
Conference

Regulating health professions in a European perspective

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Abstract

Maintaining skills and ensuring fitness to practise in European countries

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The 2007 Directive on the Recognition of Professional Qualifications greatly simplify the processes facing health professionals living within the EU for work. However, the directive has been criticised because, although it sets out basic standards for initial medical training, it has been silent on the retention of skills and acquisition of new ones, reflecting the importance for health professionals of lifelong learning. European Union member states vary in the extent to which they have adopted mechanisms to ensure that health professionals continue to be up-to-date, by means of continuing professional development or revalidation or recertification. This paper, which draws on research undertaken within the EUCBCC project of the European Union's FP 7 programme, describes the findings of a series of surveys on structures and processes for ensuring the continuing competence and professional standards of physicians in different member states. It describes a very high degree of variation, both in structure and content of the different systems. This reflects differences in the approaches taken to the regulation of professions, and the role played by the state in this activity, although there are also substantial variations in the scope of practice of clinicians which add to the complications. The presentation will also describe the findings of a study in which regulators were asked how they would respond to actions by physicians that might call into question their ability to practice. This also identified very widespread differences in practices, with certain actions leading to sanctions and some member states but not deemed to fall within the remit of regulators and others. Overall, this research highlighted the lack of any evidential base for much of what takes place within the regulation of the medical profession. Some countries have implemented detailed and complex processes, while others take a much more hands-off approach. However, it is not clear that the former approach is necessarily better, and indeed, may encourage a box ticking culture that imposes a very heavy bureaucratic load on physicians with few, if any benefits.