European Association of Hospital Pharmacists (EAHP) and European Board of Veterinary Specialisation

A short paper for ENVI & IMCO MEPs

Two solutions to improve recognition of specialisms in the Chapter III professions

September 2012
THE CURRENT DIFFICULTIES WITH RECOGNISING SPECIALISATION IN THE AUTOMATICALLY RECOGNISED PROFESSIONS: THE PROBLEM IN BRIEF

- Directive 2005/36 is a product of history, amalgamating many previous Directives on qualification recognition from the 1970s and 1980s, including previously separate Directives for professions such as medicine and dentistry.

- This has resulted in some positive benefits, such as automatic recognition for 7 professions (medicine, dentistry, nursing, midwifery, pharmacy, architecture and veterinary surgeons), known as “chapter III” or “sectoral” professions. However, it has also meant aspects of Directive text have not kept pace with changes in practise and in thinking about qualification recognition.

- A particular example of this is in relation to the recognition of specialisations of the 7 Sectoral professions. **One problem is that currently Directive 2005/36 only gives procedures and processes for specialisation recognition in 2 out of the 7 sectoral professions (medicine and dentistry).** This is not in keeping with professional developments where specialisation now exists in other sectoral professions such as pharmacy (e.g. hospital pharmacy) and veterinary medicine (e.g. pathology, surgery, or zoological medicine). The consequence is that there are no formal procedures within the Directive to assist individuals with such specialised qualifications in gaining automatic recognition across borders for their expertise, resulting in professional trade restrictions. This is despite whatever match their qualification may be to that which exists in the country to which they are seeking to practise. This anachronism should now be corrected.

- **Another problem is that the mechanisms which currently exist in Directive 2005/36 for the recognition of Chapter III professional specialisations are based on a stringent “duration-based” model of recognition (e.g. agreeing between countries the time taken to obtain a qualification), and do not permit recognition on the basis of agreed competence frameworks, as favoured by many expert international organisations such as International Veterinary Specialist Working Group (IVSWG - a global organisation) and the European Union of Medical Specialists (UEMS).** This should be updated in order to improve qualification mobility across specialisations in all 7 Chapter III professions.

Together with other stakeholders affected by this problem, EAHP and EBVS propose two policy proposals to address the difficulties….

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1 This is despite the fact the European Board of Veterinary Specialisation (EBVS) management of specialisation since 1996, and that veterinary specialisation in Laboratory Animal Medicine is recognized in other EU legislation e.g. EC 2010/63 on the protection of animals used for scientific purposes.

For further information contact po@eahp.eu
**HOW TO IMPROVE THE RECOGNITION OF SPECIALISATIONS IN THE CHAPTER III PROFESSIONS**

**TWO SOLUTIONS**

1) Open the Common Training Framework tool for post-graduate Chapter III profession specialisations

- The Commission’s December 2011 proposals for reform of Directive 2005/36 included a useful proposal to create a new Common Training Framework tool for recognising qualifications akin to a level of automatic recognition. This would enable a minimum of 9 Member State countries, on a voluntary basis, to agree procedures for mutual recognition of a qualification based on an agreed competence framework (rather than a duration-based framework). As a voluntary tool, this would not impose requirements on non-participating countries.

- Such a framework for recognition could be of great use to the many unrecognised specialisations in the Chapter III professions, not only in pharmacy and veterinary medicine, but also those medical specialisations that still face difficulty meeting the duration-based recognition requirements of Directive 2005/36.

- However, unfortunately the Commission’s December 2011 proposals (article 49a) currently prohibits the use of the Common Training Framework tool by Chapter III professions. It is the view of EAHP and EBVS, and endorsing stakeholder partners, that this represents a significant missed opportunity for improving the mobility of existing specialisations - and those in development. Current article 49a of the Commission proposals should be amended to permit use of the Common Training Framework tool by both “General System” professions and “Chapter III” professions.

- An important key strength to understand about the Common Training Framework tool is its voluntary nature. Non-participating Member States are not obligated to recognise such a framework for recognition. In this sense it represents a “bottom up approach” to qualification recognition, as opposed to “top down implementation”. It thus represents a move towards a more voluntary European system of qualifications.

- The proposed extended use of the Common Training Framework is illustrated in the diagram overleaf which was presented to the IMCO Committee in April 2012 by the European Union of Medical Specialists (UEMS), and supported by EAHP and EBVS.

For further information contact po@eahp.eu
**Current Directive 2005/36:**

Diagram showing the structure of the current directive.

**Directive as proposed by Commission, December 2011:**

Diagram showing the proposed changes by the Commission.

**Directive as proposed by UEMS² and supported by EAHP and EBVS:**

Diagram showing the proposed changes by UEMS and supported entities.

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2) Update Directive 2005/36 to acknowledge specialisations in other Chapter III professions

- Science and professional practice do not stand still. The past 40 years have seen large changes across many professional areas, but perhaps most noticeably in those dealing with the interface between emerging science and health, such as pharmacy and veterinary surgery. New postgraduate qualifications have been developed within Europe as a whole and within countries to help individuals acquire and verify possession of skills and knowledge in cutting edge practice such as:
  - in the case of hospital pharmacy, rare disease medicine, genetic therapy, personalised medicine, paediatrics, emergency medicine and emerging practice\(^3\)
  - in the case of specialist veterinary practice, 23 Specialist Colleges\(^4\) have been created under the auspices of the EBVS in areas such as Veterinary Pharmacology and Toxicology and Zoological Medicine

- However, currently Directive 2005/36 does not recognise these changes, or indeed the existence, of specialisations in Chapter III professions such as veterinary surgery and pharmacy. This is despite these specialisations being recognised by other Directives and EU initiatives\(^5\)

- EAHP and EBVS are therefore pleased that Madame Bernadette Vergnaud’s Draft IMCO Report of July 2012 makes one reference to the need to mention the existence of veterinary specialisation (amendment 5) in Directive 2005/36. However, together EAHP and EBVS request that MEPs improve the Commission’s proposals further by more fully recognising the existence of pharmacy and veterinary specialisations through additional amendments to the Directive.

- These changes will helpfully make known to the Commission and to competent authorities in Member States that such specialist qualifications exist across European countries and require the development of recognition procedures akin to post-graduate specialities in medicine and dentistry.

\(^3\) Work Package 4 of the Commission-funded project Pharmine (2011) highlighted in greater detail the common special competencies of a hospital pharmacist across Europe: [www.pharmine.org](http://www.pharmine.org)

\(^4\) The full list is: Animal Reproduction; Animal Welfare and Behavioural Medicine; Bovine Health Management; Equine Internal Medicine; Laboratory Animal Medicine; Porcine Health Management; Poultry Veterinary Science; Small Ruminant Health Management; Veterinary Anaesthesia and Analgesia; Veterinary Comparative Nutrition; Veterinary Clinical Pathology; Veterinary Dermatology; Veterinary Dentistry; Veterinary Diagnostic Imaging; Veterinary Internal Medicine - Companion Animals; Veterinary Neurology; Veterinary Ophthalmology; Veterinary Parasitology; Veterinary Pathologists; Veterinary Public Health; Veterinary Pharmacology and Toxicology; Veterinary Surgery; Zoological Medicine

\(^5\) E.g. In the case of Veterinary Specialisation, Directive EC 2010/63 on the protection of animals used for scientific purposes, or for hospital pharmacy the 2011 Commission-funded Pharmine project.
Annex One: Amendments supporting improved specialisation recognition in the Chapter III professions (common training framework)

<table>
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<tr>
<th>PROPOSAL FOR A DIRECTIVE OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL amending directive 2005/36/EC on the recognition of professional qualifications and regulation on administrative cooperation through the internal market information system</th>
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**Common Training Frameworks**

**Commission proposal**

**Recital 18**

Directive 2005/36/EC should promote a more automatic character of recognition of qualifications for those professions which do not currently benefit from it. This should take account of the competence of Member States to decide the qualifications required for the pursuit of professions in their territory as well as the contents and the organisation of their systems of education and professional training. Professional associations and organisations which are representative at national and Union level should be able to propose common training principles. It should take the form of a common test as a condition for acquiring a professional qualification, or training programmes based on a common set of knowledge, skills and competences. Qualifications obtained under such common training frameworks should automatically be recognised by Member States.

**Amendment**

**Recital 18**

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For further information contact po@eahp.eu
The concept of common training frameworks is a useful proposal for reform and improvement of recognition procedures in the General System. It is based on the concept of voluntary agreements of professional associations and organisations which are representative at national and Union level and can be based on competence frameworks rather than duration based models of qualification recognition. The common training framework tool has the potential to aid both the recognition and mobility procedures for many professions.

However, as per the December 2011 Commission proposals, the common training framework will not be permitted to be used for the recognition of newer specialist qualifications within the Chapter III professions, including, for example, hospital pharmacy and veterinary specialisations.

This is a missed opportunity to improve the mobility of an important section of highly skilled professionals in the labour market. This amendment makes clear that the value of the common training framework as a tool for recognising qualifications applies to both the General System and new specialisms of Chapter III professions.

**Commission proposal**

<table>
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<th>Article 49a</th>
<th>Paragraph 2e</th>
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<tr>
<td>e) the profession concerned is neither covered by another common training framework nor regulated already under Chapter III of Title III;</td>
<td>e) the profession concerned is neither covered by another common training framework or already recognised as a medical or dental specialty within Annex V;</td>
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**Suggested Amendment**

This amendment enables the common training framework tool for recognition of qualifications to be used by new specialities of the Chapter III professions (e.g. hospital pharmacy and veterinary specialities). Importantly, it also clarifies that no threat is made to existing specialities already recognised under the duration-based model of speciality recognition that operates under the current Directive.
### Annex Two: Amendments supporting improved specialisation recognition in the Chapter III professions (updated text)

**PROPOSAL FOR A DIRECTIVE OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL**

amending directive 2005/36/EC on the recognition of professional qualifications and regulation on administrative cooperation through the internal market information system

#### Updating Directive text to reflect the emergence of new Chapter III specialisations

**Commission proposal**

**Recital 16**

(16) To simplify the system for automatic recognition of medical and dental specialities, such specialities should be covered by Directive 2005/36/EC if they are common to at least one third of the Member States.

**Article 22**

For the purposes of point (b) of the first paragraph, as from [insert date - the day after the date set out in first subparagraph of paragraph 1 of Article 3] and every five years thereafter, the competent authorities in Member States shall submit publicly available reports to the Commission and to the other Member States on their continuing education and training procedures related to doctors of medicine, medical specialists, nurses responsible for general care, dental practitioners, specialised dental practitioners, veterinary surgeons, midwives and pharmacists.

**Amendment**

**Recital 16**

(16) To simplify the system for automatic recognition of medical, dental, veterinary and pharmacy specialities such specialities should be covered by Directive 2005/36/EC if they are common to at least one third of the Member States.

**Article 22**

For the purposes of point (b) of the first paragraph, as from [insert date - the day after the date set out in first subparagraph of paragraph 1 of Article 3] and every five years thereafter, the competent authorities in Member States shall submit publicly available reports to the Commission and to the other Member States on their continuing education and training procedures related to doctors of medicine, medical specialists, nurses responsible for general care, dental practitioners, specialised dental practitioners, veterinary surgeons, specialised veterinary surgeons, midwives, pharmacists, and specialised pharmacists.

**Justification**

Directive 2005/36 does not recognise the reality that since the first Directives on professional qualification recognition in the 1970s and 1980s there are now well developed post-graduate specialisations in professions outside of medicine and dentistry, in particular pharmacy and veterinary medicine.

These amendments help to correct that anachronism and begin a process for the development of automatic recognition for such specialisations.

For further information contact po@eahp.eu
About the European Association of Hospital Pharmacists

The European Association of Hospital Pharmacists is an association of national organisations representing hospital pharmacists at European and international levels. It represents and develops the hospital pharmacy profession within Europe in order to ensure the continuous improvement of care and outcomes for patients in the hospital setting. This is achieved through science, research, education, practice, as well as sharing best-practice and responsibility with other healthcare professionals.

http://www.eahp.eu

About the European Board of Veterinary Specialisation

The European Board of Veterinary Specialisation is the governing body for veterinary specialty boards in Europe. The main objectives and duties of the EBVS are:

- To recognise new speciality Colleges
- Set up and maintain a register of European veterinary specialists
- Assure the quality of these specialists by monitoring the Colleges.
- Encourage and promote the enhanced utilisation and availability of speciality services to the public and the veterinary profession

http://www.ebvs.org