



AURE response - Internal Market and Consumer Protection Committee report on the proposal amending Directive 2005/36/EC on the recognition of professional qualifications

27 February 2013

1. The Alliance of UK Health Regulators on Europe (AURE) brings together 9 of the health and social care regulators (competent authorities) in the United Kingdom to work collaboratively on European issues affecting patient and client safety. As regulators, our purpose is to protect and promote patient safety through effective regulation and ensuring proper standards in the practice of health and social care.
2. As net importers of healthcare professionals, both from Europe and internationally, we have significant experience with both the benefits and challenges of high levels of mobility and have actively followed the review of the recognition of professional qualifications Directive.
3. We welcome the report from the Internal Market and Consumer Protection Committee (IMCO) adopted on 23 January 2013 and have produced the following briefing in response which should be considered alongside the [AURE position paper on the Commission proposal \(January 2012\)](#).
4. This briefing paper sets out AURE's position on some of the key amendments of the IMCO committee ahead of the trilogue negotiations and the Parliament's plenary vote scheduled in May 2013.

Language Assessment (Article 53)

It is essential for all healthcare professionals 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.

AURE supports amendments 18, 20.

AURE considers that Member States must be given the flexibility to organise their own language assessment systems in accordance with the principle of proportionality laid down in Article 5 of the Treaty on European Union.

AURE is concerned that amendment 17 has the potential to create standardised language checks which may not be in accordance with the principle of proportionality.

AURE considers that the cost of any language assessment, where required, should be reasonable but borne by the applicant rather than the competent authority. It should be the professional's responsibility to ensure that they have the appropriate language skills to practise the profession safely in the Member State where they are applying to practise.

AURE does not support the proposals in amendment 130 that the language check should be free of charge.

European Professional card (Article 4a-4e)

AURE believes that the professional card must only be used for the recognition process and not as a way to confirm a professional's right to practise. Member States have their own tools (e.g. public registers) to make this information available.

AURE supports amendment 2.

It is essential that competent authorities are involved in the introduction of the card to ensure it is effectively implemented and to take into consideration the peculiarities of an individual profession. In this context, we welcome the requirement for the European Commission to carry out a consultation of stakeholders before the adoption of the implementing act that will introduce the card.

AURE supports amendment 42.

We support the increase in timescales for recognition under the professional card but believe that they remain challenging for both the host and home competent authorities.

AURE supports amendments 49, 51, 54, 56, 57.

We do not consider that it would be safe for patients if healthcare professionals were able to start practising, even temporarily, without explicit authorisation by the host competent authority. Therefore, we welcome the clarification made by the report that tacit authorisation would not constitute automatic authorisation to practise in the host Member State.

AURE supports amendment 58.



Alert mechanism (Article 56a)

It is essential that all alerts about any healthcare professional should be treated with the same urgency. We therefore support the introduction of a single alert mechanism for all healthcare professionals, regardless of whether they benefit from automatic recognition or general systems.

AURE supports amendments 136, 137 and 138.

AURE also supports amendment 134 and calls for Article 56a – paragraph 1 – subparagraph 1 – point a to be further clarified to include a reference to point 5.1.2 of Annex V.

We consider that the alert mechanism must apply to all restrictions placed on a professional's licence to practise, such as conditions on a licence or limitations to scope of practice, as they can indicate serious issues about a professional's practice and should be communicated to all other competent authorities.

AURE supports amendments 133.

AURE supports the extension of the alert mechanism to the exchange of information about fraudulent applications. This would provide assurances to competent authorities that the professionals they register are appropriately qualified.

AURE supports amendments 140.

Continuous competence of professionals (Article 55b(new))

AURE agrees that professionals should keep their skills and knowledge up to date since the award of their professional qualifications. It welcomes the principle of article 55b but would like to encourage the EU institutions to consider broadening the scope of amendment 92 and refer to *competence assurance mechanisms*, instead of the more narrow reference to *schemes of mandatory continuing education and training*. This would ensure that member states that have already started to develop their own competence assurance mechanism can comply with the proposal contained in Article 55b.

AURE is concerned that amendment 92 does not provide sufficient flexibility for member states and calls for the article to refer more broadly to 'competence assurance mechanisms' instead of 'continuing education and training'.



Furthermore, we disagree with the proposal that establishments providing continuous education or training shall be assessed by a body listed on the European Quality Assurance Register (EQAR). This undermines the principle of subsidiary, and would lead to additional and unnecessary burdens for competent authorities. It could also prevent member states from putting in place and organising continuous competence assurance systems that best suit their national requirements.

AURE does not support amendment 93.

AURE also considers that professionals should provide evidence of current practice as a condition for automatic recognition. Currently, competent authorities are required to automatically register professionals who may be out of practice or have not kept their knowledge and skills up to date. To address this, we believe that automatic recognition must be linked with a requirement on professionals to demonstrate that they have been effectively and lawfully engaged in professional activities for at least 3 years during the 5 years preceding the request for recognition. This would be in line with the existing requirement for acquired rights (article 23 of Directive 2005/36/EC). Where professionals cannot provide this information, competent authorities should have the discretion to assess applicants under the general system and, if appropriate, apply compensation measures to ensure public protection.

AURE calls for the adoption of the following amendments:

Article 1 – point 15 a (new): Member States may require that professionals possessing evidence of formal qualifications listed in Annex V, points 5.1.1, 5.1.2, 5.1.4, 5.2.2, 5.3.2, 5.3.3, 5.4.2, 5.5.2, 5.6.2 and 5.7.1 shall only benefit from the provisions in paragraph 1 if they have qualified within the preceding 3 years or can demonstrate through an attestation from a competent authority or other relevant organisation, that they have effectively and lawfully been engaged in the activities in question for at least three consecutive years during the five years prior to the date of issue of the attestation. Where this is not provided, Member States may assess a professional's qualification under the provisions outlined in Title III, Chapter I.

Article 10 h (new): For professionals possessing evidence of formal qualifications listed in Annex V, points 5.1.1, 5.1.2, 5.1.4, 5.2.2, 5.3.2, 5.3.3, 5.4.2, 5.5.2, 5.6.2 and 5.7.1 when the migrant has not qualified within the preceding 3 years or can not demonstrate through an attestation from a competent authority or other relevant organisation, professional experience for at least three consecutive years during the five years prior to the date of issue of the attestation.



Common training frameworks (49a)

AURE maintains that common training frameworks should not apply to the sectoral professions. This would introduce a third route to recognition for these professions, in addition to automatic recognition and generals systems, and would cause confusion to professionals and competent authorities.

AURE is concerned that amendments 121 and 125 have the potential to create an additional and unnecessary route to recognition for the sectoral professions.

Partial access (article 4.f)

It is essential that all healthcare professionals should be exempt from the provisions on partial access. We welcome the exemption for healthcare professionals under automatic recognition. However, we disagree that competent authorities for healthcare professionals under general systems should be required to carry out a case-by-case assessment of professionals' qualifications since it would pose a risk to patient safety if healthcare professionals were given access to the profession, even in a limited capacity.

AURE support amendment 67.

AURE is concerned that amendment 65 may pose a risk to patient safety if healthcare professionals were given access to the profession, even in a limited capacity.

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