

Cross-border mobility of healthcare professionals and recognition of their professional qualifications

Joint EPSU/HOSPEEM response to
Green Paper on reviewing the
Recognition of Professional
Qualifications Directive

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Sectoral Social Dialogue Committee for the Hospital Sector

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Why is the Commission reviewing it?

The big picture

- Big economic and demographic challenges facing Europe
- Revitalising the Single Market and increasing mobility/interchange as a lever for economic growth
- Joint Action on European Workforce for Health to improve future workforce planning and tackle labour shortages and skills deficits

Why is the Commission reviewing it?

The more detailed picture

- Now 27 EU Member States, covering almost 500 million people
- Ever-increasing number and diversity of qualifications
- Drive to improve and simplify procedures
- Needs updating to reflect changes in professional training, standards and public expectations
- Criticism from regulators and others about operation of current regime

Timescale

- Jan 2011 – consultation
- June 2011 – Green Paper (deadline for responses: 20 September)
- 30 August – report presented to Internal Market Committee (IMCO) by Emma McClarkin MEP
- 17 October – vote in IMCO
- December 2011 – legislative proposals
- 2012/13 – passage through Parliament and Council

Basic principles

- We support the principles of mutual recognition and free movement - on the whole the system works well
- Freedom of movement is good but it mustn't be at the expense of safety and quality. (Concern that the Commission wants to reduce checks on migrants to an absolute minimum –not appropriate for health sector).
- Health and safety of patients and quality of service provision paramount
- Higher safety and quality standards should apply to healthcare professions, as the risks are much higher and patients are vulnerable

Simplification

- Agree Directive needs updating for 21st century.
- Would like to see minimum qualifications updated to take account of outcomes achieved as well as hours put in, but want to keep minimum years and/or hours as a “safety net”
- Social partners should be involved in any modernisation of minimum training criteria
- Wish to retain a framework for benchmarking qualification levels and assessing shortfalls in training
- Oppose partial access for health care professions
 - undermines minimum training requirements
 - hard to ensure that individuals granted partial access only practise within the scope of their competence.

Integration (1)

- Welcome the idea of extending mandatory use of IMI (electronic database system) to health professions
- Sceptical about a “professional card” –think there are better alternatives, such as improving and upgrading IMI. A card would be open to abuse (how would it be updated? What details would it hold?). Need thorough analysis of costs and benefits
- Timescales associated with professional card too ambitious.

Integration (2)

- All health professionals, not just those with direct patient contact, should have language skills
- Would welcome more explicit statement in Directive that competent authorities can, if appropriate, require evidence of language skills as part of recognition procedure, especially for self-employed professionals (fitness to practise)
- Employers must retain ability to assess language skills at recruitment (fitness for purpose) – concerned by “one off” concept
- Do not want checks on professionals providing services on a “temporary and occasional” basis to be relaxed
- Do not want controls on professionals holding qualifications obtained outside Europe relaxed
- Partially trained practitioners – not within scope of this Directive.

Trust and confidence

- Welcome placing a duty on Member States (MS) to immediately alert all other MS about registrants barred from practising
- Welcome proposal that registrants who do not meet continuing professional development requirements in their own MS should not be allowed to practise in another MS
- CPD – Green Paper doesn't go far enough – all MS should be required to have some CPD system, not registration for life.