



*Ordine dei Medici Chirurghi
e degli Odontoiatri
della Provincia di Latina*

EUROPASANITANEWS N. 6 DEL 2 NOVEMBRE 2011 – ANNO VI

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Ente di diritto pubblico - Organo ausiliario dello Stato

Membro corrispondente del CEPLIS (Consiglio Europeo delle Professioni Liberali)

Autorità competente all'interno dello Stato italiano che ha adottato in via sperimentale la Carta professionale europea proposta dal HPRO Card project (European Health Professional Card) collegata all'Albo proattivo aggiornato ogni 24 ore e che consente il "meccanismo di allarme proattivo" raccomandato dalla Commissione del Mercato Interno del Parlamento europeo.

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Questo numero è dedicato a:

28 OTTOBRE 2011

**STUDIO DEDICATO ALLA VALUTAZIONE DELLA DIRETTIVA
QUALIFICHE PROFESSIONALI DI FRONTE ALLE RECENTI RIFORME
DEL PERCORSO EDUCAZIONALE NEGLI STATI MEMBRI DELLA UE**

***TUTTA LA DOCUMENTAZIONE SUL PROCESSO DI VALUTAZIONE DELLA DIRETTIVA
2005/36/CE AI FINI DELLA PROPOSTA DI UNA NUOVA DIRETTIVA SUL
RICONOSCIMENTO DELLE QUALIFICHE PROFESSIONALI E' REPERIBILE ALLA
PAGINA***

<http://www.ordinemedicilatina.it/node/18035>

Considerata l'importanza del documento pubblicato il 28 ottobre 2011, ci è sembrato opportuno riportare immediatamente nella versione originale il capitolo riguardante i medici. Il documento completo può essere consultato cliccando nel sotto riportato link.

Study evaluating the Professional Qualifications Directive against recent educational reforms in EU Member States

- **Final report** 

http://ec.europa.eu/internal_market/qualifications/docs/policy_developments/final_report_en.pdf

- **Executive Summary** 

http://ec.europa.eu/internal_market/qualifications/docs/policy_developments/executive_summary_en.pdf

Professional recognition for doctors already benefitting from automatic recognition

The three-cycle structure and doctors

In order for the three cycle structure to provide advantages to doctors seeking professional recognition, it is important that it is widely-established at Member State level. Yet Medicine is arguably the subject area in which the Bologna cycles have the least traction in practice. Medicine is excluded from the Bologna degree cycle structure in 16 out of 27 countries, including many of the largest Member States.

In those countries that have not incorporated the Bologna cycles within medical education, education ministries, competent authorities and medical professional bodies generally expect this position to remain in the medium-term. Much of the rationale for not introducing degree cycles relates to the length of study and the integrated cycle providing the only meaningful labour market entry point. .

Calculating the duration of training for doctors

There is a relatively high degree of awareness of ECTS among doctors' stakeholders. The extent of familiarity with the system is more mixed, although nearly two-thirds of stakeholders (63%) described themselves as being at least 'quite familiar' with it. Many interviewees were much less comfortable in drilling down into specific elements of credit systems (e.g. credit allocation).

Around half of doctors' stakeholders interviewed during the case studies saw potential added value in automatic recognition based on ECTS credits rather than using teaching hours. Many of these interviewees supported the approach in principle, because they felt that the current focus on teaching hours is a limited measure – in that it says nothing about the competence of doctors. The interpretation of ECTS in this context was therefore based on having ECTS linked to learning outcomes, which is not yet always the case.

A number of respondents were sceptical about how easy it would be to build consensus on the definition of minimum standards (or training requirements) in the context of ECTS.

Although there is not widespread support for using ECTS as an *alternative* measure to duration (years / hours) in the context of automatic recognition, there is support for its inclusion as an *additionalelement*. Two-thirds of doctors' authorities responding to the

online survey agree or strongly agree that ECTS would strengthen the existing system. There is therefore a case for considering the use of ECTS to structure the content of minimum training requirements for doctors in the future

Methods to better-guarantee automatic recognition for doctors

Competent authorities for doctors are relatively evenly split between preferring to maintain the current system and including new/additional criteria. Those preferring the current system are often adopting a pragmatic response. There are different improvements that many doctors' stakeholders could suggest, but a prevailing view among this group was that the system is functional and, more importantly, that to attempt to introduce new or additional criteria could put the basis for automatic recognition at risk.

While there was a split over the perceived need to introduce new or additional criteria, it was generally felt that explicitly mentioning a minimum list of competences (based on learning outcomes) would strengthen the existing system.

A slight majority of case study interviewees relating to the doctors' profession (58%) thought that the current system of recognition based on harmonised minimum training content provided greater confidence than a system based on learning outcomes without taking duration into account.

In contrast, 30% of respondents thought that learning outcomes inspire more confidence – given that this approach is without taking duration into account. It is important to note, though, that no interviewees suggested that the recognition of doctors' qualifications should ideally take place without reference to duration. Many thought that setting harmonised content/duration against learning outcomes with no reference to duration was '*a false opposition*'.

In practice, interviewees took a more nuanced view; and many of those suggesting that a learning outcomes-based approach provided more confidence believed that the achievement of learning outcomes had to inevitably make reference to the volume of learning (e.g. through ECTS).

Interviewees who were more confident in the current system of harmonised minimum content and duration predominantly echoed the widely-held view that a measure of duration is crucial to the recognition process. Other factors were influential as well:

- There is not yet sufficient experience of the use of learning outcomes to provide a definitive view on how workable the approach is.
- Underlying scepticism that medical training across Europe was sufficiently reformed in terms of being based on learning outcomes to make this a realistic basis for minimum training requirements.
- The suggested difficulty in developing common outcomes measures for doctors that are sufficiently detailed to be useful and yet commonly agreed across Member States.
- Fears that it would dilute the theoretical underpinning of medical degrees.

Competent authorities and professional bodies for the medical profession were not particularly confident in putting forward opinions regarding whether learning outcomes, if incorporated within the recognition process, should be detailed or broadly defined. Where they could put forward a position, there was a strong preference for detailed learning outcomes.

One of the issues that medical stakeholders returned to time and again in the case study interviews was the perceived impracticality of agreeing a framework of competences and learning outcomes that could form the basis of a system of automatic recognition for doctors.

