

The Standing Committee of European Doctors (CPME) represents national medical associations across Europe. We are committed to contributing the medical profession's point of view to EU and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.

CPME response to Commission consultation on the Implementation report of Directive 2005/36/EC

On 12 September 2024, the CPME board adopted the 'CPME response to Commission consultation on the Implementation report of Directive 2005/36/EC survey' (CPME 2024/105 FINAL).

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Implementation report of Directive 2005/36/EC - Survey 2024 - Professional Organisations - medical doctors

Fields marked with * are mandatory.



This survey focuses on the profession of medical doctor subject to the automatic recognition system based on minimum training requirements under Directive 2005/36/EC. The survey consists of 4 sections: Section 1 focuses on doctors of medicine. Section 2 targets specialist medical doctors. Section 3 aims at gathering your input in relation to medical general practitioners. Section 4, "Closing Section", includes questions to you on both the application of the Directive and on suggestions on how to best reach out to professionals having gone through a recognition procedure.

You will find a series of questions in various formats, including multiple choice and open-ended questions.

We aim to make the process as straightforward as possible, and your responses based on your experience as representative of a professional organisation are crucial to ensure the success of this data collection phase.

NAME: **Standing Committee of European Doctors (CPME)**

EMAIL:

1 Doctors of medicine

1.1 Is the current minimum length of training for doctors of medicine expressed in years in Article 24 of Directive 2005/36/EC still appropriate?

*'Basic medical training shall comprise a total of **at least five years** of study, which may in addition be expressed with the equivalent ECTS credits'*

YES

NO

What would be a suitable minimum length and why?

A: CPME strongly opposes any reduction of the minimum training requirements in the Directive. In our 2021 policy, we underline that a lack of adequate numbers of health professionals is not a justified reason to lower qualifications and training standards. In the revision of 2013 the length of basic medical education was shortened from 6 to 5 years, and CPME already opposed that.

CPME believes duration is essential for ensuring the competence and safety of medical professionals. Members unanimously agree that reducing this duration could compromise patient safety and care quality.

1.2 Do you think that lowering the current minimum length of training expressed in years could have an adverse effect on patient safety?

YES

NO

Please explain

A: Ensuring adequate training is critical for maintaining high standards of patient care and safety. Lowering the minimum length of medical training could have adverse effects on patient safety since it risks compromising the quality of care provided by less experienced healthcare professionals.

1.3 Are the minimum hours of theoretical and practical training expressed in Article 24 of Directive 2005/36/EC still adequate?

'Basic medical training [...] shall consist of at least 5 500 hours of theoretical and practical training provided by, or under the supervision of, a university.'

YES

NO

What would be a suitable amount of minimum hours and why?

A: We wish to underline that these are minimum requirements. In light of increasing demands on medical education curriculums, Member states should consider increasing the duration.

1.4 Is the current list of minimum knowledge and skills in Article 24 of Directive 2005/36/EC still adequate in light of scientific and technical developments?

'(a) adequate knowledge of the sciences on which medicine is based and a good understanding of the scientific methods including the principles of measuring biological functions, the evaluation of scientifically established facts and the analysis of data;

(b) sufficient understanding of the structure, functions and behavior of healthy and sick persons, as well as relations between the state of health and physical and social surroundings of the human being;

(c) adequate knowledge of clinical disciplines and practices, providing him with a coherent picture of mental and physical diseases, of medicine from the points of view of prophylaxis, diagnosis and therapy and of human reproduction;

(d) suitable clinical experience in hospitals under appropriate supervision.'

YES

NO

A: The list of required knowledge and skills outlined in Article 24 is generally seen as adequate by CPME members. One NMA noted potential improvements could include incorporating simulation, small group teaching, and modern IT methodologies to enhance learning.

1.5 As regards the minimum training requirements for medical doctors, only the list of knowledge and skills can be amended through a delegated act - would it be helpful if all the minimum training requirements for medical doctors would be subject to a regular update via delegated acts?

[For more information on delegated acts, please see Article 290 of the Treaty on the Functioning of the European Union]

A: CPME advocates that the fundamental training requirements should not be subject to frequent updates through delegated acts. Members generally support CPME's position that instead of frequent changes through delegated acts, enhanced exchange of information between national authorities should be encouraged to respect Member States' competencies in regulating medical training.

Given the fundamental character of these minimum training requirements, their development towards more outcome-based criteria cannot be seen as a 'non-essential' change to the document. Moreover, it is necessary to respect the Member States' competence to regulate training and education as enshrined in Art. 165 and Art. 168 TFEU. CPME therefore does not support the specification of knowledge and competences through delegated acts, but instead suggests the facilitation of enhanced exchange between the national competent authorities.

2 Specialist medical doctors

2.1 Are the following minimum specialist medical training requirements as per Article 25 of Directive 2005/36/EC still accurate?

'2. Specialist medical training shall comprise theoretical and practical training at a university or medical teaching hospital or, where appropriate, a medical care establishment approved for that purpose by the competent authorities or bodies. [...] Training shall be given under the supervision of the competent authorities or bodies. It shall include personal participation of the trainee specialised doctor in the activity and responsibilities entailed by the services in question.

3. Training shall be given on a full-time basis at specific establishments which are recognised by the competent authorities. It shall entail participation in the full range of medical activities of the department where the training is given, including duty on call, in such a way that the trainee specialist devotes all his professional activity to his practical and theoretical training throughout the entire working week and throughout the year, in accordance with the procedures laid down by the competent authorities. Accordingly, these posts shall be the subject of appropriate remuneration.'

YES

NO

What changes should be made to this list?

A: The consensus is not to open the directive, however CPME would like to reaffirm its opposition to the Directive's distinction between 'specialist medical training' and 'specific training in general medical practice' as defined by Art. 25 and Art. 28 respectively. Whereas a convergence of these provisions must be the ultimate aim, CPME calls for the acknowledgement of general practice/family medicine as a speciality on equal footing with all other medical specialties under Art. 25 of the Directive.

2.2 As regards the minimum training requirements for specialist medical doctors, only the minimum duration of training can be amended through a delegated act - would it be helpful if all the minimum training requirements for specialist medical doctors would be subject to a regular update through a delegated act?

A: There is a general consensus that all specialist training requirements should not be updated through delegated acts. CPME members support view that only technical elements should be modified via delegated acts, with an emphasis on increased information exchange between national authorities rather than frequent changes in training requirements.

3 Medical general practitioners

3.1 Is the current minimum length of training for medical general practitioners expressed in years still appropriate?

'the training shall be of a duration of at least three years on a full-time basis'

YES

NO

What would be a suitable minimum length and why?

A: While some CPME members are satisfied with the current requirement, others believe it should be extended to four years, as is common in many Member States, to ensure comprehensive training. CPME's position supports retaining or even extending the duration if necessary to align with national practices.

3.2 As regards the minimum training requirements for medical general doctors, they cannot be amended through a delegated act - would it be helpful if all the minimum training requirements for medical general doctors would be subject to a regular update through a delegated act?

A: No, CPME's policy advocates for minimal changes through delegated acts and emphasizes increased national authority coordination to regulate training effectively.

4 Closing section

4.1 Are there any issues with the application of the current minimum training requirements that you would like to flag?

A: The overall impression is that the Directive works well for doctors.

Overall, members do not report significant problems with the application of the current minimum training requirements. CPME acknowledges that while the Directive is functioning well, some of the new mechanisms introduced in 2013 such as Common Training Frameworks and Common Training Tests were not intended to exist in parallel with automatic recognition, therefore we do not pursue this further.

Several NMAs have also requested that the Commission consider providing clearer guidance to Member States on the minimum requirements for duration of practical and theoretical training. Topics such as those mentioned above on minimum training duration and others could be addressed in the form of an Interpretative Communication for legal guidance by the European Commission.

4.2 In the context of the preparation of the Implementation Report, the European Commission intends to also contact professionals (medical doctors) who have experienced the recognition process by moving to another Member State and to gather their feedback - would you have any suggestions on how to best reach out to those professionals (medical doctors)?

A: For gathering feedback from medical doctors who have experienced the recognition process, CPME members suggest using competent authorities, national medical associations, or dedicated IT platforms to reach out effectively. The associations may also be able to facilitate contact with diaspora organisations of doctors or those who had an intention to leave but chose to stay.