

Response ID ANON-R61Y-3YHV-V

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

Submitted on **2016-01-20 16:57:25**

Introduction

What is your name?

Name:

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Are you responding:

on behalf of an organisation

If you are responding on behalf of an organisation, please provide its name?

Organisation:

The Faculty of General Dental Practice (UK)

Amendments to the Directive

Q1. 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?

Not Answered

please provide further comments:

Q2. Do you think that a pharmacist trainee should take their practical training during their course or at the end of their course?

Not Answered

Please provide further comments:

Q3. 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?

Yes

Please provide further comments:

In the interests of patient safety, FGDP (UK) supports initiatives to raise standards of dental training and practice. The ability of dentists and dental care professionals who trained outside the UK to register with the General Dental Council and practise dentistry in the UK, based on different standards to those required of UK practitioners for registration and practice, can be concerning if the standard to which an individual trained in a particular area of practice is considered lower, and if that individual is not restricted from practising in that particular area. Harmonisation of training and standards is therefore welcome as long as the harmonisation is toward higher rather than lower standards.

FGDP (UK) supports the introduction of an additional requirement that dentists must have completed at least 5,000 hours of full-time theoretical and practical training.

However we are concerned at the proposal to give additional acquired rights to existing holders of the qualifications listed in Annex V of the Directive, as some of those qualifications may not have required the holders, at the time of completion, to have fulfilled the 5,000 hours of full-time theoretical and practical training which will in future be required.

We would suggest that the additional acquired rights only be extended to those whose qualifications meet the updated requirements, and that those whose qualifications at the time did not satisfy the requirement which is now being introduced be required to demonstrate competence through equivalent post-qualification training and practice.

We also note that there appears to be no arrangement for the mutual recognition of competence to carry out more specialised care. For instance, in dentistry, the General Dental Council maintains lists of specialists – dentists with certified training over and above that required for general registration - in thirteen areas of practice. However, other member states operate far fewer equivalent lists, typically no more than five to eight. There is no mention in the consultation document of potential harmonisation of the standards required to join such lists, nor of the mutual recognition of specialised training across borders - even for the two specialisms which are specifically regulated under EU law (Orthodontics and Oral Surgery). This is a significant gap in the legislation, and it would be useful to the profession to be clear about the mutual recognition (or lack of it) with regards to Specialist Lists.

Q4. 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?

Yes

Please provide further comments:

FGDP (UK) supports the introduction of the European Professional Card (EPC) as a means of enabling healthcare professionals to demonstrate proof of their qualification to national regulators. We would welcome the inclusion of Dentists and Dental Care Professionals in the next wave of the EPC's roll-out.

Q5. 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?

Not Answered

Please provide further comments:

Q6. Do you agree with the Department's interpretation of what should constitute an alert in relation to healthcare professionals?

Yes

Please provide further comments:

FGDP (UK) welcomes the introduction of an alert mechanism in the interests of enhancing patient safety. We note the Department's intention to argue that the legislation should not prescribe exactly which restrictions on practice should trigger an alert, and request confirmation that the Department will nonetheless ensure that national regulators will be using common criteria, as otherwise the system will lack credibility.

DH Guidance Document

Q7. 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

Please provide further comments:

Q8. Is there anything that you would like us to include in healthcare specific guidance?

Yes

Please provide further comments:

It would be useful for any guidance given to the profession to be clear about the mutual recognition (or lack thereof) of Specialist Lists.

Costs and Benefits and Equality Analysis

Q9. Are there any protected characteristics that you feel may be effected, either positively or negatively, by these changes?

Not Answered

Please provide further comments:

Q10. Are there any potential monetary impacts (either positive or negative) that you think we need to be aware of?

Not Answered

Please provide further comments: