



## Consultation response form

Transposition of revised Mutual Recognition of Professional Qualifications (MRPQ) Directive 2005/36/EC Amendments to health and care regulators' legislation

A CONSULTATION ON THE HEALTH SPECIFIC AMENDMENTS TO THE DIRECTIVE

### About you

**You do not have to tell us this information if you do not want to.**

**Please fill in and/or tick the appropriate response.**

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### Freedom of Information

Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes. The relevant legislation in this context is the Freedom of Information Act 2000 (FOIA) and the Data Protection Act 1998 (DPA).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality

disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Department will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties. However, the information you send us may need to be passed on to colleagues within the UK Health Departments and/or published in a summary of responses to this consultation.

I do not wish my response to be published in a summary of responses

**Are you responding (please select one):**

As a member of the public

As a health or social care professional

On behalf of an organisation

**If you are responding on behalf of an organisation, please supply details:**

Royal College of Physicians of Edinburgh.

## Consultation Questions

**1) Are there any further legislative amendments, other than those set out in the draft European Qualifications (Health and Social Care Professions) Regulations 2015, which you think are required as a result of the changes to the Directive?**

No.

**2) Do you think that a pharmacist trainee should take their practical training during their course or at the end of their course?**

The Royal College of Physicians of Edinburgh ("the College") has no specific comments in response to this question.

**3) Do you have any comments on any of the changes in the section above or, where applicable, how these have been inserted into the draft European Qualifications (Health and Social Care Professions) Regulations 2015?**

The change to five years from six years basic medical training, while keeping the hours the same, is reasonable as it will increase flexibility to enable more intensive shorter duration training. Making this a minimum of four years could increase flexibility even further (thinking about four year medical school courses if registration were to move to the point of graduation after Shape of Training).

Partial exemptions seem reasonable as long as appropriate safeguards are in place and there is clear and transparent guidance about when this might be considered. The Royal Colleges should have a role in this regard as well as the GMC.

Something that should be emphasised is that it is the country of training that is key, not the nationality of the individual.

**4) Do you have any comments on the Department's draft European Qualifications (Health and Social Care Professions) Regulations 2015 in relation to the EPC? Are there any further consequential amendments that you think need to be made?**

This appears to be not currently relevant to doctors; however the College queries whether this adds very much, given that other routes still exist.

**5) Do you think there are any potential issues with the introduction of the EPC in relation to the health care professions that have been selected by the Commission?**

The College has no specific comments in response to this question.

**6) Do you agree with the Department's interpretation of what should constitute an alert in relation to healthcare professionals?**

This sounds like a very sensible and appropriate safeguard. Although it may be difficult to provide specific examples of when an alert would be raised, there needs to be consistency and transparency about the types of issues which would be likely to raise an alert.

It is, however, not clear where the discretion would lie for deciding whether an alert would be raised and whether different countries might apply different standards.

**7) Do you think that it would be helpful for the Department to provide healthcare specific guidance for the regulatory bodies to complement the BIS guidance?**

Yes, so that it is clear if there any specific issues relevant to healthcare and that they have been highlighted.

**8) Is there anything that you would like us to include in healthcare specific guidance?**

Key changes as they affect each profession.

**9) Are there any protected characteristics that you feel may be effected, either positively or negatively, by these changes?**

The College has no specific comments in response to this question

**10) Are there any potential monetary impacts (either positive or negative) that you think we need to be aware of?**

There are likely to be financial impacts while new arrangements become embedded.