that the conditions relating to minimum years and hours of training apply cumulatively rather than as alternatives.

We do not believe that the current Directive requires clarification. It states very clearly that for medicine 5500 hours are required and this is sufficiently clear. The criteria should not be combined

In the UK there is evidence that within existing Graduate Entry Programmes (GEPs), 5500 hours can be accommodated within 4 years of intensive study and it would be counter-productive to extend this to 6 years. Evaluation of the entry programmes show benefits to the system including improved retention of doctors and a six year requirement could destroy the programme.

Too short a minimum number of years, however, would lead to rushed or "crammed" programmes. Successful demonstration of required outcomes would compensate for this but such mechanisms are not yet in place. Adequate time is required to develop practical skills.

Section 4.3 Doctors Medical Specialists Questions 18 and 19

The proposal for lowering the threshold for the number of states in which a specialty exists before automatic recognition rests on the premise that the creation of new specialisms is, per se, a positive thing. That is not a universal view and the Academy does not believe there needs to be positive action to encourage new specialisms.

The difference between a 2/5ths and a 1/3rd threshold is not actually that great and the Academy does not see any requirement for change.

The Academy supports the principle of recognition of prior learning of equivalent level as part of another specialist training programme. However translating this into a clear set of robust and patient-safe partial exemptions across member states will be a complex process.

Any consideration of the issue will need to account of the need for any prior learning to have continued currency i.e. what would be an acceptable time interval between training programmes.