
**General Medical Council response
to the results of the European Commission's call for expressions of
interest in the European professional card**

9 January 2014

Introduction

1. The General Medical Council (GMC) is the independent regulator for doctors in the UK. Our purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.
2. There are currently over 256,600 doctors on the UK Medical Register; more than 27,000 of these doctors qualified in other parts of the European Economic Area. In 2013 alone, we granted registration to over 1,500 doctors under the provisions of the Directive.
3. The law gives the GMC four main functions:
 - keeping up-to-date UK registers of qualified doctors
 - fostering good medical practice in the UK
 - promoting high standards of medical education in the UK
 - dealing firmly and fairly with doctors practising in the UK whose fitness to practise is in doubt.

GMC response

4. We welcome the opportunity to comment on the interest expressed by some doctors' organisations and medical associations in the European professional card (EPC).
5. The GMC supports the free movement of doctors in the EU and the principle of recognition of professional qualifications; for decades the UK health system has benefited from EU and overseas qualified doctors practising in the UK. Over 36% of those doctors on the register gained their primary medical qualification in countries other than the UK.

6. In an environment where health professionals and patients are encouraged to move across member states, a risk to patient safety in one member state is potentially a patient safety risk in another member state. It is therefore essential that EEA doctors and healthcare professionals, exercising their rights of free movement, are only granted and maintain registration when they are known to be appropriately qualified and fit to practise.

7. However, the GMC remains unconvinced that recognition with a European professional card would increase or speed-up professional mobility. We continue to have fundamental concerns, outlined in more detail below, about the concept of an electronic card for the medical profession. It is essential that these are fully taken into account and that the specificity of the medical profession – with the potential grave public safety issues associated with the practice of medicine - is considered before a decision is taken on whether to introduce the European professional card for doctors.

8. We note that our concerns appear to be reflected in the responses submitted to the European Commission's initial call for expressions of interest. These show that there is no majority support among the medical professional for the roll out of the EPC¹.

A. Definition of the home member state

9. In a profession as mobile as medicine, where training can be undertaken across multiple member states, it is essential that thought is given to the definition of the home member state that will be responsible for creating a doctor's IMI file and checking that the information contained in that file is accurate.

10. The GMC deals regularly with cases where a doctor has obtained a primary medical qualification in country X, has undertaken specialist training in country Y, but is established and practises as a doctor only in country Z. No single country would be able to verify all of the necessary documents, training and experience (the latter forms part of a general systems application) that would be required for the creation of an IMI file. It is also unclear how a doctor will be able to identify the home member state in such cases.

11. We are also concerned that the deadline of 1 month for automatic recognition and 2 months for general systems would not be realistic for such cases given their evident complexity.

B. Exclusion of general systems applications

12. Whilst the European professional card may benefit professionals who currently experience problems gaining automatic recognition of their primary medical qualification in a small number of member states where competent authorities do not process applications in a timely manner, it is not suitable for the recognition of doctors under the general systems procedure. In these cases, the competent

¹ [Results of the call for expression of interest in the introduction of the European Professional Card](#), December 2013

authority is not just looking at the qualification but, as the Tennah-Durez case² made clear, at the entirety of a professional's training and experience.

13. This training and experience may have been gained across multiple member states, or indeed from outside the EEA, and will need to be examined on a case-by-case basis. The complexity of general systems recognition is not compatible with the tenets of the professional card as currently laid out in the revised Directive. As such, we would propose that general systems recognition cases should be excluded from the scope of the card.

C. Administrative burden on home member state

14. Whilst we welcome greater involvement from the competent authority of establishment in the recognition process, we believe that the host competent authority must be able to verify the identity of incoming doctors and the documents required for recognition to guarantee patient safety in the jurisdiction in which the doctor intends to practise.

15. We are concerned that the competent authorities in the home member states will find it difficult to cover the increased administrative costs that will result from a shift in responsibility for recognition. Furthermore, it is unclear what incentives sending member states will have to assess the documentation at the point of departure with the same rigour as the host competent authority, especially in light of the tight deadlines proposed.

16. Under the current system we receive documents issued by the home member state in error and without due care from time to time. The increased pressure on home member states could increase this risk of error and put patients and the public in the host member state at risk unnecessarily.

17. It is thus essential that competent authorities in the host member state can continue to verify the identity and documentation of incoming doctors before they are granted access to the profession. Ultimately the management of patient safety risks sits with the host member state and consequently verification ought to remain their responsibility. In reality, host member states are likely to continue to check in-bound documentation due to their patient safety responsibilities, thus building in duplication of effort to the system.

D. Conflict resolution

18. The GMC seeks clarification as to which member state would hold ultimate responsibility should a doctor raise a complaint about the recognition process with an EPC. With the current recognition system, doctors liaise with only one competent authority which is responsible for processing the application. With the introduction of an EPC, there will be a minimum of two authorities involved thus creating a more confusing system for the professional and greater potential for misunderstanding.

² European Court of Justice case [C-110/01](#)

19. It would also be helpful to understand whether the home/host competent authority and doctors will have some form of recourse if the home/host authority does not carry out effective checks or processes the application without due care.

Next steps

20. In light of the above, and should there be sufficient support amongst professionals and competent authorities for the European professional card for the medical profession, we encourage the European Commission to develop a series of small scale pilot projects over the next 12 months. These would be tasked with testing the viability of the card prior to drafting the implementing act and launching recognition with a card on a large scale. This would mirror the successful process that the Commission followed when the IMI system was first rolled out and would allow competent authorities, the European Commission and doctors to test the practical implications of the card in a live setting, before the process is set in legislation.

21. We would also welcome an independent review of the pilot projects after the 12 month period which would inform the decision of whether recognition with a card is suitable and should become the subject of an implementing act.

22. As the body responsible for the registration of all doctors wishing to practise medicine in the UK, we believe that if the European professional card is introduced for the medical profession, it must provide an overarching framework for efficient and safe recognition procedures. The proposed operational details should be developed and tested within the suggested pilot projects in close cooperation with competent authorities to avoid the risk of creating a system that is not suitable for either competent authorities or doctors and which puts patients and the public at unnecessary risk.

For further information contact:

Nicola While
European and International Manager
General Medical Council
United Kingdom
Tel: +44 161 250 6954
Email: europaean@gmc-uk.org