

**Proposal amending Directive on the recognition of professional qualifications  
September 2012**

Draft report – Internal Market and Consumer Protection Committee (IMCO)  
Draft opinion – Environment, Public Health and Food Safety Committee (ENVI)

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**Introduction**

1. 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, ensuring proper standards in the practice of health and social care.
2. The UK is a net importer of healthcare professionals, both from Europe and internationally. As a result, AURE members have considerable experience with both the benefits and challenges of high levels of professional mobility and have actively followed the review of the recognition of professional qualifications Directive.
3. We welcome the draft reports from the Internal Market and Consumer Protection and Environment, Public Health and Food Safety Committees. We have produced the following briefing in response which should be considered alongside our position paper on the European Commission's proposal: [AURE Position Paper – January 2012](#)
4. We believe many of the proposed amendments in the committee reports would contribute to creating a framework which more effectively protects patients while recognising the value of professional mobility. However there are some areas where more work is needed.

**European Professional card (EPC) (Article 4)***Timelines*

5. We welcome the proposed increase in timescales for recognition under the professional card but consider they would still be challenging for the host and home competent authorities to meet. (IMCO Ams 24; 29; ENVI Ams 14; 17; 18). The EPC introduces an entirely new process for recognition and without first piloting the system it is difficult to determine how quickly authorities would be able to process applications.

## AURE briefing

### *Implementation*

6. We still maintain the most effective way to ensure the successful implementation of the professional card would be to have a number of pilot projects for each interested profession to ensure the system is safe, robust and delivers real benefits for the profession and competent authority before being fully introduced.

7. We consider that both competent authorities and professional associations need to be involved in the decision to introduce the professional card (ENVI Am. 9). This would ensure it is effectively implemented and takes into consideration the peculiarities of an individual profession.

### *Tacit authorisation*

8. We do not consider it would be safe for patients if healthcare professionals were able to start practising without explicit authorisation by the host competent authority.

9. In this context, we welcome the Commission's recent clarification that tacit authorisation would not constitute automatic authorisation to practise in the host member state<sup>1</sup>. Therefore it would be helpful to delete the principle altogether, as proposed in the draft ENVI opinion (ENVI Am. 19).

### *EPC for recognition not employment*

10. We are adamant that the professional card must only be used for the recognition process and not as a way to confirm the registration status of a professional with patients or employers (article 4.e.7). In the UK, healthcare professional regulators make web-based searchable lists of registration and disciplinary information freely available to the public and employers. We consider this is a much more effective and safe way to confirm the status of a professional than the suggestion in the proposal that employers and patients should be able to verify the authenticity of a card. These live online historical registers ensure that information about professionals is up-to-date. Such registers are all the more important when some health professions are still not on the Internal Market Information (IMI) system.

<sup>1</sup> [Eurohealth, Vol 18, Number 2, 2012](#)

## Language requirements (Article 53)

11. We welcome the suggestion in both reports that competent authorities for healthcare professionals should have a role in assessing the language of all applicants and that this is no longer dependent on a request by a national healthcare system or national patient organisation (IMCO Ams 70-72, ENVI Ams 55-56).

12. We support the approach taken by the ENVI committee that suggests language must be assessed by competent authorities *after recognition but before access to the profession* (ENVI, Am. 55). This respects the fundamental principle of recognising qualifications but acknowledges the legitimate need for competent authorities to assess a professional's language skills before they are granted access to the profession.

13. Further consideration needs to be given to the original suggestion in the Commission proposal for the language control to be limited to one of the official languages for the host Member State according to the choice of the person concerned, be proportionate to the activity pursued and free of charge for the professional (Article 53.2.3). We believe it is the professional's responsibility to ensure that they have the appropriate language skills to practise the profession. In this context, the costs of any language control or verification should be reasonable but borne by the applicant rather than the competent authority.

14. We would also like to highlight that professionals do not often know where they will be working at the point of recognition and as a result competent authorities would be unable to tailor language assessments to the activities an individual is likely to pursue. It should be acknowledged that effective language and communication skills are integral to the safe practice of all healthcare professionals, regardless of the post they take up.

## Alert mechanism (Article 56.a)

15. The IMCO and ENVI draft reports make key patient safety improvements to the alert mechanism proposal (IMCO Ams 80 and 82, ENVI 3; 57; 59; 60; 62). However, we would like to see that the alert mechanism is used for the exchange of any information which has an impact on a professional's practice rather than limited to suspensions only (IMCO Am. 79).

16. The suggestion to extend the alert mechanism to the exchange of intelligence about individuals that try to register with fake diplomas or false identities will provide

## AURE briefing

greater reassurance to competent authorities that the professionals they register are appropriately qualified (IMCO Am 82, ENVI Am 62).

17. We also welcome ENVI's proposal to have the same alert mechanism for all healthcare professionals, regardless of whether they are sectoral or general system professions (ENVI Am. 60)

### **Continuous Competence** (Article 55.b (new))

18. We support IMCO's suggestion to allow competent authorities to introduce additional controls on professionals (after recognition) if they have not worked for the last 4 years (IMCO Am. 75). However, we disagree that these controls should be at no cost to applicants. Professionals who cannot provide evidence of practice in the last 4 years should be treated the same way as domestic applicants to the register, who have to fund their refresher training. Therefore we believe that competent authorities should be able to charge a reasonable cost of controls to professionals.

19. 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 have not kept their knowledge and skills up to date.

### **Temporary and occasional mobility** (Article 4.b.3 and Article 7)

20. We welcome IMCO's reintroduction of the principle of an annual declaration for temporary and occasional mobility under the EPC (IMCO Am. 24; 26). This would provide greater safeguards against professionals wishing to use temporary and occasional mobility to evade the scrutiny of full recognition.

21. We also support IMCO's proposed clarification to the definition of temporary and occasional mobility which would mean the service provider would be unable to carry out more than half of their regular annual activity in the host Member State (IMCO, Am. 37).

### **Partial access** (Article 4.f)

22. We welcome the amendments in both the IMCO and ENVI draft reports to strengthen the exemption to partial access for healthcare professionals (IMCO, Am. 1 and 34, ENVI Am. 1 and 23).



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