

European Network of Medical Competent Authorities considers Commission proposal

At the 7th meeting of the European Network of Medical Competent Authorities (ENMCA), hosted by the General Medical Council in London on 13 April, participants discussed in further detail the EC proposal to modernise the 2005/36/EC Directive. Twenty-five delegates from across Europe attended the meeting and agreed ENMCA's priorities on the proposal to reform the Directive.

- The Directive must set out a clear and transparent decision-making framework to ensure the formal participation of all relevant stakeholders, including competent authorities.
- Pilot projects with competent authorities for interested professions should be set up to ensure recognition with the card can work in practice before it is introduced by EU legislation.
- There should be no confusion as to where the responsibility for recognition lies when the professional card is implemented. This must reside solely with the host member state. Whilst greater involvement from the home competent authority in the recognition process is to be welcomed, their role in the process should be limited to issuing the card after it has certified that the information it has received from the applicant is authentic.
- Partial access should be rejected in cases of an overriding reason of general interest and the Directive should clearly exempt professions dealing with patient safety from this principle.
- The tacit authorisation provisions which would allow a healthcare professional to practise in the host member state, if the host competent authority fails to take a decision within set time limits, must be removed in the interest of patient safety.
- Automatic recognition should only be extended to new medical specialties if based on clear and objective criteria which is not in place in the existing Directive. It would provide further trust in the automatic recognition system among competent authorities and patients.
- Common training frameworks are intended for those professionals that cannot currently have their qualifications easily recognised, which is not the case for medical professionals. The Directive must not introduce a third recognition regime in addition to automatic recognition and general systems. This would only bring confusion to the professional and the competent authority.
- The Directive must include a clearer derogation to allow competent authorities to request evidence attesting language competence from migrating healthcare professionals after recognition but before granting access to the profession. This requirement must apply to both automatic recognition and general system cases, employed and self-employed doctors, and mirror the provisions proposed for healthcare professionals moving under the temporary and occasional provisions.
- The alert mechanism should be extended to support the exchange of intelligence about individuals who try to register with fake diplomas or false identities; and should be extended to medical professionals that seek recognition under the general systems and those that move under the provisions of Annex 5.1.1 (basic medical training).

At the meeting, the new ENMCA **website** was also officially launched. It contains information about the Network's activities in French, German and English and will be updated on a regular basis to provide information about ENMCA's activities.