



## **European Commission Green Paper “Modernising the Professional Qualifications Directive” – EPF Response**

Ensuring that healthcare professionals have the right training, and are fit to practice when they move from one EU Member State to another, is of crucial importance for patient safety and quality of care.

The European Commission has recently published a Green Paper titled [“Modernising the professional qualifications Directive \(2005/36/EC\)”](#). The Green Paper outlines possible ways forward that are of particular relevance to the health sector. The Deadline for response to the Commission is 20 September.

The European Patients’ Forum has previously replied to the Commission’s public consultation in March 2011 ([link to the response](#)). We also issued a [joint statement](#) with the European Public Health Alliance (EPHA) to assert that quality and safety must remain the highest priorities when considering requirements for healthcare professionals who migrate around Europe.

### **Methodology of the EPF response**

This response is based on a consultation of EPF’s European-wide membership, and on previous feedback given to the European Commission on the Green Paper on the European Workforce for Health (March 2009) and the previous public consultation in March 2011.

A draft response document was developed and sent to EPF’s membership for comments and feedback. A final response was then developed based on the input received from members, as well as the Policy Advisory Group.

EPF’s comments below focus on specific areas of the Green Paper that are of direct concern to patients. Thus we have not answered all questions. The comments are listed in the order in which the topics appear in the Commission consultation document.

## 2.1 The European Professional Card

**Question 2:** Do you agree that a professional card could have the following effects, Depending on the card holder's objectives?

a) The card holder moves on a temporary basis (temporary mobility):

- Option 1: the card would make any declaration which Member States can currently require under Article 7 of the Directive redundant.
- Option 2: the declaration regime is maintained but the card could be presented in place of any accompanying documents.

b) The card holder seeks automatic recognition of his qualifications: presentation of the card would accelerate the recognition procedure (receiving Member State should take a decision within two weeks instead of three months).

c) The card holder seeks recognition of his qualifications which are not subject to automatic recognition (the general system): presentation of the card would accelerate the recognition procedure (receiving Member State would have to take a decision within one month instead of four months).

### EPF's response

*a) For safety reasons, EPF believes it is important to keep some form of prior declaration, as it provides competent authorities with information on which healthcare professional is providing services in the Member State. Option 1 would not allow the competent authorities to keep track of which healthcare professionals are coming to exercise their profession temporarily in the Member State, which could lead to issues relating to continuity of care, in case of complaints, medical errors etc. Option 2 would be better for ensuring patient safety and quality of care, while significantly simplifying the procedure. Therefore EPF is favourable to the second option.*

*b) EPF welcomes in principle the simplification of procedures and free movement of health professionals, as it may contribute to the easing of shortages of certain categories of professionals in some EU Member States. However, this must not be at the expense of patient safety or the quality of care. Therefore, EPF would welcome improved cooperation through the IMI system.*

*EPF has however several reservations regarding the proposed European professional card. Because it would be voluntary, it would amount to having two procedures, which might be confusing for patients: e.g., not having the card would not necessarily mean that the professional is not fit to practice. There are also potential safety risks. It would need to be clarified how to ensure the safety of the card, how to protect it from falsification, how to ensure that it contains up-to-date information, including on fitness to practice and completion of CPD requirements, how long it would be valid, and the possibility to withdraw the card. The cost-effectiveness of establishing such a card should be considered carefully. It seems also unclear whether the procedure to obtain the card would require the same documents and guarantees as the current procedure, and how the receiving Member State would verify these documents.*

*EPF would also like to comment on the topic of transparency towards patients and consumers since it is mentioned in the Green Paper as one objective for the card. We believe patients would feel uncomfortable having to ask to see the card of a health professional. Moreover, as the card would be voluntary, only some professionals would have it; therefore, even with public awareness of the card, this could lead to confusion. If a professional card is developed, the shape that it will take and the type of information that would be on it are crucial for transparency towards patients; therefore patient organisations should be involved in the decision-making process about these features.*

*EPF welcomes the proposal of the Commission to set up of a system to allow patients to verify the validity of the card (direct contact with the national competent authority is given as a possibility). However, in our view genuine transparency on healthcare professionals' fitness to practice would require a platform providing easy access to accurate information for all patients across the EU. This could be better achieved for example through a publicly accessible online database of health professionals eligible to practice.*

*The implications of the different options, both for health professionals and for patients, should be explored in depth by the Commission with the active involvement of all stakeholders.*

## **2.2. Focus on economic activities: the principle of partial access**

**Question 3:** Do you agree that there would be important advantages to inserting the principle of partial access and specific criteria for its application into the Directive? (Please provide specific reasons for any derogation from the principle.)

### ***EPF's response***

*To protect patients' safety and quality of care, the principle of partial access must not apply to healthcare professions, as it would result in an unacceptable downgrading of educational and migration requirements. This would undermine the various ongoing initiatives to improve the quality and safety of care in the European Union. It would also create confusion for the users of healthcare services. EPF therefore does not agree with applying partial access to healthcare professions.*

## **3.3 Opening up the General System**

### ***3.3.1. Levels of qualification***

**Question 9:** Would you support the deletion of the classification outlined in Article 11 (including Annex II)? (Please give specific arguments for or against this approach).

### ***EPF's response***

*This question is relevant for patients insofar as it may relate to so-called allied health professionals (health-related professionals who are not included in the sectoral professions covered above). These could be for example physical therapists, paramedics, nutritionists, clinical psychologists. The European Patients Forum would not support deletion of levels of qualification, as it is an important indication for competent authorities. However, depending on the outcome of the study the Commission is conducting on European Qualification Framework, we could support replacing the five levels by the eight levels of the EQF as a*

*common framework would be a more logical reference point and also more transparent for citizens and patients.*

*(Question under Point 3.3.2 is not relevant as we are not in favour of deleting article 11)*

### **3.3.3. Partially qualified professionals**

**Question 11:** Would you support extending the benefits of the Directive to graduates from academic training who wish to complete a period of remunerated supervised practical experience in the profession abroad? (Please give specific arguments for or against this approach.)

#### **EPF's response**

*EPF would not support the extension, as the scope of the Directive only covers fully qualified professionals. There is a need for clear distinction between graduates who have not yet completed their studies or training, and fully qualified healthcare professionals. This Directive is therefore not the right instrument to address the mobility of graduates.*

### **3.4 Exploiting the potential of IMI**

**Question 12:** Which of the two options for the introduction of an alert mechanism for health professionals within the IMI system do you prefer?

Option 1: Extending the alert mechanism as foreseen under the Services Directive to all Professionals, including health professionals? The initiating Member State would decide to which other Member States the alert should be addressed.

Option 2: Introducing the wider and more rigorous alert obligation for Member States to Immediately alert all other Member States if a health professional is no longer allowed to practise due to a disciplinary sanction? The initiating Member State would be obliged to address each alert to all other Member States.

#### **EPF's response:**

*EPF would support Option 2. The IMI should be used to communicate urgent alerts to all Member States. A common definition of criteria where such an alert should be made should be developed, as currently legal and disciplinary actions vary across Member States.*

### **3.5 Language requirements**

**Question 13:** Which of the two options outlined above do you prefer?

**Option 1:** Clarifying the existing rules in the Code of Conduct;

**Option 2:** Amending the Directive itself with regard to health professionals having direct contact with patients and benefiting from automatic recognition.

#### **EPF's response**

*In EPF's perspective, language is of key importance for all health professionals, though especially for these healthcare professionals that are in direct contact with patients. We are aware of some misunderstandings related to the responsibility to verify language proficiency, and the possibility for national competent authorities to carry out tests. For this*

*reason, we would suggest that the two options should be combined: the Code of Conduct should be clarified, and at the same time the Directive should also clearly state that for those healthcare professionals who have direct contact with patients, national competent authorities should carry out controls of the necessary language skills before the health professional first comes into direct contact with patients. The meaning of “one-off control” as proposed by the Commission needs to be clarified. EPF would also like to stress that adequate language skills are essential not only for health professionals in direct contact with patients, but for all healthcare professionals, because of their potential implications for patient safety.*

#### **4 Modernising automatic recognition**

##### **4.1 A three-phase approach to modernisation**

<p><b>Question 14:</b> Would you support a three-phase approach to modernisation of the minimum training requirements under the Directive as proposed by the Commission?</p>
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##### ***EPF’s response***

*EPF welcomes the proposal outlined by the European Commission. When reviewing the training subjects and adding the list of competences, EPF urges other stakeholders, including the Commission and healthcare professionals’ organisations, to take into account the views of patients and their representative organisations. The patient’s role has changed enormously since the Directive was implemented – from passive recipients of healthcare services to empowered, health-literate actors who participate fully in healthcare decisions. Patient-centeredness is increasingly recognised as a key feature for the provision of high-quality, equitable and sustainable healthcare.*

*Adequate training for healthcare professionals is of key importance to realise patient-centred healthcare and to achieve shared decision-making. This is especially vital in the context of a future vision for chronic disease management where guided self-care, eHealth/remote solutions and personalised healthcare are likely to play a major role. Patients with chronic diseases have specific expertise as a result of living with a disease and are experienced users of the healthcare system. They can play a key role in identifying training needs of the health workforce from an end-user’s perspective. Therefore, cooperation with patients’ organisations in developing competences for health professionals and updating medical education should be encouraged.*

*As stated in our response to the first consultation, EPF considers that it is absolutely essential to develop training for health professionals for better communication with patients. Patients’ ability to understand health and medical issues and directions is closely related to the clarity of the communication. Despite various initiatives to improve the quality and availability of health information, studies indicate that patients tend to want more information than they are receiving, and that health professionals tend to overestimate the amount of information they supply. Good communication with family and carers and within the healthcare team is also crucial for coordination of care.*

*Many patient organisations have developed special tools for information and training of healthcare professionals either on a medical specific condition, or to develop a holistic approach to patient care. These can for example take the form of workshop formats with*

*patient-doctor interaction, special presentations, films, and materials as well as structures patient dossiers for communicating with doctors. The European Patients' Forum would be happy to provide further information and examples to the European Commission and Member States on such initiatives.*

## **4.2 Increasing confidence in automatic recognition**

### **4.2.1 Clarifying the status of professionals**

**Question 15:** Once professionals seek establishment in a Member State other than that in which they acquired their qualifications, they should demonstrate to the host Member State that they have the right to exercise their profession in the home Member State. This principle applies in the case of temporary mobility. Should it be extended also to cases where a professional wishes to establish himself? (Please give specific arguments for or against this approach.) Is there a need for the Directive to address the question of continuing professional development more extensively?

#### ***EPF's response:***

*EPF agrees with the Commission that this is a gap in the Directive. It is crucial for patient safety to ensure that professionals who wish to establish themselves in other EU Member States demonstrate that they have the right to exercise their profession in the home Member State as part of the recognition procedure, as it is done for temporary mobility. We therefore agree that the principle should be extended for establishment.*

*This would avoid cases where professionals come to exercise their profession in a Member State without having practised for years; it helps ensure the currency of knowledge of health professionals. Continuing Professional Development (CPD) is absolutely crucial, for example regarding the development of ICT and eHealth; healthcare professionals should receive adequate training to use new solutions with confidence throughout their career. EPF would therefore welcome more cooperation at EU level to encourage good practice in CPD and a general principle should be introduced in the Directive to state that healthcare professionals have to fulfil the national CPD requirements of their home Member State to benefit from automatic recognition.*

### **4.2.2. Clarifying minimum training periods for doctors, nurses and midwives**

**Question 16:** Would you support clarifying the minimum training requirements for doctors, nurses and midwives to state that the conditions relating to the minimum years of training and the minimum hours of training apply cumulatively? (Please give specific arguments for or against this approach.)

#### ***EPF's response:***

*EPF supports the clarification of training requirements to avoid misunderstanding and for ease of comparison. Reference to the number of hours would perhaps allow better implementation since it is a more precise measure, while the number of years could be a useful additional indication. The principle should be that the amount of training received should be easily and accurately assessed, and the measure(s) used need to be clearly defined. When considering minimum hours of training, relation with the Working Time Directive's relevant provisions should also be taken into account.*

### 4.2.3 Ensuring better compliance at national level

**Question 17:** Do you agree that Member States should make notifications as soon as a new program of education and training is approved? Would you support an obligation for Member States to submit a report to the Commission on the compliance of each programme of education and training leading to the acquisition of a title notified to the Commission with the Directive? Should Member States designate a national compliance function for this purpose? (Please give specific arguments for or against this approach.)

#### **EPF's response:**

*EPF believes it is important to ensure compliance of programmes of education and training with the Directive, as it provides a basis to ensure that healthcare professionals' qualifications comply with the minimum requirements to provide patients with safe and quality care. Therefore we would support the obligation for Member States to submit a report to the Commission, as well as early notification of new education programmes and diplomas.*

### 4.3 Doctors: Medical Specialists

**Question 18:** Do you agree that the threshold of the minimum number of Member States where the medical speciality exists should be lowered from two-fifths to one-third? (Please give specific arguments for or against this approach.)

#### **EPF's response:**

*EPF prefers not to take a position on this question at this stage.*

**Question 19:** Do you agree that the modernisation of the Directive could be an opportunity for Member States for granting partial exemptions? If yes, are there any conditions that should be fulfilled in order to benefit from a partial exemption? (Please give specific arguments for or against this approach.)

#### **EPF's response**

*EPF would support partial exemptions, provided that the common areas of the specialties are clearly identified and recorded in the training syllabus; with that knowledge the person to be trained can be assessed at the beginning, during and at the end of training. In addition, whether oral or written, the examination should be robust. We believe partial exemptions could be an incentive to encourage specialization, as a doctor would not be willing to invest anew in a long training period which partly repeats what she already knows from earlier training. Furthermore, interest in acquiring high expertise in a specialised area may be encouraged if this competence is also valued in another field. As an example, expertise in rare diseases requires multidisciplinary competence, which can only be acquired in different specialties.*

#### 4.4. Nurses and midwives

**Question 20:** Which of the options outlined above do you prefer?

**Option 1:** Maintaining the requirement of ten years of general school education

**Option 2:** Increasing the requirement of ten years to twelve years of general school education

#### **EPF's response**

*EPF agrees with the Commission's assessment that the nursing profession has become more complex and demanding. Nurses, including specialist nurses, have a key role to play in caring for and supporting patients with chronic diseases. The requirement of a minimum 12 years general education could contribute to ensuring that candidate nurses have the necessary basic knowledge at the start of their education and training, and can lead to better quality of care.*

#### 4.5. Pharmacists

**Question 21:** Do you agree that the list of pharmacists' activities should be expanded? Do you support the suggestion to add the requirement of six months training, as outlined above? Do you support the deletion of Article 21(4) of the Directive? (Please give specific arguments for or against this approach.)

#### **EPF's response**

*EPF agrees with the proposals regarding pharmacists' activities and training, as we believe they would contribute to better patient safety and quality of services. Provided that Pharmacists are qualified professionally and fulfil the criteria set by this Directive, including adequate language competence (as mentioned in our response to question 13), then the cross-border establishment of new pharmacies should be allowed.*

#### 4.8 Third country qualifications

**Question 24:** Do you consider it necessary to make adjustments to the treatment of EU citizens holding third country qualifications under the Directive, for example by reducing the three years rule in Article 3 (3)?

Would you welcome such adjustment also for third country nationals, including those falling under the European Neighbourhood Policy, who benefit from an equal treatment clause under relevant European legislation? (Please give specific arguments for or against this approach.)

#### **EPF's response:**

*EPF prefers not to take a specific position on this question at this point. However, we would like to stress that preserving patients' safety and the quality of care should be the main criteria when choosing a policy option.*



## Conclusion:

Adequate education and training of the EU health workforce, including healthcare professionals who migrate across borders within the European Union, is a very important issue for patients as it is key for the provision of safe, high-quality and equitable healthcare.

The European Patients' Forum is committed to playing a constructive role in the modernisation process for this Directive. We hope it will lead to more transparency on healthcare professionals' competences and fitness to practice and better cooperation between health stakeholders.

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The European Patients' Forum (EPF) is a not-for-profit, independent organisation and umbrella representative body for patient organisations throughout Europe. We advocate for patient-centred, equitable healthcare, and the accessibility and high quality of that healthcare. EPF currently represents 51 patient organisations – national patients' platforms and chronic disease-specific patient organisations at EU level. EPF reflects the voice of an estimated 150 million patients affected by various diseases in the EU.