



European Commission consultation on the Professional Qualifications Directive

Response from the Royal College of Surgeons of England

Key points:

- The goal of the Directive in healthcare should be to ensure the highest standard of patient safety and service quality in the context of removing mobility barriers for professionals between member states in the European Union.
- The College understands the aims of the Directive, but is concerned that some of the proposed revisions could lead to a degree of standardisation which lowers standards in those member states where existing standards exceed Europe-wide proposals. This would be detrimental to patient care by reducing the ability of individual member states to develop or maintain standards and training curricula for medical professionals that best align with the health services in that nation. It would also decrease the extent to which best practice can be identified and shared between member states for the improvement of healthcare in the EU.
- The College would not wish to see patient safety compromised by making less stringent the current assessments of doctors' language and communication skills

Consultation questions:

Question 5 – Europe-wide codes of conduct on aptitude tests or adaptation periods

We support the development of Europe-wide codes of conduct to ensure clarity of the process and administrative requirements in terms of tests and adaptation periods. This will be important to ensure a simple process for healthcare professionals, especially those who may move between multiple member states in the course of their working lives.

We believe however that these codes should not propose common content or methodology in implementing tests or stages of adaptation, which should remain at the discretion of the member state in order to ensure the most appropriate and proportional professional safeguards.

Question 6 – Partial access to a profession

Partial access is a mechanism that has been introduced in a non-healthcare professional context. On the grounds of patient safety – a valid public interest – we would urge the Commission to not extend this principle to the health sector. An individual who would not be able to meet the required standards in the maximum allowable adaptation period as currently defined should not be granted access to the profession to any extent, with the accompanying possibility of access to patients and other vulnerable groups.

Questions 11 – 14 – A Professional Card

There are several areas of uncertainty regarding the proposed professional card which we believe require attention. We are concerned about issues of data ownership, the interface of the card with the electronic record systems being developed to accompany revalidation in the UK, and the potential for fraud (quality assurance of the information on the Card). In the event that the information on the card would still have to be checked by the relevant competent authority, it would become an extra administrative hurdle with no value to the individual or assessing authority. Current arrangements are working well with competent authorities assured of the qualifications, as evidenced by the data on the number of EU doctors being registered by the General Medical Council.

Question 15 – A European Curriculum

Question 22 – Modernising the minimum training requirements

We support the notion of output-based competencies and would encourage moves to widen this approach to national curricula. We believe there is some value in developing Europe-wide medical curricula as a tool to assist member states on a voluntary basis – particularly those member states that currently have no curriculum - as a way of improving standards. We however strongly urge the Commission to maintain the right for member states to define and develop curricula content at national level (i.e. – the existing minimum curricula should strictly remain supplementary to national curricula), and that there should not be development of a doctors' 'common trunk' curriculum at EU level.

Question 27 – CPD

We support the Commission's acknowledgement of the importance of CPD, but would urge the Commission to allow development of CPD standards on a national basis to allow them to most usefully complement and reflect the professional practice in that member state. In the UK, CPD accreditation is being developed to align with a forthcoming national system of revalidation (five-yearly fitness-to-practise assessment).

Question 30 – Language testing

We consider the system as currently exists (automatic recognition for doctors) to be safe only when the individuals are employed via a properly constituted appointments process, as there is the opportunity at the interview to assess language and communication skills as well as the critical clinical competencies required. The College has major reservations about the ability to assess these skills in registered individuals who are employed by agencies and utilised in a locum or temporary capacity, and believe that this lack of stringency would compromise patient safety.