



CPME/AD/Brd/270304/042/EN

At its Board meeting, Brussels, March 27th, 2004, the CPME adopted the following policy : **Professional recognition – Letter sent to the Council of Ministers (Working Group Establishment Service)** (CPME 2004/042 Final EN)

Brussels, 24th of March 2004

Having considered the proposal for a directive of the European Parliament and the Council on the recognition of professional qualifications (COM (2002) 119 Final), 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 Medical Students Association (EMSA), the Conférence Européenne des Ordres de Médecins (CEOM), the European Working Group of Practitioners and Specialists in Free Practice (EANA), and on a global scale, the World Medical Association (WMA) representing more than 2 millions in an enlarged Europe Union, would like to draw your attention to the following issues and present the medical profession 's concerns:

1. No reduction of the scope of the automatic recognition for medical specialities

The medical profession is currently covered by a sectoral directive which provides the automatic recognition of professional qualifications based on minimum requirements. Thus, the quality of education and training are ensured. The scope of the automatic recognition of doctors qualifications should not be reduced. This change would lead to a split of the profession in two different regimes (the general and the sectoral ones). A unified and a reliable system for the medical profession is required.

Therefore, CPME supports amendments to recital 14, articles 24 and 25, Annex V, point 5.1.3 and deletion of Annex VI, point 6.1 as they are

proposed in the first reading of the European Parliament (EP amendments 16, 156, 158, 127, 132, 178 rev2, 133 and 215)

2. More stringent rules for the provision of services

Public health and public interest should be better taken into account in the case of provision of services. The proposal of the European Commission constitutes a threat to the safety of patients. More stringent rules (concerning the registration of the providers, the possibility of control of the host Member State and the deletion of the time criterion of 16 weeks) are needed to cover the sectoral professions covered by Chapter III of Title III or at least for health professions.

Therefore, CPME supports amendments to Recital 5 and to Title II on Free movement of services as they are proposed in the first reading of the European Parliament (EP amendments 4, 45, 141)

3. A consultation mechanism to ensure the input of the profession to the functioning of the sectoral regime to be enshrined in the directive itself

A consultation mechanism should be established and stipulated in the directive itself in order to ensure the input of the profession to the functioning of the sectoral regime. To keep a high level of quality demands that the minimum requirements are regularly updated. It is also essential that the evolution of the medical practice is reflected in order to stimulate the progress of medicine. The input of the professions as previously allowed should not be diminished but guaranteed.

Therefore, CPME supports amendments of recital 24 and of article 54 as they are proposed in the first reading of the European Parliament (EP amendments n° 27, 18, 119, 120, 157)

4. A clear separation between the general system and the sectoral one

A clear separation between the general system and the sectoral one should be maintained as the sectoral system based on minimum training requirements has proven to be efficient. This system facilitates free movement and guarantees quality. Such benefits for the profession itself but also for the patients should not vanish.

As a consequence, two regulatory committees of professional qualifications should be set-up.

Therefore, CPME supports amendments to recitals 10 and 24 and to article 10 and 54 as some are proposed in the first reading of the European Parliament (EP amendments n°27, 180, 156, 119, 120)

5. Some other remarks on the medical profession

Some other amendments are more focused on the organisation of the medical profession.

Part-time training should not be considered as an exception but rather as a normal possibility offered to doctors.

Moreover, Recital 13 should be deleted. The differentiation between general practitioners (GP) and specialist doctors is outdated as GP have a specialisation in general practice like other specialists doctors. There is no such profession as a “basic doctor”.

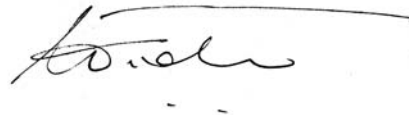
Therefore, CPME supports amendments to recital 13, article 23-4 and article 26-4 as they are proposed in the first reading of the European Parliament (EP amendments n°15, 16,81and 86)

CPME hopes that the concerns of the medical profession would also be taken into consideration by the Council of Ministers in order to improve the European system of mutual recognition and to guarantee the quality of medicine and the safety of European patients.

On behalf of all doctors in Europe



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