Tehy

Statement, 26th August 2011

SUBJECT:

GREEN PAPER;
Modernising the Professional Qualifications Directive, COM 367

In the opinion of the Finnish Union of Health and Social Care Professionals, TEHY, it is both important and valuable that the EU labour market as a whole will be open, amongst others, to the qualified Finnish health care professionals. The rules and regulations contained in the Directive should be clear and unambiguous, and moreover, the connotations of the concepts used in the Directive should be equally understood by all parties. The quality of the services provided, the engagement of professional and proficient health care staff, and the requirement for the language which is used by the staff to be comprehensible to the clients, should be the core issues of this Directive.

Replies to the Green Paper questions will be provided herewith without quoting the actual questions.

Question 1: No comments on the roles of the competent authorities.

Question 2: On principle, we do not support a professional card due to its static nature and as it cannot in any circumstance be accepted in place of original documents. 2a), 2b), 2c) We do not agree with temporary mobility in any form. Temporary mobility would present difficulties in tracing individuals for example in a case of negligence or injury caused by errors in care.

Question 3: We do not accept any recognition of partial qualifications in the health care sector. The comprehensive knowledge and skills required of professional health care staff ensure the safety of patients. Partial qualifications and temporary mobility constitute substantial risk factors.

Question 4: An internal market test is a good idea, as is its provision by professional associations. We do not regard lowering the threshold to one-third as appropriate, in our opinion the ratio of two-thirds remains more acceptable in the recognition process. Our view in this matter is based on the need to strengthen the transparency and credibility of the system and the need to maintain the agreed level of quality.

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Question 5: We are not aware of any.

Question 6: We support the idea on information of the required documents for the recognition of professional qualifications being easily obtainable, for example electronically, and if possible, through a central access point in each Member State. In addition to the development of such central access points, it would, in our opinion, be important to establish an electronic portal which would make it easy to locate the central access points and the competent authorities of each Member State. Such electronic portals could be developed by a joint Commission working group dealing with the recognition of professional qualifications. This would make it possible for an independent authority to ensure that the information provided by the central access points of the Member States will remain up to date and be comparable. However, during the transition period other parallel channels should also be acceptable.

Question 7: Basically this is down to consumer choice. Problems will not arise in a situation where the consumer and the service provider originate from the same country, as in this case the consumer is likely to be aware of the professional qualifications of the said service provider. However, in countries where a profession is regulated, it may prove impossible for the competent authorities to control the migration from other countries of professionals in the sector in question, as in the example given, without a prior declaration. Violation of the accepted procedure through the use of loop-holes presents a risk and this may lead to diminished consumer protection in the host country. Therefore we are of the opinion that the requirement for a prior declaration should be maintained.

Question 8: In our opinion this is not possible, because the professions and the right to professional practice of legalised health care professionals are bound to be currently valid, nationally controlled with jointly accepted study syllabuses and competence requirements. The comparability of the scope and quality of professional education and training must be maintained.

Question 9: On principle any overlapping classification systems should be deleted and the generation of a common European classification system for new qualifications should be supported. In connection with the mobility of health care professionals, it should be noted that training systems have evolved and changed in all EU countries. Those professionals who have gained their qualifications at an earlier date, should be guaranteed equal opportunities with the more recently qualified for the comparison of the differences in training and all necessary compensation measures should be made available. We will form our opinion on these issues once the results of the evaluation study have been published.

Question 10:

1) A year's difference in the duration of training remains a valid justification. In the health care sector professional maturity and independent competence is obtained in addition to theoretical studies through practical training in a variety of working environments. Should a shorter duration of training be accepted (e.g. with the same quantity of study points), it might lead in the Member States to the curtailment of practical training and to the lack of training necessary for professional growth.

2) Again justification is valid. Practical work experience and learning at the workplace will be necessary for the application in practice of the basic knowledge and skills, which have been gained through training, in different work environments and different service systems, e.g. whilst working in another Member State (see Point 1 above).
3) We agree with a), b) and c) and the relevant justifications in order to guarantee all applicants equal treatment.
4) This is acceptable (see Point 3 above).

Question 11: No comments.

Question 12: We support **Option 2** of the presented alert mechanisms.

Question 13: We support **Option 2.** In addition, in our opinion, it is important that the language requirements for health professionals who are subject to general recognition are the same as those applied to health professionals benefiting from automatic recognition.

Question 14: We support this proposal on the condition that the concept of training here is defined as training which leads to a professional title (including a variety of syllabuses), including minimum training requirements and contents of courses.

Question 15: We support this proposal. In our opinion the question of verification of continuous professional development should be covered more comprehensively in the Directive. In our view this presents a challenge to the adoption of the professional card, i.e. in which way continuous professional development could be assessed and how it could be recorded on the card. Furthermore, in some Member States updating professional skills is a legal requirement. It is essential that the employers provide the employees the opportunity to participate in further training and cover the costs.

Question 16: We support clarifying the minimum training requirements which relate to the duration of training. In our opinion the requirements of minimum years of training, and particularly the minimum hours of training, must be fulfilled. Later on it would be preferable to determine the training requirements in closer connection with the goals and by linking together the skills and training in hours.

Question 17: We support an obligation for Member States to submit a report on any approval of new training programmes. In addition we support an obligation for Member States to submit a report to the Commission on the compliance of training programmes with the Directive regulations. This would help to strengthen the development of national training programmes of the Member States and it would maintain the quality of training parallel with other Member States and increase the transparency of national authorities. Such methods should be described on a national level and in addition these should be presented to the other Member States.

Question 18: In our view the addition of medical specialist qualifications in the Directive could in future be based on one third of the Member States. Even a lower threshold, for example one fifth would be sufficient. In the previous Directive on Medical Practitioners the threshold

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consisted of two Member States and that system worked sufficiently well and made the migration of labour force more flexible. In addition, it is essential to ensure that medical specialisms will actually be included in the Directive. For example medical oncology surpasses the current threshold of two fifths of the Member States, nevertheless it is not included in the list of special fields of medicine which are stated in the Directive although attempts to have it included have been made over several years.

Question 19: No comments. In our view, it would be quite justified to accept some parts of a specialisation programme which have been completed earlier, when a specialist is involved in further training in another field of specialism which is close to the previously studied field of medicine. This would apply, in particular, to the special fields of surgery and internal diseases. The training of these subjects in general starts with a common trunk of studies which need not be repeated when, for example, a surgeon of gastroenterology is interested in specialising in urology, or when an endocrinologist would in addition like to study rheumatology. The units which are responsible for the training programmes set the terms for exemptions and they base their criteria on the contents of any prior studies.

Question 20: We support **Option 2**. However, our choice of this option requires that the Finnish Education Authorities accept the combination of the basic social and health care qualification, which is obtained after the completion of comprehensive school, and the school years as an all-round period of education of 12 years duration. If not, then we will support Option 1.

Question 21: We support a period of practical training of six months, however in such a way that it can be carried out, for example, in two sections depending on the nature of tuition and the structure of the syllabus. As a whole such training should consist of six months and it should be possible to complete it whilst studying.

Question 22: No comment.

Question 23: No comment.

Question 24: We do not support changing the current practice. The training syllabuses in the health care sector are regulated in the EU area. All those individuals who have obtained their professional qualifications outside the EU, should be treated equally regardless of their nationality. Professional competence is understood to consist of professional knowledge and skills and of the ability to demonstrate this in practice. If a person's training is fundamentally different from the harmonised training within the EU where the minimum duration in hours has been stipulated, it can only be expected that the professional skills and areas of responsibility covered by training are also different from the EU standards. This inevitably means that the person's professional competence does not reach the level expected within the EU.

This statement was prepared jointly by TEHY, the Finnish Union of Health and Social Care Professionals, and the unions affiliated to TEHY. The Association of Medical Laboratory Technologists in Finland, the Finnish Association for Physiotherapists, the Finnish Nurses

Association and the Finnish Federation of Oral Health Care Professionals were particularly active in their participation in drawing up this statement.

Helsinki, 26th August 2011

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