

Steering group on professional cards Case study on Doctors' Professional Card¹

Introduction

This case study investigates whether the European Commission proposals for a professional card could be applied to the recognition of medical qualifications. It is undertaken as part of the European Commission's Steering group on a professional card. The goal of the Steering group is to establish whether a European Professional card or e-certificate could benefit a professional who moves to another Member State on either a temporary or permanent basis in the context of the Professional Qualifications Directive, 2005/36/EC. The European professional card has been proposed by the Commission as an integrative part of the current modernisation process of the Professional Qualifications Directive.

The Steering Group's sub-group for doctors drafted this case study based on a series of meetings held since the beginning of 2011. The following members participated in the deliberations of the sub-group.

Professional organisations and/or Competent Authorities:	
CPME (Standing Committee of European Doctors) rapporteur	Dr Georgios RAPTIS, Birgit BEGER
General Medical Council, UK	Tanja SCHUBERT
UEMS (European Union of Medical Specialists)	Frédéric DESTREBECQ
Member States (partly also Competent Authorities)	
Ministerio de Sanidad, Política Social e Igualdad, ES	Ana GIMENEZ
Ministère de la Santé, FR	Hans-Sébastien PEREZ
Ministerie van Volksgezondheid, Welzijn en Sport, NL	Desirée HOEFNAGEL
European Commission:	
DG MARKT	Peter MIHOK (observer)
DG MARKT	Julie-Jeanne REGNAULT (observer)

¹ The term 'card' does not entail the obligation or commitment to adopt a plastic card. Given that the proposals outlined in this paper do not entails the obligation or commitment to adopt a plastic card, the General Medical Council (UK) does not support the use of the term "European professional card" and believes that the term "e-certificate" would more accurately reflect the proposals outlined in this paper.

Proposal of the sub-group for doctors

I. Key Assumptions

The sub-group for doctors agreed the following working assumptions about any new scheme:

1. Any attempts to speed-up and simplify the recognition procedure, must ensure patient safety and not compromise the existing recognition and registration procedures in the host Member States and the necessary public safeguards in place.
2. Not impose greater costs and administrative resources on the moving professional and on competent authorities (CAs).

To this end, a European professional card should be based on an electronic version of the *Certificate of Current Professional Status*² (CCPS) which is to be issued by CAs through IMI. The advantage of a European professional card in the form of an electronic certificate (in the following *European Professional Card+e/e-mobility certificate*) is its ease of implementation³, limited costs, that will not require the adoption of require the adoption of new IT systems or be subject to changes due to technological developments.

It is recommended that the *European professional Card+e/e-mobility certificate* is made subject of an impact assessment or a pilot study to establish the economic and practical costs and benefits of a professional card and the effects of an enhanced IMI-system.

3. Improve secure electronic communication respecting member states' data protection rules between through an enhanced use of IMI, which is already greatly valued by CAs.
4. Not undermine the critical principle that it is the host member state's registration regime which should determine whether a doctor is entitled to practise whilst respecting the provisions of the Directive.
5. Ensure that the host CA is able to verify the information required for recognition. To guarantee patient safety the information needs to be accurate and up-to-date as the consequences of fraud cases in the health sector can have major consequences. Therefore any new mechanism must therefore be fraud proof and not jeopardise the checks that the Directive currently permits.
6. Support the recognition process for CAs and professionals in the context of the professional qualification Directive. Given the variety of existing mechanisms available in Member States for employers and the public to check the registration and fitness to practise of a doctor, such as live electronic registers and or national professional cards,

² The template for the eCCPS was agreed by the Healthcare Professionals Crossing Borders (HPCB) initiative in a conference organised under the auspices of the UK and Dutch EU Presidencies in Edinburgh in 2005. The CCPS forms part of the '[Edinburgh Agreement](#)'. Its purpose is to facilitate the efficient free movement of healthcare professionals in Europe, whilst protecting patients from the small number of professionals who may exploit the European Single Market to avoid regulatory action or control in the Member State of establishment. The French Ministry suggested that the European Professional Card+e could be alternatively based on the documents listed in Annex VII.

³ The CCPS is already widely exchanged throughout Europe and the Network of Medical Competent Authorities has recently called for it to be included in a revised Directive.

the scheme should cater first and foremost for the recognition requirements of professionals and CAs.

7. To maintain public confidence in the recognition system, ensure that only those professionals entitled to recognition and are fit and safe to practise can gain recognition and access to the profession in another EEA country.

II. Main features

Based on the assumptions outlined above, the sub-group recommends that the concept of a European professional card should be based on an electronic version of the *Certificate of Current Professional Status*⁴ (CCPS) which is to be issued by CAs through IMI.

The advantage of the *European professional card+e/e-mobility certificate* is its ease of implementation⁵, limited costs, that it will not require the adoption of new IT systems or be subject to changes due to technological developments.

The Certificate of Current Professional Status includes the following information⁶:

- Date of issue
- Name and contact details of the CA
- Name of professional (first and surname)
- Nationality
- Professional ID Number / Unique identifier
- Gender
- Date of birth
- Date and name of the primary qualification, the awarding body and, the relevant Directive and title as in the Directive, as applicable
- Date and name of the specialist qualification, the relevant Directive and title as in the Directive, as applicable
- The registered address or place of current practice
- Registered status (details of the nature of registration held e.g. full, temporary, restricted, suspended. When subject to conditions, all restrictions should include duration and reason where available)

The information contained in the *European Professional card+e/e-mobility certificate* is compatible with Annex VII of the Directive. The Subgroup of doctors is aware that the *European Professional card+e/e-mobility certificate* itself might not be in line with the current Annex VII of the Directive, however supports ongoing discussion among Member States which are looking into making schemes like the *European Professional card+e/e-mobility certificate* compatible with the new, revised Directive.⁷

⁴ The template for the eCCPS was agreed by the Healthcare Professionals Crossing Borders (HPCB) initiative in a conference organised under the auspices of the UK and Dutch EU Presidencies in Edinburgh in 2005. The CCPS forms part of the '[Edinburgh Agreement](#)'. Its purpose is to facilitate the efficient free movement of healthcare professionals in Europe, whilst protecting patients from the small number of professionals who may exploit the European Single Market to avoid regulatory action or control in the Member State of establishment.

⁵ Many CAs already issue the CCPS to their professionals or request it from professionals wishing to register in their jurisdictions.

⁶ See pages 9 and 20 of the Edinburgh Agreement:

http://www.hpcb.eu/activities/documents/80615_The_Edinburgh_Agreement.pdf

⁷ The French Ministry suggested that the European Professional Card+e could be alternatively based on the documents listed in Annex VII.

The CA would be free to provide the *European Professional card+e* in various formats, for example:

- Through IMI
- By secure encrypted e-mail exchanged directly between CAs
- Through software to be provided by the CA
- On a chip of an electronic professional card
- As a print-off paper version.

The group envisages that the *European Professional card+e/e-mobility certificate* is

- Exchanged electronically via IMI between CAs in a secured manner to avoid fraud or tampering with any of the information it contains. Alternatively it could be provided in other ways, for example: via secure encrypted e-mail exchanged directly between CAs; through software to be provided by the CA; as a print-off paper version.
- Unless the *European professional card+e/e-mobility certificate* can be made available and stored through the IMI repository, it should be valid for three months from the date of issue (for further information see the general observations section)
- A printed copy of the *European professional card+e/e-mobility certificate* is made available to the professional as evidence that the information required has been sent to the host CA and that the recognition procedure has begun.
- The existing IMI could be adapted for the exchange of the *European Professional card+e/e-mobility certificate* and all the documents necessary for recognition.

The sub-group also stresses that the CA in the host Member State would remain responsible for reaching a decision on the outcome of the recognition process. Whilst CAs in the Member States of establishment have an important role to play in facilitating the exchange of information and ensuring that it is accurate and valid, they should not be made responsible for carrying out the recognition procedure.

The sub-group has considered two main options that would facilitate communication between the CAs and IMI. Under both schemes, once the recognition procedure has been completed and the doctor has registered in another member state, the host CA has the option to issue the doctor with a *European professional card+e/e-mobility certificate* in any of the forms described above (printed paper version, stored on a chip of an electronic ID card etc.)⁸


⁸ The GMC proposes an additional option, namely:

- to issue the doctor with a national professional card unless more effective tools^[1] already exist in the host member states (new member state of establishment). This will be separate from the *European e-mobility certificate* but may contain some or all of the information contained in the *European e-mobility certificate*. Physical *European cards* issued in country A also carry risks for employers in country B who may unwittingly offer employment to a doctor in possession of a *European card* issued in country A without first checking that the doctor is suitably registered with the CA in country B. Practising without registration would represent a criminal offence in many member states. Furthermore a *European professional card* issued in country A would create confusion among employers and patients in country B, who may not understand that a *European card* issued in country A does not constitute evidence of registration in country B.

[1] In some member states the registration and fitness to practise status of a professional can be accurately and effectively checked via online live registers. In these countries, regulators do not issue physical licences or cards, and employers are advised to always check the online register of the CA before offering employment. This is because the status of a professional can change from day to day (i.e. if a doctor is suspended or erased from the register). It is their view that the printing of licences or cards could inadvertently confirm the lack of fitness to practise concerns and cause a risk to patient safety, unless effective mechanisms exist to withdraw licences/cards when the status of a professional changes, which in their view would be difficult to implement. For this reason a European or national card is not seen as a tool that would add value to the existing system based on registers.

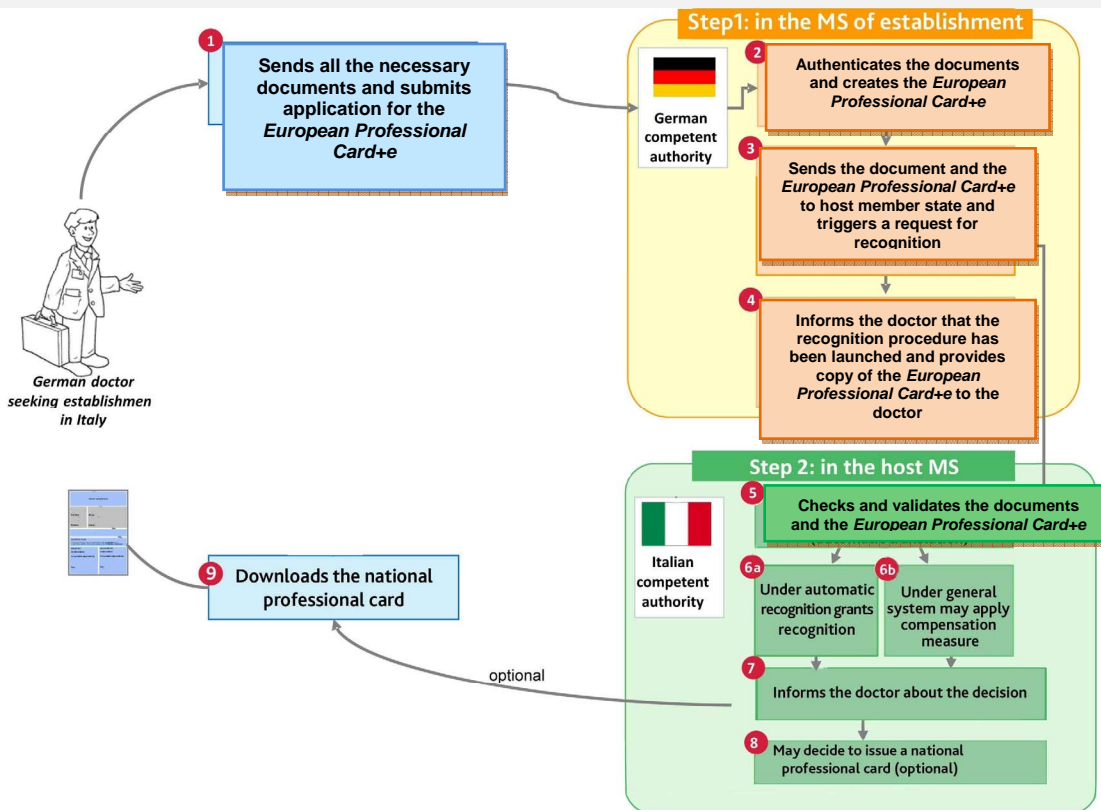
Option 1

In the most basic version, the CA in the Member State of establishment, with support from the applicant, would provide the *European Professional card+e/e-mobility certificate* and the necessary documents to the CA in the host Member State directly via IMI.

Option 1 

Option 1 – The European Professional Card+e: Illustration of the possible functioning

Valid for automatic recognition, general system, establishment and temporary mobility – article 7



Option 2

A more advanced supporting structure would be based on the creation of a repository within IMI which will hold all the documents required for recognition and the *European Professional card+e/e-mobility certificate* once issued.

This option could be developed further to also offer a web interface through which CAs could communicate with the professional and each other. This would be particularly beneficial in cases where a professional has:

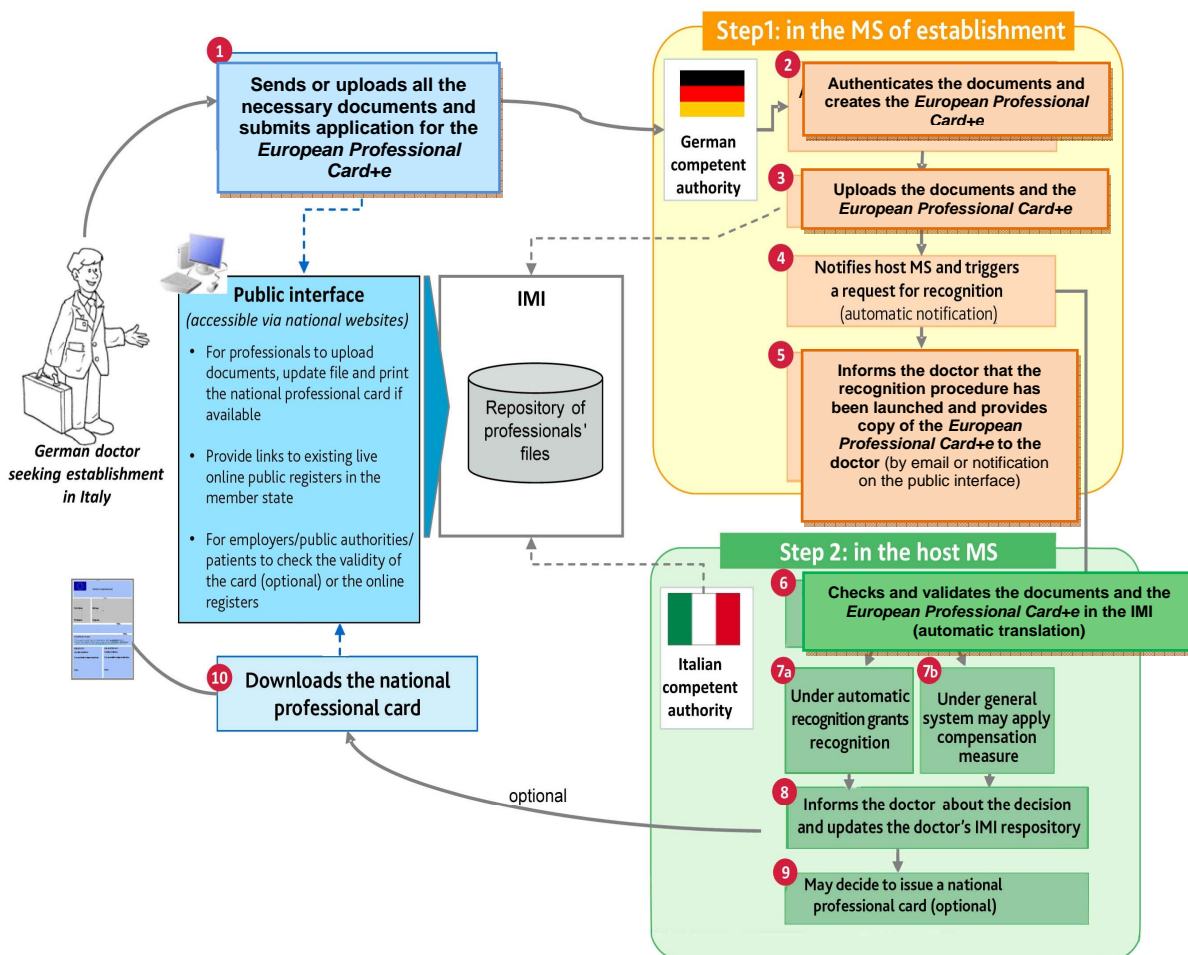
- had its qualification(s) recognised by several CAs and is established in more than one Member State;
- has completed its basic and specialist qualifications in different Member States.

The repository would function as an electronic server within IMI to which only the responsible CAs have access. The repository should be a supporting system for CAs, but should not become a stand-alone European data base.

The sub-group also considered the option of giving different groups (other CAs, professionals, patients, employers) access to IMI. Providing public interfaces for checking the validity of a professional's card was considered of added value in cases where national live online registers of doctors do not exist.

If a public interface is created within IMI, it would be desirable for this to become a sign-posting service to existing registers of doctors in individual member states. The interface of registers should also allow patients and employers to check the validity of a doctor's registration and the authenticity of national professional cards, where they are issued.

Option 2 – The European Professional Card+e: Illustration of the possible functioning
Valid for automatic recognition, general system, establishment and temporary mobility – article 7



III. Information to be provided alongside the European Professional card+e/emobility certificate

The doctor should be able to request a *European Professional card+e/e-mobility certificate* from the CA in the Member State of establishment by filling in a paper or electronic application form. Unless the CA in the country of establishment already holds the information (diplomas,

certificates etc.) required to issue the *European professional card+e/e-mobility certificate* the doctor would need to provide all necessary information/documents to the CA which will in turn issue the *European professional card+e/e-mobility certificate* to the host CA.

The sub-group also proposes that the CA of establishment should require a photo of the applicant and that this should be included in the *European Professional card+e/e-mobility certificate*. The picture would need to be checked against the doctor's identity document and would help to prevent ID fraud. It could also easily be used by the host CA, if it decides to issue a national professional card to the doctor after the recognition process has been completed.

The doctor should have the option to receive a copy of the *European Professional card+e/e-mobility certificate*, from the CA of establishment after the e-certificate has been issued to the host CA.

The moment the CA of establishment issues the *European Professional card+e/e-mobility certificate* to the host CA, the CA of establishment will also have the option to issue all the documents (diplomas, certificates etc.) in electronic form (scanned, with a proof of authenticity, i.e. an electronic signature) that the host CA will require to carry out the recognition process.

Alternatively the doctor should be given the option to provide the documents directly to the host member states. If the system can be developed to allow a doctor to upload his/her documents directly, these, if possible, should be verified by the CA of establishment.

CAs should not be prevented from requiring the physical presence of a doctor during the recognition procedure, in case doubts arise about his/her ability to communicate in the language of the host member state, or should an identity check be required.

IV. General observations

Automatic translations

Both options outlined in this paper would benefit from an automatic translation mechanism provided by IMI.

However, the sub-group is highly sceptical that an automated translation function will be able to accurately translate specialist medical curricula. This is required to carry out an accurate comparison of training under the general system.

Given that the professional is currently expected to carry the cost of translations, the sub-group believes that doctors would benefit from the creation of a repository of translated medical curricula which could be made available to CAs through IMI. In the long-run this has the potential to:

- Reduce the cost of translations for doctors as CAs could easily check whether the relevant curricula has already been translated in the required language;
- Speed-up the information gathering process which applicants have to undertake before they apply for recognition.

Validity of the European professional card+e/e-mobility certificate

The *European professional card+e/e-mobility certificate* should, as a rule, be valid for a period of three months from the date of issue. This will ensure that the fitness to practise information on the professional is up-to-date.

The *European professional card+e/e-mobility certificate* will not require an expiry date, if it is held in an online repository after the date of issue (Option 2) and if a legal duty is imposed on CAs to update the *e-certificate* if and when any decision is taken to restrict or remove a doctor's registration. Any changes to the *e-certificate* would trigger an alert mechanism and immediately inform the relevant CAs if the status of the professional has changed.

IMI repository

If an IMI repository is created:

- If the registration status of a professional changes in any member state, CAs must have the duty and be given the opportunity to update the *European professional card+e/e-mobility certificate* in the IMI repository and communicate the status change to the CA(s) of current establishment, the CA(s) of former establishment and member states where the professional may be providing temporary and occasional services. An online mechanism will need to be developed to update the linked information and trigger the necessary alerts. The *European Professional card+e/e-mobility certificate* should only be issued if the doctor wishes to move.
- Consideration should be given as to how CAs will be able to record actions taken against a doctor's registration (i.e. suspensions, erasures, conditions) so that the information can be accessed by another CA should the doctor decide to move or be registered in more than one jurisdiction.
- The repository should record information about the current CA(s) and all former CAs for the professionals.

If an IMI repository is not created:

- For cases of doctors who hold simultaneous registrations in more than one CA, CAs need to consider the best way to proceed with the *European Professional card+e/e-mobility certificate* and consider who should be responsible for holding and issuing all the necessary documentation. In these cases all the CAs of establishment should be required to issue a *European Professional card+e/e-mobility certificate* when the doctor wishes to move to a new member state. The *European Professional card+e/e-mobility certificate* will ensure that any information about restrictions on a doctor's registration status (suspension, conditions) is made available to the host CA.
- If the doctor, over the years, held registration with several CAs, the CA of the last country of establishment should be responsible for holding the documentation that a doctor may require if he/she decides to move again. The repository should contain information about the current CA and all former CAs. The CA where the doctor qualified may also be required to hold all of the required information.

V. Effects of *European professional card+e/e-mobility certificate*

This section of the paper reflects on some of the proposal outlined in the Green Paper and addresses other issues the European Commission asked the sub-group to clarify.

Temporary mobility cases

The prior declaration regime and pro-forma registration represent an essential safeguard for the public and patients. The current Directive acknowledges this in Articles 6 and 7(2). The sub-group believes that these provisions must be maintained.

In addition, the CA in the host Member State must have access to the *European Professional card+e/e-mobility certificate* and the documents and certificates to support the recognition procedure.

Automatic recognition cases

To ensure that the verification of qualifications required for the recognition process can be carried out with the necessary care and to the fullest extent, it does not seem helpful to set out timeframes which are likely to restrict CAs in their ability to fulfil their obligations to a necessary high standard.

While the applicant has a right to be informed about the outcome of the procedure within a reasonable period of time, this consideration must not outweigh the potential risks that a flawed recognition decision may have for both establishment and temporary mobility. CAs must therefore be given sufficient time to consider an application, regardless of whether the new process outlined in this paper has the potential to shorten the times required to recognise a qualification (on receipt of a complete file). These new time frames will need to be established once the system is in place or through a pilot project.

With this in mind, and regardless of whether the system proposed in this paper is adopted, the sub-group agrees with the Green Paper that CAs should already be able to process automatic recognition applications in less time than the three months foreseen under the current Directive. It suggests that a gradual decrease would facilitate the adjustment to a new timeline but believes that two weeks may be difficult to achieve for some CAs. As stated before, any attempts to speed-up and simplify the recognition procedure, must ensure patient safety and not compromise the existing recognition and registration procedures in the host Member States and the necessary public safeguards in place.

A future pilot study might be able to provide evidence of a realistic timeline under the new process.

General system cases

When a doctor's qualifications do not benefit from automatic recognition, and have to be considered under the general system, the arguments set out in b) are as relevant.

Under this scenario the *European Professional card+e/e-mobility certificate* would be exchanged through IMI alongside all the (translated) documents required to carry out general system recognition.

Given the complexity of the process involved in carrying out a comparison of the training and experience, member states should not be prevented from requiring additional information from the applicant during the recognition process, if this would facilitate the procedure.

Under this scenario it would not be advisable to shorten the timeframes set out in the current Directive.

Graduates or doctors who have not registered in the country where the qualification(s) was (were) obtained

The sub-group was asked to consider the case of doctors who are not registered in the country where they obtained their medical qualification(s), or anywhere else, but would like to have these recognised to practice in another country. In these cases we propose that the CA in the member state where the professional qualification was obtained should be responsible to provide information to the host CA. As above, the recognition decision remains a responsibility of the host CA.

VI. Benefits and challenges of the *European Professional card+e/e-mobility certificate* integrated with an enhanced IMI

All doctors should be able to request a *European Professional card+e/e-mobility certificate* when they apply to have their qualifications recognised in another Member State under both establishment and temporary mobility. This facilitates the recognition process as it will collate all the relevant information in one document and will provide information about the current status of a doctor, which is essential to guarantee patient safety, in line with Article 56 of the Directive.

An enhanced IMI will allow the CA of establishment, and/or the doctor, to transfer securely all the necessary documentation to the CA in the host member state alongside the *European Professional card+e/e-mobility certificate*.⁹

The sub-group could not establish at this stage whether the recognition process could be simplified and accelerated if the system is to be implemented and registration with IMI becomes compulsory for CAs.

While the advantages of an online recognition process are obvious, CAs should not be prevented from requiring the physical presence of a doctor to complete the registration process, for example for a verification of language skills or an identity check as deemed necessary.

Further consideration will need to be given to doctors:

- that hold a medical professional qualification but are not established in any member states;

⁹ The Dutch Ministry and the General Medical Council (UK) raised doubts whether such a *European professional Card+e* will actually save time compared with a paper or digital application quite apart from the extra expense involved. The professional card may simply represent a new way to transfer existing information about a professional's qualifications. The host Member State's main question will concern the diploma's qualification level and content, perhaps supplemented by proof of work experience. Information on the diploma can also be found on the Diploma or Certificate Supplement. The GMC additionally referred to live online registers of doctors which were an effective way of checking the registration status of doctors.

- who practise in those countries where registration with a CA is not compulsory to practise the medical profession.

VII. Next steps

The advantages of an online process for the recognition are obvious, however CAs should not be prevented from requiring the physical presence of a doctor to complete the recognition process, for example for a verification of language skills or an identity check as deemed necessary.

The recognition process could be simplified and accelerated provided CAs can exchange information electronically in a fast and secure way, respecting data protection rules.

The online recognition tool should ensure that patient safety is not compromised by enhancing further the direct communication between CAs which already takes places through IMI.

This proposal is a recommendation from the sub-group of the steering group of professional cards.

The Commission should consider whether based on this recommendation it wishes to set a pilot project to test the proposal.

If a pilot project is established, the sub-group would encourage the Commission to involve CAs in member states with different mobility profiles (CAs in both sending and receiving countries).

Given that the proposals outlined in this paper require greater support for the professional from the CA in the member state of establishment, it will be essential to determine whether those CAs will fewer resources at their disposal have the capacity to administer the new responsibilities envisaged by this proposal. This is especially important in the current economic climate, where public administrations and organisations are required to keep their costs and staffing levels low. If these issues are not given due consideration, the scheme has the potential to introduce unintended new delays to the recognition procedure.
