



COMITÉ PERMANENT DES MÉDECINS EUROPÉENS
STANDING COMMITTEE OF EUROPEAN DOCTORS



CPME/AD/Exec/180602/12/EN

At the request of the CPME Executive Committee (emergency issue), Brussels, 18th June 2002, the CPME adopted the following policy : **Reaction of CPME and its associated independent organisations on the proposal on the recognition of professional qualifications** (CPME 2002/069 EN)



Reaction of CPME and its associated independent organisations on the proposal on the recognition of professional qualifications

Executive summary

Having regard to the proposal for a directive on the recognition of professional qualifications that incorporates the 7 existing sectoral directives and the general system in one single directive dated of 7 March 2002¹ and having particular regard to the chapter 3 "Recognition on the basis of co-ordination of minimum training conditions", section 2 dealing with Doctors of medicine;

The Standing Committee of European Doctors (CPME) and its associated independent organisations, which are the European Union of Medical Specialists (UEMS), the European Union of General Practitioners (UEMO), the Permanent Working Group of European Junior Doctors (PWG), the European Federation of Salaried Doctors (FEMS), the European Association of Senior Hospital Doctors (AEMH), the European Forum of Medical Students Association (EMSA) the International Conference des Ordres (CIO) and on a global scale, the World Medical Association (WMA) represent 1,6 millions of doctors in EU and over 2 millions in an enlarged Europe;

The medical profession is satisfied with the system currently in place that provides an automatic recognition for a certain number of diplomas that are common to all Member States or to some of them. This system is considered not only by the profession itself but also by the European and national institutions to be more advantageous because it gives the migrant an unconditional, clear and predictable right of recognition. As a consequence, the free movement of migrant doctors is greatly facilitated;

Taking into account the intention to codify the system of recognition of professional qualifications, CPME and its associated independent organisations have carefully examined the European Commission's proposal in order to verify if the draft directive does not alter the essential features of its sectoral regime;

On the content of the proposed regime, the medical profession considers unjustified and unacceptable the reduction of the scope of the automatic recognition of doctors' qualification that is limited to 17 specialities common to all Member States in comparison with the 52 currently recognised. This massive reduction introduced by article 24 will generate a division of the profession into two different regimes.

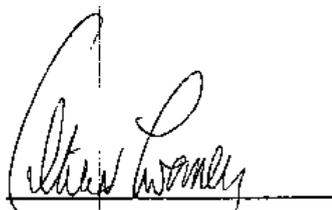
¹ Com (2002)119 final

On the functioning of the proposed system, CPME and its associated independent organisations welcome the move towards a more flexible legal framework, which allows quicker up-dates of the technical requirements. However, this legal framework should guarantee that the profession is consulted and its inputs taken into consideration. Under this condition presented in the amended article 24, the system will be more easily adaptable to the evolution of the medical practice and will guarantee the maintenance of a high level of quality for the benefit of the doctors and of the patients.

On these issues and some others, the attached document provides detailed comments, motivations and amendments.



Dr Brettenthaler - President of the Standing Committee of European Doctors (CPME)



Dr Twomey - President of the European Union of Medical Specialists (UEMS)



Dr Fabian - President of the European Union of General Practitioners (UEMO)



Dr Tiainen - President of the Permanent Working Group of European Junior Doctors (PWG)



Dr Bertrand – President of the European Federation of Salaried Doctors (FEMS)



Dr Lies – President of the European Association of Senior Hospital Doctors (AEMH)



Dr Langlois – President of the International Conference of Orders (CIO)



Mr Vrajic – President of the European Medical Students' Association (EMSA)



Dr Human - Secretary General of the World Medical Association (WMA)

Reaction of CPME and its associated independent organisations on the proposal on the recognition of professional qualifications

Detailed presentation

As expressed by the European Commission (EC), the aim of the proposal for a directive on the recognition of professional qualifications² is to consolidate in one single text the general system and the 7 sectoral Directives and to get a more transparent and flexible regime in order to facilitate the free movement and the free provision of services. Moreover, in this proposal, the European Commission tries to implement the possibilities defined in the White paper on European Governance and to set-up some co-regulation mechanisms.

On different occasions, the European Commission has repeated that the proposal was only a codification exercise that would not affect the substance of the current regime applicable to doctors and that the change would only concern the revision mechanism and the participation of the profession in the functioning of the system.

CPME and its associated independent organisations representing the unified view of the medical profession have followed very closely the preparation of the reform of the Doctors Directive³ and have taken part in the consultation launched by the EC in July 2001. In its answers, CPME and its associated independent organisations asserted its satisfaction with **the current system of automatic mutual recognition** of professional qualifications that facilitates the free movement of doctors in comparison to the general system of mutual recognition.

CPME and its associated independent organisations consider that the main aims of the revision should be:

- **The facilitation of free movement, for this a unified and reliable system for the medical profession is required.**
- **The legal instrument should enable the possibility to take easily into account the evolution of the medical practice and to guarantee the maintenance of a high level of quality**

Having these objectives in mind, CPME and its associated independent organisations have scrutinised the text of the proposal and have some major concerns to present.

² COM (2002)119 final, 07/03/2002

³ Directive 93/16/EC, lastly modified by Directive 2001/19/EC

1) Scope of the automatic mutual recognition of doctors qualifications

In the current Directive ⁴, 52 specialities are covered by the automatic mutual recognition (AMR) system, the ones that are common to all Member States and the ones that are peculiar to two or more Member States (the AMR is then applicable among those Member States). The proposal reduces the scope of the automatic recognition to the specialities common to all Member States, that is to say to 17 and places the other specialities to the general system.

CPME and its associated independent organisations argue against this change that would split the medical profession into two groups.

One granted with automatic recognition and one under the general system, which entitles Member States to impose compensation measures.

For example, a cardiologist from Member State A would not benefit of the right of automatic recognition granted by the Community law when moving to Member State B, whereas a pneumologist would, without any objective reasons for this difference.

This division is hard to justify and the medical profession should have **a unified regime**.

As a consequence, the shift to the general system of 35 specialities implies:

- more work load for the authorities of the Member States
- the risk to get different national appreciations as a commonly recognised drawback of the general system.

Moreover, the medical profession prefers to have a unified system applicable to both all existing EU countries and the applicants ones. That would provide a well-protected European right for migrant doctors. (see amendment of recital 14 and of annex V, 5.1.4)

2) A more flexible legal instrument ensuring the participation of the medical profession

The proposal intends to facilitate the up-date of some technical requirements through the exercise of delegated powers. One single regulatory committee would be in charge of the management of the whole system (general and sectoral).

As a consequence, the European Commission plans to abolish the Advisory Committee on Medical Training (ACMT) which ensures the representation of the medical profession ⁵.

⁴ Article 4 and 6

⁵ Decision 75/364

CPME and its associated independent organisations are convinced that the introduction of the comitology procedure is a good tool for the management of the system and for the incorporation of changes. The updating of some of the technical requirements would reflect better and quicker the evolution of the medical practise. This positive reform that keeps the high level of quality of the system is fully supported.

Nevertheless, CPME and its associated independent organisations are very attentive to the assertions of the European Commission for a better participation of the professions in the management of the system. The political declarations for a new European Governance and a reinforced participation of the professions concerned should be clearly implemented.

The agreements to be established between the European Commission and the different sectoral professions shall guarantee that the input from the recognised European body of medical doctors would be duly taken into account. However, the medical profession considers that the current proposal is too weak and does not offer the necessary guarantees for an effective participation of the profession in the new system. It should be supplemented by a more formal recognition of the function of the medical profession within the decision-taking procedure of the regulatory committee. As a result, the status of the medical profession would be better recognised.

It is difficult for the medical profession to accept the waiving of the ACMT because it is a forum, which recommends improvements of the Directive. Moreover, its tripartite composition offers an official seat to the representatives of the medical profession.

However, the medical profession is ready to accept it when it can clearly take charge of the production of information, regular reports and provision of set of criteria for the evolution of the specialities. But the declared will to establish official co-operation with the medical profession should be reflected in the text of the Directive itself.

A provision should stipulate the co-operation between the medical profession and the committee on the recognition of professional qualifications.

By a responsible involvement of the medical profession, the incorporation of new specialities and the opting-in of new Member States recognising the specific specialities would be made possible not only in the interest of the profession but also of the patients.

These main ideas are reflected in the amendments proposed which concern as well some other issues.

Whereas (13)

The professional activities of general practitioners are covered by a specific system, which differs from that for basic practitioners and specialised medical practitioners. The Member States cannot therefore recognise any medical specialism which has a field of professional activity similar to that of general practitioners

To be deleted

Motivations

The medical profession considers that the recital 13 is inexact.

The first reason is that there are no “basic practitioners”. This terminology is not accurate and causes confusion with the general practitioners.

Moreover, general practitioners are specialist doctors, having a specialisation in general practice, like other specialists doctors.

The differentiation between general practitioners (GP) and specialist doctors is out-dated and does not correspond to the evolution of the profession in the Member States.

Whereas (14)

In an effort to simplify the system, particularly with a view to enlargement, the principle of automatic recognition must apply only to those medical specialisms, which are common to and obligatory for all the Member States. Those medical specialisms, which are common to a limited number of Member States must be incorporated into the general system for recognition without prejudice to the established rights. In practice, the effects of this amendment should be limited for the migrant, in so far as these situations should not be subject to compensation measures.

Moreover, this Directive is without prejudice to the possibility for Member States to establish, amongst themselves, automatic recognition for certain medical and dental specialisms common to them according to their own rules.

Whereas (13)

In order to take into account the unique characteristic of the medical doctors qualification system – there exists a great number of specialists qualifications – and the corresponding *acquis communautaire* in the field of mutual recognition, it is justified to apply the principle of automatic recognition not only to those medical specialisms, which are common to and obligatory for all Member States, but also to those medical specialisms which are common to a limited number of Member States.”

Whereas (14)

The experience and knowledge of the medical profession has to be regularly incorporated in the procedure of developing the regime of automatic recognition of medical specialties. Therefore the accreditation of the representative European Body of the medical profession as part of the procedure has to be provided. This body is the Standing Committee of European doctors.

Article 5
Principle of the free provision of services

1. Without prejudice to Article 6(2), Member States shall not restrict, for any reason relating to professional qualifications, the free provision of services in another Member State:

a) if the service provider is legally established in a Member State for the purpose of practising the same professional activity there, and

b) where the service provider moves, if he has practised that activity for at least two years in the Member State of establishment when the profession is not regulated in that Member State.

1. Without prejudice to Article 6(2), Member States shall not restrict, for any reason relating to professional qualifications, the free provision of services in another Member State:

a) if the service provider is legally established in a Member State for the purpose of practising the same professional activity there, and

b) where the service provider moves, if he has practiced that activity for at least two years in the Member State of establishment when the profession is not regulated in that Member State.

However, Member States may restrict the free provision of services in order to safeguard public order, safety and health.

2. For the purposes of this Directive, where the service provider moves to the territory of the host Member State, the pursuit of a professional activity for a period of not more than sixteen weeks per year in a Member State by a professional established in another Member State shall be presumed to constitute a "provision of services".

2. Unchanged

The presumption referred to in the previous paragraph shall not preclude assessment on a case-by-case basis, for example, in the light of the duration of the provision, its frequency, regularity and continuity.

3. The service shall be provided under the professional title of the Member State in which the service provider is legally established, insofar as such a title exists in that Member State for the professional activity in question. **3. Unchanged**

That title shall be indicated in the official language or one of the official languages of the Member State of establishment in such a way as to avoid any confusion with the professional qualification of the host Member State.

Motivations

Article 5.1 of the draft provides that Member States shall not restrict the free provision of services in another Member State if the service provider is legally established in the country of origin for the purpose of practising the same professional activity there. However, Community legislation leaves it to the Member States to reserve the right of medical practice to medical doctors, or to equally admit persons without medical training, to medical activities (see opinion of 13.12.2001, made by Advocate General Jean Mischo, case C-294/00, Deutsche Paracelsus-Schulen für Naturheilverfahren GmbH/Kurt Gräbner and judgment of 3.10.1990, case C-61/89, Marc Gaston Bouchoucha).

In actual fact, there are Member States where non-medical practitioners, too, are admitted to exercising the medical profession, whereas other Member States even impose penal sanctions on non-medical practitioners for engaging in medical practice. Following art. 5.1 of the Commission proposal, non-medical practitioners would be authorised to provide trans-border services also in those Member States, where non-medical practitioners are strictly forbidden to exercise the medical profession. The sentence added shall clarify that the Member States, in terms of Art. 55, in conjunction with Art. 46 of the Treaty, are authorised to foresee restrictions, in order to safeguard public order, safety and health. This clarifies and clearly implies also that the Member States, reserving medical activities to medical doctors, continue to have the right to keep non-medical practitioners from other Member States from providing trans-border medical services on their national territory.

Article 23– 4

By way of exception, the Member States may authorise part-time specialist training, under conditions allowed by the competent national authorities, if, in the light of individual justified circumstances, full-time training is not feasible.

Without prejudice of the principle of full-time training, the Member States may authorise part-time specialist training, under conditions allowed by the competent national authorities.

The competent authorities shall ensure that the overall duration and quality of part-time specialist training shall not be lower than that of full-time training. This level may not be compromised by the part-time nature of the training, nor by the pursuit of paid professional activity.

The part-time training of specialised doctors shall satisfy the same requirements as full-time training, from which it is distinguished only by the possibility of limiting the participation in medical activities to a duration of at least half of that provided for with full-time training.

Such part-time training shall therefore be the subject of appropriate remuneration.

The competent authorities shall ensure that the overall duration and quality of part-time training is not lower than that of full time training.

This level may not be compromised by the part-time nature of the training, nor by the pursuit of paid professional activity.

Unchanged

Unchanged

Motivations

Part-time training should not be considered as an exception but rather as a normal possibility offered to doctors. The medical profession stands against any discrimination on the different ways to undertake the medical training. The directive sets very strict conditions for the part-time training that guarantees a high level of quality not inferior to the one of full-time training.

Article 23-6

The minimum periods of training referred to in Annex V, point 5.1.4 may be amended in accordance with the procedure referred to in Article 54(2).

Article 23-6

The minimum periods of training referred to in Annex V, point 5.1.4 may be amended in accordance with the procedure referred to in Article 54(2) **and in accordance with the procedure applicable in the case of Article 24 paragraph 4.**

Article 24

Types of specialist medical training

Evidence of formal training as a specialised doctor referred to in Article 20 is such evidence awarded by the competent authorities or bodies referred to in Annex V, point 5.1.3 as corresponds, for the specialised training in question, to the titles in use in the various Member States and referred to in Annex V, point 5.1.4.

The inclusion in Annex V, point 5.1.4 of new medical specialties common to all the Member States may be decided on in accordance with the procedure referred to in Article 54(2).

1.Unchanged

2. The inclusion in Annex V, point 5.1.4 of new medical specialties common to all the Member States may be decided on in accordance with the procedure referred to in Article 54(2). **The Commission publishes the list of the types of specialities recognised as amendment to Annex V, point 5.1.4 in the Official Journal.**

3. Nationals of Member States wishing to acquire one of the diplomas, certificates or other evidence of formal qualifications of specialist doctors not referred to in Articles 4 and 6, or which, although referred to in Article 6, are not awarded in the Member State of origin or the Member State from which the foreign national comes, may be required by a host Member State to fulfil the conditions of training laid down in respect of the speciality by its own law, regulation or administrative action.

The host Member State shall, however, take into account, in whole or in part, the training periods completed by the nationals referred to in paragraph 1 and attested by the award of a diploma, certificate or other evidence of formal training by the competent authorities of the Member State of origin or the Member State from which the foreign national comes provided such training

periods correspond to those required in the host Member State for the specialized training in question.

The competent authorities or bodies of the host Member State, having verified the content and duration of the specialist training of the person concerned on the basis of the diplomas, certificates and other evidence of formal qualifications submitted, shall inform him of the period of additional training required and of the fields to be covered by it.

4. For the procedure referred to in Article 54 (2) in the field of medical specialties the most representative and competent European professional body of medical doctors is accredited by the Commission to be an obligatory procedural participant. New diplomas, certificates and other evidence of formal qualifications in specialised medicine of those Member States, which apply corresponding provisions laid down by law, regulation or other administrative action shall be mutually recognised in accordance to paragraph 2.

The accredited Body has the right to initiate recognitions. For this purpose the accredited Body communicates to the Commission proposals of formal qualifications of Member States concerned which are suitable to be recognised mutually, giving transparency of the criteria to assess equivalence of evidence of formal specialists training including minimum periods of specialist training. The accredited Body includes in its proposals suggestions, recommendations and statements of other European organisations of the medical profession and coordinates for that purpose a procedure of information

and submission of suggestions.

All proposals and recommendations of the accredited Body shall be included in the procedural process laid down in Article 54 (2). Article 15 does not apply on specialist training qualifications.

Motivations

1. Under the new proposal of the Commission, only a limited number of medical specialities would be subject to automatic recognition of titles. These medical specialities have to be common and obligatory for all Member States and their number may be modified if agreement between all Member States is found. All other medical specialties – automatically recognised in the current directive 93/16/EEG – would be incorporated into the general system of recognition. This is not appropriate in the unique field of medical specialties; especially there is no reason to limit automatic recognition only to those specialties that are common to all Member States. Therefore the new directive has to take over the existing *acquis communautaire* in the field of the recognition of titles for doctors. This is necessary in order to guarantee recognition on a larger scale the framework of professional qualifications of doctors.
2. The current article 8 of Directive 93/16/EEC applies to migrant doctors that do not benefit from the automatic recognition as provided in article 4 and 6 and provides guidance for the host Member State. Therefore, this provision should be maintained in the new text.
3. The experience, knowledge and evolution of the medical profession have to be regularly incorporated into the procedure for developing the regime of automatic recognition of medical specialties. Therefore the accreditation of the representative European Body of the medical profession as part of the procedure has to be established.

Article 25-3

Every Member State which applies relevant legislative, regulatory or administrative provisions shall accept as sufficient proof evidence of formal training as a specialised doctor issued by other Member States which correspond, for the specialist training in question, to the titles listed in Annex VI, point 6.1, insofar as they attest a course of training which began before the reference date referred

To be replaced by Annex V, point 5.1.4

to in Annex V, point 5.1.3 and are accompanied by a certificate stating that the holders have been effectively and lawfully engaged in the activities in question for at least three consecutive years during the five years preceding the award of the certificate. The same provisions shall apply to evidence of specialist medical training obtained in the territory of the former German Democratic Republic if they attest a course of training which began before 3 April 1992 and confer on the holder the right to pursue the professional activities throughout German territory under the same conditions as evidence of formal training awarded by the competent German authorities referred to in Annex VI, point 6.1.

Article 25-4

Every Member State which applies relevant legislative, regulatory or administrative provisions shall accept evidence of specialist medical training corresponding, for the specialist training in question, to the titles listed in Annex VI, point 6.1, awarded by the Member States listed therein and attesting a course of training which began after the reference date laid down in Annex V, point 5.1.3 and before the deadline laid down in Article 58, and shall, for the purposes of access to and pursuit of the professional activities of specialised doctor, give such evidence the same effect on its territory as certificates of training which it itself issues.

To be replaced by Annex V, point 5.1.4

Article 25-5

Every Member State which has repealed its legislative, regulatory or administrative provisions relating to the award of certificates of specialist medical training referred to in Annex VI, point 6.1 and which has adopted measures relating to acquired rights benefiting its nationals, shall grant nationals of other Member States the right to benefit from those measures, insofar as these certificates were issued before the date on which the host Member State ceased to issue certificates of training for the specialty in question.

The dates on which these provisions were repealed are set out in Annex VI, point 6.1.

To be replaced by Annex V, point 5.1.4

Article 26-4

By way of exception, Member States may authorise specific courses of general medical training on a part-time basis, of a level qualitatively equivalent to full-time training, insofar as the following conditions are met :

- a) the fact that the training is followed on a part-time basis does not reduce the total duration of the training;
- b) the weekly duration of part-time training is not less than half of the weekly duration of full-time training;
- c) part-time training includes a certain number of periods of full-time training, both for the part given in a hospital environment and the part given in an approved general medical practice or an approved centre in which doctors provide primary health care. The number and duration of these periods of full-time training must be such as to provide adequate preparation for the practice of general medicine.

Without prejudice to the principle of full time training, the Member States may authorise part-time training in general practice, under conditions allowed by the competent national authorities.

The competent authorities shall ensure that the overall duration and quality of part-time training in general practice shall not be lower than that of full time training. This level may not be compromised by the part-time nature of the training, nor by the pursuit of paid professional activity.

The part-time training of doctors in general practice shall satisfy the same requirements as full time training, from which it is distinguished only by the possibility of limiting the participation in medical activities to a duration of at least half of that provided for with full time training.

Such part-time training shall therefore be the subject of appropriate remuneration.

Motivations

Part-time training should not be considered as an exception but rather as a normal possibility offered to doctors. The medical profession stands against any discrimination on the different ways to undertake the medical training. The directive sets very strict conditions for the part-time training that guarantees a high level of quality not inferior to the one of full-time training.

Reference is made to appropriate remuneration of part-time training in general practice in order to align the status with the one of part-time specialist training.

New

Article 29

Provision of services

(current article 17 of Directive 93/16/EC)

1. Where a Member State requires of its own nationals wishing to take up or pursue any activity of a doctor, an authorization or membership of, or registration with, a professional organization or body, that Member State shall in the case of the provision of services exempt the nationals of Member States from that requirement.

The person concerned shall provide services with the same rights and obligations as the nationals of the host Member State; in particular he shall be subject to the rules of conduct of a professional or administrative nature, which apply in that Member State.

For this purpose and in addition to the declaration provided for in paragraph 2 relating to the services to be provided, Member States may,

so as to permit the implementation of the provisions relating to professional conduct in force in their territory, require either automatic temporary registration or pro forma membership of a professional organization or body or, as an alternative, registration, provided that such registration or membership does not delay or in any way complicate the provision of services or impose any additional costs on the person providing the services. Where a host Member State adopts a measure pursuant to the second subparagraph or becomes aware of facts, which run counter to these provisions, it shall forthwith inform the Member State where the person concerned is established.

2. The host Member State may require the person concerned to make a prior declaration to the competent authorities concerning the provision of his services where they involve a temporary stay in its territory.

In urgent cases this declaration may be made as soon as possible after the services have been provided.

3. Pursuant to paragraphs 1 and 2, the host Member State may require the person concerned to supply one or more documents containing the following particulars:
 - the declaration referred to in paragraph 2,
 - a certificate stating that the person concerned is lawfully pursuing the activities in question in the Member State where he is established,
 - a certificate that the person concerned holds one or other of the diplomas, certificates or other

evidence of formal qualification appropriate for the provision of the services in question and referred to in this Directive.

4. The document or documents specified in paragraph 3 may not be produced more than 12 months after their date of issue.
5. Where a Member State temporarily or permanently deprives, in whole or in part, the right of one of its nationals or of a national of another Member State established in its territory to pursue one of the activities of a doctor, it shall, as appropriate, ensure the temporary or permanent withdrawal of the certificate referred to in the second indent of paragraph 3.

Motivations

Free provision of service is one on the four freedoms granted by the European Union Treaty in article 49. Nevertheless, the provision of medical services, where the interests of the patients are paramount and at risk, should be monitored. The current regime, stipulated in article 17 of Directive 93/16/EC, guarantees an effective monitoring and supervision of the medical services. Thus, the service provider has the same rights and obligations as the nationals of the host Member State and is consequently subject to the professional rules of this Member State. Even if simplified, the obligation to register or to declare himself/herself gives the possibility for the host Member State to be informed and to have a control on the behaviour of the doctors.

This regime is considered satisfactory by the medical profession and should not be changed. The requirements to be fulfilled by the service providers do not hinder the free provision of services but give only the necessary frame to control activities that have a direct impact of the public health.

5.1.4.(a)

Titles of training courses in specialised medicine common to all Member States

1	Anaesthetics Minimum period of training : 3 years	Unchanged
Country	Title	
Belgique/België/Belgien	Anesthésie-réanimation / Anesthesie reanimatie	
Danmark	Anæstesiologi	
Deutschland	Anästhesiologie	
España	Anestesiología y Reanimación	
France	Anesthésiologie-Réanimation chirurgicale	
ÄëUää	Áíáéóçóéï ëï äßá	
Ireland	Anaesthesia	
Italia	Anestesia e rianimazione	
Luxembourg	Anesthésie-réanimation	
Nederland	Anesthesiologie	
Österreich	Anästhesiologie und Intensivmedizin	
Portugal	Anestesiologia	
Suomi/Finland	Anestesiologia ja tehohoito / Anestesiologi och intensivvård	
Sverige	Anestesi och intensivvård	
United Kingdom	Anaesthetics	

2	General Medicine Minimum period of training: 5 years	Unchanged
Country	Title	
Belgique/België/Belgien	Médecine interne / Inwendige geneeskunde	
Danmark	Intern medicin	
Deutschland	Innere Medizin	
España	Medicina interna	
France	Medicina interna	
ÄëUää	Ðáèï ëï äßá	
Ireland	Médecine interne	
Italia	General medicine	
Luxembourg	Medicina interna	
Nederland	Médecine interne	
Österreich	Inwendige geneeskunde	
Portugal	Innere Medizin	
Suomi/Finland	Medicina interna	
Sverige	Sisätaudit / Inre medicine	
United Kingdom	Internmedicin	
	General (internal) medicine	

3	General Surgery Minimum period of training : 5 years	Unchanged
Country	Title	
Belgique/België/Belgien	Chirurgie / Heelkunde	
Danmark	Kirurgi eller kirurgiske sygdomme	
Deutschland	Chirurgie	
España	Cirugía general y del aparato digestivo	
France	Chirurgie générale	
	Ασκήσιον ὀνάσειον	
Ireland	General surgery	
Italia	Chirurgia generale	
Luxembourg	Chirurgie générale	
Nederland	Heelkunde	
Österreich	Chirurgie	
Portugal	Cirurgia geral	
Suomi/Finland	Yleiskirurgia / Allmän kirurgi	
Sverige	Kirurgi	
United Kingdom	General surgery	

4	Gynaecology and Obstetrics Minimum period of training: 4 years	Unchanged
Country	Title	
Belgique/België/Belgien	Gynécologie – obstétrique / Gynaecologie – Verloskunde	
Danmark	Gynækologi og obstetrik eller kvindesygdomme og Fødselshjælp	
Deutschland	Frauenheilkunde und Geburtshilfe	
España	Obstetricia y ginecología	
France	Gynécologie – obstétrique	
ΑἷῆUἷἷἷ	Γυναικολογία – Αἰσθητική	
Ireland	Obstetrics and gynaecology	
Italia	Ginecologia e ostetricia	
Luxembourg	Gynécologie – obstétrique	
Nederland	Verloskunde en gynaecologie	
Österreich	Frauenheilkunde und Geburtshilfe	
Portugal	Ginecologia e obstetricia	
Suomi/Finland	Naistentaudit ja synnytykset / Kvinnosjukdomar och Förlossningar	
Sverige	Obstetrik och gynekologi	
United Kingdom	Obstetrics and gynaecology	

5	Neurology Minimum period of training: 4 years	Unchanged
Country	Title	
Belgique/België/Belgien	Neurologie	
Danmark	Neurologi eller medicinske nervesygdomme	
Deutschland	Neurologie	
España	Neurología	
France	Neurologie	
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Ireland	Neurology	
Italia	Neurologia	
Luxembourg	Neurologie	
Nederland	Neurologie	
Österreich	Neurologie	
Portugal	Neurologia	
Suomi/Finland	Neurologia / Neurologi	
Sverige	Neurologi	
United Kingdom	Neurology	

6	Neurosurgery Minimum period of training: 5 years	Unchanged
Country	Title	
Belgique/België/Belgien	Neurochirurgie	
Danmark	Neurokirurgi eller kirurgiske nervesygdomme	
Deutschland	Neurochirurgie	
España	Neurocirugía	
France	Neurochirurgie	
	Íáñĩ -áñĩ óñáéé Þ	
Ireland	Neurological surgery	
Italia	Neurochirurgia	
Luxembourg	Neurochirurgie	
Nederland	Neurochirurgie	
	Neurochirurgie	
Portugal	Neurocirurgia	
Suomi/Finland	Neurokirurgia / Neurokirurgi	
Sverige	Neurokirurgi	
United Kingdom	Neurosurgery	

7	Ophthalmology Minimum period of training: 3 years	Unchanged
Country	Title	
Belgique/België/Belgien	Ophtalmologie / Oftalmologie	
Danmark	Oftalmologi eller øjensygdomme	
Deutschland	Augenheilkunde	
España	Oftalmología	
France	Ophtalmologie	
ÄëUää	Í öëáëì ì ëï ãßá	
Ireland	Ophthalmology	
Italia	Oftalmologia	
Luxembourg	Ophtalmologie	
Nederland	Oogheelkunde	
Österreich	Augenheilkunde und Optometrie	
Portugal	Oftalmologia	
Suomi/Finland	Silmätaudit / Ogonsjukdomar	
Sverige	Ogonsjukdomar (oftalmologi)	
United Kingdom	Ophthalmology	

8	Orthopaedic Surgery Minimum period of training: 5 years	Unchanged
Country	Title	
Belgique/België/Belgien	Chirurgie orthopédique / Orthopedische heekunde	
Danmark	Ortopædisk kirurgi	
Deutschland	Orthopädie	
España	Traumatología y cirugía ortopédica	
France	Chirurgie orthopédique et traumatologie	
	Í ñëï ðääééÞ	
Ireland	Trauma & Orthopaedic Surgery	
Italia	Ortopedia e traumatologia	
Luxembourg	Orthopédie	
Nederland	Orthopedie	
Österreich	Orthopädie und Orthopädische Chirurgie	
Portugal	Ortopedia	
Suomi/Finland	Ortopedia ja traumatologia / Ortopedi och Traumatologi	
Sverige	Ortopedi	
United Kingdom	Trauma and orthopaedic surgery	

9	Otolaryngology Minimum period of training: 3 years	Unchanged
Country	Title	
Belgique/België/Belgien	Oto-rhino-laryngologie / Otorhinolaryngologie	
Danmark	Oto-rhino-laryngologi eller øre-næse-halssygdomme	
Deutschland	Hals-, Nasen-Ohrenheilkunde	
España	Otorrinolaringología	
France	Oto-rhino-laryngologie	
ÁæËÜää	Uõï ñéíí éáñõääí ëí äíá	
Ireland	Otolaryngology	
Italia	Otorinolaringoiatria	
Luxembourg	Oto-rhino-laryngologie	
Nederland	Keel-, neus- en oorheelkunde	
Österreich	Hals-, Nasen- und Ohrenkrankheiten	
Portugal	Otorrinolaringologia	
Suomi/Finland	Korva-, nenä- ja kurkkutaudit / Öron-, näs- och Halssjukdomar	
Sverige	Öron-, näs- och halssjukdomar (oto-rhinolaryngologi)	
United Kingdom	Otolaryngology	

10	Paediatrics Minimum period of training: 4 years	Unchanged
Country	Title	
Belgique/België/Belgien	Pédiatrie / Pediatria	
Danmark	Pædiatri eller sygdomme hos børn	
Deutschland	Kinderheilkunde	
España	Pediatría y sus áreas específicas	
France	Pédiatrie	
ÁæËÜää	Ðáéáéáóñééþ	
Ireland	Paediatrics	
Italia	Pediatria	
Luxembourg	Pédiatrie	
Nederland	Kindergeneeskunde	
Österreich	Kinder – und Jugendheilkunde	
Portugal	Pediatria	
Suomi/Finland	Lastentaudit / Barnsjukdomar	
Sverige	Barn- och ungdomsmedicin	
United Kingdom	Paediatrics	

11	Pathology Minimum period of training: 4 years	Unchanged
Country	Title	
Belgique/België/Belgien	Anatomie pathologique / Pathologische anatomie	
Danmark	Patologisk Anatomi og Histologi eller Vaevsunderdogelser	
Deutschland	Pathologie	
España	Anatomía patológica	
France	Anatomie et cytologie pathologiques	
ÄëÛää	Ἐὰν ἑὶ ἀέεβ Ἀίαδι ἰέεβ	
Ireland	Morbid anatomy and histopathology	
Italia	Anatomia patologica	
Luxembourg	Anatomie pathologique	
Nederland	Pathologie	
Österreich	Pathologie	
Portugal	Anatomia patologica	
Suomi/Finland	Patologia / Patologi	
Sverige	Klinisk patologi	
United Kingdom	Histopathology	

12	Plastic Surgery Minimum period of training: 5 years	Unchanged
Country	Title	
Belgique/België/Belgien	Chirurgie plastique, reconstructrice et esthétique / Plastische, reconstructieve en esthetische heekunde	
Danmark	Plastikkirurgi	
Deutschland	Plastische Chirurgie	
España	Cirurgía plástica y reparadora	
France	Chirurgie plastique, reconstructrice et esthétique	
ÄëÛää	Ἐὰ ὀόέεβ ἡἡ ὡἡἡἡἡ	
Ireland	Plastic surgery	
Italia	Chirurgia plastica e ricostruttiva	
Luxembourg	Chirurgie plastique	
Nederland	Plastische chirurgie	
Österreich	Plastische Chirurgie	
Portugal	Cirurgia plástica e reconstrutiva	
Suomi/Finland	Plastiikkirurgia / Plastikkirurgi	
Sverige	Plastikkirurgi	
United Kingdom	Plastic surgery	

13	Psychiatry Minimum period of training: 4 years	Unchanged
Country	Title	
Belgique/België/Belgien	Psychiatrie	
Danmark	Psykiatri	
Deutschland	Psychiatrie und Psychotherapie	
España	Psiquiatría	
France	Psychiatrie	
ÀëÛää	Ø-éáóéëþ	
Ireland	Psychiatry	
Italia	Psichiatria	
Luxembourg	Psychiatrie	
Nederland	Psychiatrie	
Österreich	Psychiatrie	
Portugal	Psiquiatria	
Suomi/Finland	Psykiatria / Psykiatri	
Sverige	Psykiatri	
United Kingdom	General psychiatry	

14	Radiology Minimum period of training: 4 years	Unchanged
Country	Title	
Belgique/België/Belgien	Radiodiagnostic / Röntgendiagnose	
Danmark	Diagnostik radiologi eller røntgenundersøgelse	
Deutschland	Diagnostische Radiologie	
España	Radiodiagnóstico	
France	Radiodiagnostic et imagerie médicale	
ÀëÛää	Áêóéíí áéááíúóéëþ	
Ireland	Diagnostic radiology	
Italia	Radiodiagnostica	
Luxembourg	Radiodiagnostic	
Nederland	Radiologie	
Österreich	Medizinische Radiologie-Diagnostik	
Portugal	Radiodiagnóstico	
Suomi/Finland	Radiologia / Radiologi	
Sverige	Medicinsk radiology	
United Kingdom	Clinical radiology	

15	Radiotherapy Minimum period of training: 4 years	Unchanged
Country	Title	
Belgique/België/Belgien	Radiothérapie-oncologie / Radiotherapie-oncologie	
Danmark	Onkologi	
Deutschland	Strahlentherapie	
España	Oncología radioterápica	
France	Oncologie radiothérapique	
AëëUää	Aëôéiï ëãáõöééëþ äëï ëï äßá	
Ireland	Radiotherapy	
Italia	Radioterapia	
Luxembourg	Radiothérapie	
Nederland	Radiotherapie	
Österreich	Strahlentherapie – Radioonkologie	
Portugal	Radioterapia	
Suomi/Finland	Syöpätaudit / Cancersjukdomar	
Sverige	Tumörsjukdomar (allmän onkologi)	
United Kingdom	Clinical Oncology	

16	Respiratory Medicine Minimum period of training: 4 years	Unchanged
Country	Title	
Belgique/België/Belgien	Pneumologie	
Danmark	Medicinske lungesygdomme	
Deutschland	Pneumologie	
España	Neumología	
France	Pneumologie	
AëëUää	Ðíáðì ì ïï ëï äßá	
Ireland	Respiratory Medicine	
Italia	Malattie dell'apparato respiratorio	
Luxembourg	Pneumologie	
Nederland	Longziekten en tuberculose	
Österreich	Lungenkrankheiten	
Portugal	Pneumologia	
Suomi/Finland	Keuhkosairaudet ja allergologia / Lungsjukdomar och allergologi	
Sverige	Lungsjukdomar (pneumologi)	

17	Urology Minimum period of training: 5 years	Unchanged
Country	Title	
Belgique/België/Belgien	Urologie	
Danmark	Urologi eller urinvejenes kirurgiske sygdomme	
Deutschland	Urologie	
España	Urología	
France	Urologie	
AëëUää	Í ðñĩ ëĩ ãßá	
Ireland	Urology	
Italia	Urologia	
Luxembourg	Urologie	
Nederland	Urologie	
Österreich	Urologie	
Portugal	Urologia	
Suomi/Finland	Urologia / Urologi	
Sverige	Urologi	
United Kingdom	Urology	

5.1.4.(b)**Titles of training courses in specialised medicine common to 2 or more Member States****Note:**

All the designations listed in Annex VI of the draft Directive COM(2002)119 final have been placed in the proposed new Table 5.1.4.(b) of Annex V

1	Accident and Emergency Medicine Minimum period of training: 5 years
Country	Title
Ireland	Accident and emergency medicine
United Kingdom	Accident and emergency medicine

2	Allergology Minimum period of training: 3 years
Country	Title
Danmark	Medicinsk allergologi eller medicinske overfølsomhedssygdomme
España	Alergología
AëUá	Aëäáéí ëí áá
Italia	Allergologia ed immunologia clinica
Nederland	Allergologie en inwendige geneeskunde
Portugal	Imuno-alergologia
Sverige	Allergisjukdomar

3	Biological Chemistry Minimum period of training: 4 years
Country	Title
Danmark	Klinisk biokemi
España	Bioquímica clínica
Ireland	Chemical pathology
Italia	Biochimica clinica
Luxembourg	Chimie biologique
Nederland	Klinische chemie
Österreich	Medizinische und Chemische Labordiagnostik
Suomi/Finland	Kliininen kemia / Klinisk kemi
Sverige	Klinisk kemi
United Kingdom	Chemical pathology

4	Biological Haematology Minimum period of training: 4 years
Country	Title
Danmark *	Klinisk blodtypeserologi
France	Hématologie
Luxembourg	Hématologie biologique
Portugal	Hematologia clinica

Dates of repeal within the meaning of Article 25(5):

* 1 January 1983, except for persons having commenced training before that date and completing it before the end of 1988

5	Cardiology Minimum period of training: 4 years
Country	Title
Belgique/België/Belgien	Cardiologie / Kardiologie
Danmark	Kardiologi
España	Cardiología
France	Pathologie cardio-vasculaire
AëëUää	Eañäëi ëi äñá
Ireland	Cardiology
Italia	Cardiologia
Luxembourg	Cardiologie et angiologie
Nederland	Cardiologie
Portugal	Cardiologia
Suomi/Finland	Kardiologia / Kardiologi
Sverige	Kardiologi
United Kingdom	Cardiology

6	Thoracic surgery Minimum period of training: 5 years
Country	Title
Belgique/België/Belgien *	Chirurgie thoracique / Heelkunde op de thorax
Danmark	Thoraxkirurgi eller brysthulens kirurgiske Sygdomme
Deutschland	Herzchirurgie
España	Cirurgía torácica
France	Chirurgie thoracique et cardiovasculaire
AëëUää	xäñi õñäéëp Eñäëi ò
Ireland	Thoracicsurgery
Italia	Chirurgia toracica
Luxembourg	Chirurgie thoracique
Nederland	Cardio-thoracale chirurgie
Portugal	Cirurgia cardiotorácica
Suomi/Finland	Sydän- ja rintaelinkirurgia / Hjärt- och thoraxkirurgi
Sverige	Thoraxkirurgi
United Kingdom	Cardo-thoracic surgery

Dates of repeal within the meaning of Article 25(5):

* 1 January 1983

7	
Child and Adolescent Psychiatry	
Minimum period of training: 4 years	
Country	Title
Danmark	Børne - og ungdomspsykiatri
Deutschland	Kinder – und Jugendpsychiatrie und – Psychotherapie
France	Pédo-psychiatrie
Ireland	Child and adolescent psychiatry
Italia	Neuropsichiatria infantile
Luxembourg	Psychiatrie infantile
Portugal	Pedopsiquiatria
Suomi/Finland	Lastenpsykiatria / Barnpsykiatri
Sverige	Barn- och ungdomspsykiatri
United Kingdom	Child and adolescent psychiatry

Dates of repeal within the meaning of Article 25(5):

* 1 January 1987, except for persons having commenced training before that date and completing it before the end of 1988

8	
Clinical Biology	
Minimum period of training: 4 years	
Country	Title
Belgique/België/Belgien	Biologie clinique / Klinische biologie
España	Análisis clínicos
France	Biologie médicale
Italia	Patologia clinica
Luxembourg	Biologie clinique
Österreich	Medizinische Biologie
Portugal	Patologia clinica

9	
Clinical Neurophysiology	
Minimum period of training: 4 years	
Country	Title
Danmark	Klinisk neurofysiologi
España	Neurofisiología clínica
Ireland	Neurophysiology
Suomi/Finland	Kliininen neurofysiologia / Klinisk neurofysiologi
Sverige	Klinisk neurofysiologi
United Kingdom	Clinical Neurophysiology

10	Dental, Oral and Maxillo-Facial Surgery (basic medical and dental training)⁵¹ Minimum period of training: 4 years
Country	Title
Belgique/België/Belgien	Stomatologie et chirurgie orale et maxillo-faciale / Stomatologie en mond-, kaak- en aangezichtschirurgie
Deutschland	Mund-, Kiefer- und Gesichtschirurgie
Ireland	Oral and Maxillo-Facial Surgery
Luxembourg	Chirurgie dentaire, orale et maxillofaciale
Suomi/Finland	Suu- ja leukakirurgia / Oral och maxillofacial kirurgi
United Kingdom	Oral and Maxillo-Facial Surgery

11	Dermatology Minimum period of training: 4 years
Country	Title
Ireland	Dermatology
United Kingdom	Dermatology

12	Dermato-Venereology Minimum period of training: 3 years
Country	Title
Belgique/België/Belgien	Dermato-vénérologie / Dermato-venerologie
Danmark	Dermato-venerologi eller hud- og kønssygdomme
Deutschland	Haut – und Geschlechtskrankheiten
España	Dermatología médico-quirúrgica y venereología
France	Dermatologie et vénéréologie
AëëUää	Aäñi ääñi ei ääñiAäñi ääñi ei ääñi
Italia	Dermatologia e venerologia
Luxembourg	Dermato-vénérologie
Nederland	Dermatologie en venerologie
Österreich	Haut- und Geschlechtskrankheiten
Portugal	Dermatovenereologia
Suomi/Finland	Ihotaudit ja allergologia / Hudsjukdomar och allergologi
Sverige	Hud- och könssjukdomar

⁵¹ Training leading to the award of evidence of formal qualifications as a specialist in dental, oral and maxillo-facial surgery (basic medical and dental training) assumes completion and validation of basic medical studies (Article 19) and, in addition, completion and validation of dental studies (Article 29).

13	Endocrinology Minimum period of training: 3 years
Country	Title
Danmark	Medicinsk endokrinologi eller medicinske Hormonsygdomme
España	Endocrinología y nutrición
France	Endocrinologie, maladies métaboliques
AëëUää	Áíäi êñéíi ëi äßá
Ireland	Endocrinology and diabetes mellitus
Italia	Endocrinologia e malattie del ricambio
Luxembourg	Endocrinologie, maladies du métabolisme et de la nutrition
Portugal	Endocrinologia
Suomi/Finland	Endokrinologia / Endokrinologi
Sverige	Endokrina sjukdomar
United Kingdom	Endocrinology and diabetes mellitus

14	Gastro-enterology Minimum period of training: 4 years
Country	Title
Belgique/België/Belgien	Gastro-entérologie / Gastroenterologie
Danmark	Medicinsk gastroenterologi eller medicinske mave-tarmsygdomme
España	Aparato digestivo
France	Gastro-entérologie et hépatologie
AëëUää	Aáóñáóäi ëi äßá
Ireland	Gastro-enterology
Italia	Gastroenterologia
Luxembourg	Gastro-enterologie
Nederland	Gastro-enterologie
Portugal	Gastrenterologia
Suomi/Finland	Gastroenterologia / Gastroenterologi
Sverige	Medicinsk gastroenterologi och hepatologi
United Kingdom	Gastro-enterology

15	
Gastro-enterological Surgery	
Minimum period of training: 5 years	
Country	Title
Belgique/België/Belgien *	Chirurgie abdominale / Heelkunde op het abdomen
Danmark	Kirurgisk gastroenterologi eller kirurgiske mave-tarmsygdomme
España	Cirurgía del aparato digestivo
France	Chirurgie viscérale et digestive
Italia	Chirurgia dell'aparato digestivo
Luxembourg	Chirurgie gastro-entérologique
Suomi/Finland	Gastroenterologinen kirurgia / Gastroenterologisk kirurgi

Dates of repeal within the meaning of Article 25(5):

* 1 January 1983

16	
Geriatrics	
Minimum period of training: 4 years	
Country	Title
Danmark	Geriatrici eller alderdommens sygdomme
España	Geriatría
Ireland	Geriatrics
Italia	Geriatría
Nederland	Klinische geriatrie
Suomi/Finland	Geriatría / Geriatrici
Sverige	Geriatrici
United Kingdom	Geriatrics

17	
Haematology	
Minimum period of training: 3 years	
Country	Title
Danmark	Hæmatologi eller blodsygdomme
España	Hematología y hemoterapia
Ireland	Haematology
Italia	Ematologia
Luxembourg	Hématologie
Portugal	Imuno-hemoterapia
Suomi/Finland	Kliininen hematologia / Klinisk hematologi
Sverige	Hematologi

18	
Immunology	
Minimum period of training: 4 years	
Country	Title
Danmark	Klinisk immunologi
España	Immunología
Ireland	Clinical immunology
Österreich	Immunologie
Sverige	Klinisk immunologi
United Kingdom	Immunology

19	Infectious Diseases Minimum period of training: 4 years
Country	Title
Danmark	Infektionsmedicin
Ireland	Communicable diseases
Italia	Malattie infettive
Suomi/Finland	Infektiosairaudet / Infektionssjukdomar
Sverige	Infektionssjukdomar
United Kingdom	Infectious diseases

20	Maxillo-Facial Surgery (basic medical training) Minimum period of training: 5 years
Country	Title
España	Cirugía oral y maxilofacial
France	Chirurgie maxillo-faciale et stomatologie
Italia	Chirurgia maxillo-facciale
Luxembourg	Chirurgie maxillo-faciale
Österreich	Mund – Kiefer – und Gesichtschirurgie

21	Microbiology-Bacteriology Minimum period of training: 4 years
Country	Title
Danmark	Klinisk mikrobiologi
Deutschland	Mikrobiologie und Infektionsepidemiologie
España	Microbiología y parasitología
AëëUää	- EáõñéêΠAéï ðáèï ëï äáá - Ì éêñï áéï ëï äáá
Ireland	Microbiology
Italia	Microbiologia e virologia
Luxembourg	Microbiologie
Nederland	Medische microbiologie
Österreich	Hygiene und Mikrobiologie
Suomi/Finland	Kliininen mikrobiologia / Klinisk Mikrobiologi
Sverige	Klinisk bakteriologi
United Kingdom	Medical microbiology and virology

22	Nephrology / Renal Medicine Minimum period of training: 4 years
Country	Title
Danmark	Nefrologi eller medicinske nyresygdomme
España	Nefrología
France	Néphrologie
AëëUää	Iäññï ëï äáá
Ireland	Nephrology
Italia	Nefrologia
Luxembourg	Néphrologie
Portugal	Nefrologia
Suomi/Finland	Nefrologia / Nefrologi
Sverige	Medicinska njursjukdomar (nefrologi)
United Kingdom	Renal medicine

25	Occupational Medicine Minimum period of training: 4 years
Country	Title
Belgique/België/Belgien	Médecine du travail / Arbeidsgeneeskunde
Danmark	Arbejdsmedicin
Deutschland	Arbeitsmedizin
France	Médecine du travail
ÄëUää	Εάóñέέτ Αñääóßää
Ireland	Occupational Medicine
Italia	Medicina del lavoro
Luxembourg	Médecine du travail
Nederland	– Arbeid en gezondheid, bedrijfsgeneeskunde – Arbeid en gezondheid, verzekeringsgeneeskunde
Österreich	Arbeits- und Betriebsmedizin
Portugal	Medicina do trabalho
Suomi/Finland	Työterveyshuolto / Företagshälsövård
Sverige	Yrkes- och miljömedicin
United Kingdom	Occupational Medicine

26	Paediatric Surgery Minimum period of training: 5 years
Country	Title
Deutschland	Kinderchirurgie
España	Cirugía pediátrica
France	Chirurgie infantile
ÄëUää	χαιññí óñääéέτ Εάíßääüí
Ireland	Paediatric Surgery
Italia	Chirurgia pediatrica
Luxembourg	Chirurgie pédiatrique
Österreich	Kinderchirurgie
Portugal	Cirurgia pediátrica
Suomi/Finland	Lastenkirurgia / Barnkirurgi
Sverige	Barn- och ungdomskirurgi
United Kingdom	Paediatric Surgery

27	Pharmacology Minimum period of training: 4 years
Country	Title
Danmark	Klinisk farmakologi
Deutschland	Pharmakologie und Toxikologie
España	Farmacología clínica
Ireland	Clinical Pharmacology and Therapeutics
Österreich	Pharmakologie und Toxikologie
Suomi/Finland	Kliininen farmakologia ja lääkehoito / Klinisk farmakologi och Läkemedelsbehandling
Sverige	Klinisk farmakologi
United Kingdom	Clinical Pharmacology and Therapeutics

28	Physical and Rehabilitative Medicine Minimum period of training: 3 years
Country	Title
Belgique/België/ Belgien	Médecine physique et réadaptation / Fysische geneeskunde en revalidatie
Danmark *	Fysiurgi og rehabilitering
Deutschland	Physikalische und Rehabilitative Medizin
España	Rehabilitación
France	Rééducation et réadaptation fonctionnelles
Ireland	Rehabilitation Medicine
Italia	Medicina fisica e riabilitazione
Luxembourg	Rééducation et réadaptation fonctionnelles
Nederland	Revalidatiegeneeskunde
Österreich	Physikalische Medizin
Portugal	Fisiatria ou Medicina física e de reabilitação
Suomi/Finland	Fysiatria / Fysiatri
Sverige	Rehabiliteringsmedicin
United Kingdom	Rehabilitation Medicine

Dates of repeal within the meaning of Article 25(5):

- 1 January 1983, except for persons having commenced training before that date and completing it before the end of 1988

29	Public Health and Social Medicine Minimum period of training: 4 years
Country	Title
Danmark	Samfundsmedicin
Deutschland	Öffentliches Gesundheitswesen
España	Medicina preventiva y salud pública
ÄäUää	Èì éíúíéêÞEáõñéêÞ
France	Santé publique et médecine sociale
Ireland	Community medicine
Italia	Igiene e medicina sociale
Luxembourg	Santé publique
Nederland	Maatschappij en gezondheid
Österreich	Sozialmedizin
Suomi/Finland	Terveystieteiden tutkimus / Hälsovård
Sverige	Socialmedicin
United Kingdom	Public health medicine

30	Radiology Minimum period of training: 4 years
Country	Title
Deutschland	Radiologie
España	Electroradiología
AëëUää	Aêôéïï ëï ãßáNááéï ëï ãßá
France *	Electro-radiologie
Italia	Radiologia
Luxembourg **	Électroradiologie
Nederland ***	Radiologie
Osterreich	Radiologie
Portugal	Radiologia

Dates of repeal within the meaning of Article 25(5):

* 3 December 1971

** Evidence of qualifications is no longer awarded for training commenced after 5 March 1982

*** 8 July 1984

31	Rheumatology Minimum period of training: 4 years
Country	Title
Belgique/België/Belgien	Rhumathologie / Reumatologie
Danmark	Reumatologi
España	Reumatología
France	Rhumathologie
AëëUää	Nãï áôï ëï ãßá
Ireland	Rheumatology
Italia	Reumatologia
Luxembourg	Rhumathologie
Nederland	Reumatologie
Portugal	Reumatologia
Suomi/Finland	Reumatologia/Reumatologi
Sverige	Reumatologi
United Kingdom	Rheumatology

32	Stomatology Minimum period of training: 3 years
Country	Title
España	Estomatología
France	Stomatologie
Italia	Odontostomatologia
Luxembourg	Stomatologie
Portugal	Estomatologia

33	Tropical Medicinee Minimum period of training: 4 years
Country	Title
Danmark *	Tropemedicin
Ireland	Tropical medicine
Italia	Medicina tropicale
Osterreich	Spezifische Prophylaxe und Tropenhygiene
Portugal	Medicina tropical
United Kingdom	Tropical medicine

34	Vascular Surgery Minimum period of training: 5 years
Country	Title
Belgique/België/Belgien *	Chirurgie des vaisseaux / Bloedvatenheelkunde
Danmark	Karkirurgi eller kirurgiske blodkarsygdomme
España	Angiología y cirugía vascular
France	Chirurgie vasculaire
Italia	Chirurgia vascolare
Luxembourg	Chirurgie vasculaire
Portugal	Cirurgia vascular
Suomi/Finland	Verisuonikirurgia / Kärkirurgi

Dates of repeal within the meaning of Article 25(5):

* 1 January 1983

35	Venerology Minimum period of training: 4 years
Country	Title
Ireland	Venereology
United Kingdom	Genito-urinary medicine

Annex VI
Established rights applicable to the professions subject to recognition on the
basis of coordination of the minimum training conditions

Note : All the tables are removed to Annex V, 5.1.4 b

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**Proposal for a
Directive of the European Parliament and of the Council
on the recognition of professional qualifications**

(see CPME Info 27-2002 which is available on the CPME Website)