



This policy was adopted by the 3rd EMSA Spring Assembly in Ljubljana (Slovenia) on April 5, 2017.¹



EMSA European Integration and Culture

Recognition of Medical Professional Qualifications

The European Medical Students' Association (EMSA)² represents medical students across Europe. We envision a healthy and solidary Europe in which medical students actively promote health. The EMSA. European Integration and Culture Pillar is committed to a united Europe without boundaries, with common values and solidarity, providing equal opportunities for healthcare students and professionals, whilst embracing cultural variety.

Background Information

EU Directive 2005/36/EC

The fundamental legal framework for the reciprocal recognition of professional qualifications in the healthcare sector is the **EU Directive 2005/36/EC** published by the European Parliament and the Council of the European Union. The regulations established by this Directive aim at “a more uniform, transparent and flexible regime of recognition of qualifications” abolishing the obstacles of “the free movement of persons and services” (Directive 2005/36/EC, L 255/22). These objectives are being pursued within the context of the superior principle of “public health, safety and consumer

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² EMSA is registered in the transparency register with the identification number 631025116128-79.

protection". For member states of the EEA (European Economic Area) like Iceland, Norway and Liechtenstein, the EEA agreement with regard to Directive 2005/36/EC does apply. Switzerland, not being part of the EEA, has signed special bilateral settlements with the European Union that have since been included in directive 2005/36/EC.

As a result of this Directive *basic medical training and general practitioner training* are automatically recognised in every country being listed in the Annex V, points 5.1.1 and 5.1.4, which are conform to Art. 24 or 28 of the Directive, or benefit from acquired rights (Art. 23 and 30 of the Directive). Furthermore *specialist doctors' qualifications* are automatically recognised in those particular countries that have equivalent qualifications listed in Annex V, point 5.1. The overall recognition though is inconsistent as some specialisations only exist in some member states. This is the case for the specialisation in Immunology which exists among others in Ireland, Spain, Malta and the UK, but not in the Netherlands or Germany. Certain professional qualifications concluded in the home country whose recognition is not regulated by mentioned directives or treaties might be generally recognised. The process depends on the content and duration of the qualification concluded in the home country, in comparison to the requirements of the target country. If said qualifications are not met there are two options: either taking a test or completing an adaption period. To obtain the eligibility to practise a medical profession, the applicants are required to register with competent national authorities and are to submit their certificate of formal qualification for administrative inspection.

Medical Education

The majority of countries have adapted a Bachelor/Master Programme for implementation of medical education. While admission requirements differ greatly between countries, the academic requirements are very much alike. Overall, the medical education programmes in Europe have a very similar syllabus and adhere to the EU Directive 2005/36/EC: "basic medical training shall comprise a total of at least six years of study or 5 500 hours of theoretical and practical training." The aim is not to establish national requirements for the curriculum, but to guarantee that the degree is comparable between European countries.

Professional Mobility - "Brain-Drain/-Gain"

Information about health professional out- and inflows is highly fragmented. This is due to the fact

the gathering of data takes time and the information is never up-to-date. Furthermore because of “issues related to a lack of capacity, resources and, in some cases, a lack of political will, a thorough overhaul of the national health workforce information systems in many countries has not happened, and this contributes to an incomplete picture at European level“ (WHO 2014). In addition, mobility of health professions has always had a dynamic and changing nature. There needs to be a differentiation between livelihood migrants and professionals who only stay for a certain period of time. It is to be noted that the overall flow within EU Member States has remained ‘moderate’ even after the EU enlargement (2004/2007) and the Euro-crisis. Studies in Hungary and Romania have shown that there is a high percentage of medical students who have ‘loose intention to leave’ but actual mobility outflows are under 5% (Compare: Girasek & Szócska, 2011 (Hungary); Galan, Olsavszky & Vladescu, 2011 (Romania)). Therefore it is important to conclude that countries’ perceptions of their own brain gain and drain differ often widely from the actual movements. A clearly laid out monitoring system would be helpful in pointing out the various positions from each European country. Moreover, identifying the advantages and disadvantages of knowledge transfer within European countries would reveal potential deficits in the different systems. Looking at brain drain and gain within Europe can aid in identifying various problems regarding the recognition of different medical degrees, hierarchic structures in patient care and help us to learn and benefit from others systems.

Content

Professional mobility that is regulated and harmonised has advantages on several levels. *The individual practitioner* can realise personal goals considering family plans, residency, career choice and advanced theoretical and practical training. The exchange of professionals leads to achievements in *applied sciences*. Research projects benefit from sharing skills, knowledge and methods of research and this might even lead to new projects at a European level. Patient care will be improved by the exchange of clinical and scientific knowledge. EMSA's stance on this matter is that the expertise and ethics of professions will be sufficiently employed by national self-regulation. It is EMSA's idea that the individual nations will develop legally binding regulations to achieve the aforementioned objectives. The lessons learned from the mobility process, especially in times of economic crisis, can be used for future events to prevent a similar and maybe harmful effect to the European community

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of states.

Recommendations

EMSA calls on the European Institutions and its Member States, policy makers and organisations representing the medical profession to

- ensure and protect the best possible quality of care for every patient
- respect and support the legal framework written down in the Directive 2005/36/EC and to further harmonize the regulatory environment for recognition of professional qualifications
- promote transnational exchange by virtue of facilitating professional mobility
- reject policy initiatives which fail to correspond to the legislation
- respect the individual national sovereignty considering the definition of their health policy and for the organisation of health services and medical education
- create and invest in an European monitoring system of professional mobility which is effective and shows reliable data so that future political resolutions may be more rational and evidence-based
- facilitate and enforce the access to information about the different medical degrees and recognition conditions

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