

Kershenstein, Karen

From: Torsten Kälve mark [Torsten.Kalvemmark@hsv.se]
Sent: Friday, September 08, 2000 5:06 AM
To: Kershenstein, Karen
Subject: Re: Staff Analysis

Dear Karen,

Thank you very much for an accurate and well balanced staff analysis. I have really nothing to add or correct.

One minor point though: on pages 2 and 14 you mention the 1996 review. It is true that it started in 1996 but it was a rather lengthy process and the final report was made public in September 1997. So perhaps one should call it the 1996/97 or simply the 1997 review.

As I mentioned to Bonnie yesterday I have contacted our embassy about the meeting on Sept. 15th. Someone from their staff will probably come and I will give you the name as soon as possible.

Have a nice week-end,

Torsten

"Kershenstein, Karen" wrote:

- > Torsten, here is the staff analysis of Sweden's system based on both the
- > written information you sent us and the information Will and Bonnie obtained
- > during their visit. We would appreciate your reviewing it and giving us any
- > comments you might have. The NCFMEA meets next Friday, so we would
- > appreciate receiving your comments fairly soon.
- >
- > Thanks.
- >
- > Karen
- >
- > <<swedenrev3.doc>>
- >
- > -----
- > Name: swedenrev3.doc
- > swedenrev3.doc Type: Microsoft Word Document (application/msword)
- > Encoding: base64
- > Download Status: Not downloaded with message



NEWDOC

Committee Name 3	Year yyyy	Meeting Summer(s)-Winter(w)
NCFMEA	2004	S (W)

005333
Doc Number (Bates Stamp here)

Document Class

circle one

01 Agenda

Country Materials for 53

Enter country-code number from the Master List.

- 21 Staff Analysis
- 23 Agency Response
- 24 Addendum
- 29 Secretary's Decision Letter

- 02 Decision Memo
- 04 Federal Register Notices
- 05 General Correspondence
- 06 Handouts
- 07 Minutes
- 08 Readers/Recusals
- 09 State Department Notice
- 10 Transcripts

Date - -
 yyyy mm dd

30 By-Laws

- 62 Appointment Letters
- 64 Membership Lists
- 66 Guidelines
- 68 Miscellaneous

Country Submission

Dr. Karen W. Kershenstein, Director
Accreditation and State Liaison
U.S. Department of Education
1990 K Street, N.W., Room 8111
Washington, DC 20006-8509
U.S.A.

Dear Karen,

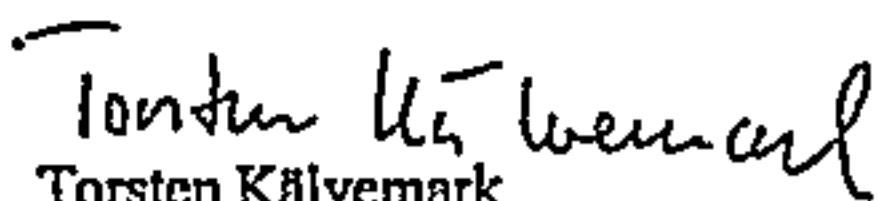
Many thanks for the constructive discussion at the March meeting of NCFMEA. It was again a pleasure to meet the Committee, its staff and you personally.

I was happy that the Committee decided to defer its decision on the comparability of Sweden's accreditation standards for medical schools until its September 15 meeting pending some further clarification.

In response to Secretary Riley's letter of April 28 2000 The National Agency for Higher Education has prepared the attached memorandum which presents the legal basis for the recurrent evaluation and accreditation of medical schools by the Agency. The memorandum also gives details about the criteria from the national and European level which are used in judging the quality of medical education in Sweden.

We are very happy that you and Dr. Deal will be coming to Sweden in August and thus be able to get an even broader and more complete picture of the Swedish system. We look forward to this visit and the continued dialogue between the United States and Sweden in this important field of education.

Sincerely



Torsten Kälveborn
Senior Advisor
National Agency for Higher Education
Stockholm, Sweden

Tel.: +46-8-5630 8771, Fax: +46-8-5630 8750
e-mail: Torsten.Kalveborn@hsv.se

Additional information on Sweden's standards and processes for the evaluation and approval of medical schools

1 The legal basis

The Swedish Law on Higher Education (1992:1434 in the Swedish Code of Statutes - *Annex 1*) states in § 11:

The Government decides which types of degrees and qualifications may be awarded. The National Agency for Higher Education decides which institutions will be given the right to award these degrees.

The Charter for The National Agency for Higher Education (issued by the Swedish Government in 1995 (1995:945 in the Swedish Code of Statutes - *Annex 2*) states the following:

1 § The National Agency for Higher Education is the central authority for questions regarding

1 Public universities and colleges and

2 Private higher education institutions which receive state support or have been given the right to award degrees.

2 § The National Agency for Higher Education shall work with the aim to fulfil the goals which Parliament and Government has set for the sector under the Agency's jurisdiction.

3 § In pursuit of this The National Agency for Higher Education shall

- follow up and evaluate higher education and research with regard to the role and functioning of institutions in relation to the development and competence needs in society and on the labour market.

- monitor activities within its sphere of jurisdiction...

- summarise and make public the results of the evaluative and monitoring activities,
- follow developments and trends, nationally and internationally, which are of importance for the higher education sector...
- support and further the work in universities and colleges with regard to quality control and quality enhancement
- decide on the right for public universities and colleges to award degrees...

In a bill to the Swedish Parliament in December 1999 (Proposition 1999/2000:28 - *Annex 3*) on i.a. quality control in the higher education sector the Government stated the following:

The evaluation of subjects and programmes should be strengthened. The National Agency for Higher Education should be given the task to perform recurrent evaluations of all academic subjects and programmes in universities and colleges, starting in 2001. These evaluations should take place every six years and include all programmes leading to general degrees or vocational degrees as well as research training. They should also take into account the right to award degrees.

The Government further underlined:

The National Agency shall publish a report after each national evaluation of academic subjects and programmes. This report shall contain a description of the quality of the educational programme in each of the evaluated institutions. In order to further the pursuit of quality, good examples of national and international quality should be highlighted. The report shall also contain a summary of the recommendations given to every institution. The reactions and comments of the institutions and their follow-up measures shall be reported back to the Agency which subsequently shall decide on action to be taken with regard to the result of the evaluation. If serious quality problems are detected which could jeopardise the institution's right to award degrees, the board of governors must elaborate a plan to remedy the insufficiencies. The Agency should thereafter re-examine the case.

The bill was debated in the Parliament on 12 April 2000 and was approved (Minutes of Parliament 1999/2000:96 - *Annex 4*). It has thereby become part of the Swedish legislation.

As has been described in earlier documents, evaluations have taken place even before this legislation had been enacted. These evaluations have been carried out by international peer groups and have included site visits etc.

2 The Context of the European Union

In 1992 Sweden joined the European Economic Area. In this process the country subscribed to all the conventions of the European Union with regard to the recognition of degrees and qualifications. By subsequently joining the European Union (EU) in 1995 the legislation of the EU has become part of the Swedish legislation. Sweden is thereby bound by the EC Directive 93/16/EEC of 5 April 1993 to facilitate the free movements of doctors and the mutual recognition of their diplomas, certificates and other evidence of formal qualification. (*Annex 5* - the document can also be found on the Internet address:

http://www.europa.eu.int/eur-lex/en/lif/dat/1993/en_393L0016.html. The amendments with regard to Sweden's accession - *Annex 6* - is found at the address:

http://www.europa.eu.int/eur-lex/en/lif/dat/1994/en_294A0103_57.html).

The Directive states that each member state (Austria, Belgium, Denmark, Germany, Greece, Finland, France, Ireland, Italy, Luxembourg, the Netherlands, Portugal, Sweden, Spain and the United Kingdom) shall recognise the diplomas, certificates and other evidence of formal qualifications awarded by the other member states. This entails the right of the qualified individual to "take up and pursue the activities of a doctor" in any one of the states of the EU (plus Iceland, Norway, Liechtenstein and Switzerland which have also subscribed to this legislation).

Article 23 of the Directive makes the following provisions:

1. The Member States shall require persons wishing to take up and pursue a medical profession to hold a diploma, certificate or other evidence of formal qualifications in medicine referred to in Article 3 which guarantees that during his complete training period the person concerned has acquired:

(a) adequate knowledge of the sciences on which medicine is based and a good understanding of the scientific methods including the principles of measuring biological functions, the evaluation of scientifically established facts and the analysis of data;

(b) sufficient understanding of the structure, functions and behaviour of healthy and sick persons, as well as relations between the state of health and physical and social surroundings of the human beings;

(c) adequate knowledge of clinical disciplines and practices, providing him with a coherent picture of mental and physical diseases, of medicine from the points of view of prophylaxis, diagnosis and therapy and of human reproduction;

(d) suitable clinical experience in hospitals under appropriate supervision.

2. A complete period of medical training of this kind shall comprise at least a six-year course or 5 500 hours of theoretical and practical instruction given in a university or under the supervision of a university.

3. In order to be accepted for this training, the candidate must have a diploma or a certificate which entitles him to be admitted to the universities of a Member State for the course of study concerned.

4. In the case of persons who started their training before 1 January 1972, the training referred to in paragraph 2 may include six months' full-time practical training at university level under the supervision of the competent authorities.

5. Nothing in this Directive shall prejudice any facility which may be granted in accordance with their own rules by Member States in respect of their own territory to authorize holders of diplomas, certificates or other evidence of formal qualifications which have not been obtained in a Member State to take up and pursue the activities of a doctor.

3 Regulations for medical training

The Higher Education Ordinance (Swedish Code of Statutes 1993:100) has an annex (The Degree Ordinance) where the government regulates the degrees and qualifications in the higher education system of Sweden (*Annex 7*). The medical qualification (Läkarexamen) is a degree protected by law. The length of the training and the educational goals are set out as follows:

Medical qualification

The medical qualification includes courses comprising 220 credit points (220 weeks or 5,5 years).

Educational goals

In order to get the medical qualification students must

- acquire knowledge and skills necessary for the medical profession and for the subsequent clinical training which is the precondition for registration.

- acquire knowledge about those conditions in society which affects the health of men and women in order to be able to work with prevention of disease.

- develop the knowledge of oneself as well as an ability for empathy and an ethical and holistic view of man, thereby developing also an ability to establish good relations with patients and persons in close proximity with them.

- acquire knowledge about the organisation and the economy of the health care system which is of importance for all doctors as well as skills for team work and co-operation with all professional groups.

Further goals can be set by each university or college.

One of the important goals is that the medical training should be a sufficient basis for the subsequent 18-month pre-registration (or pre-licensure) period as a house officer. As mentioned in the previous documents submitted from Sweden this period ends with national tests. Although the skills in all clinical areas are implicitly evaluated during this period the regulations deal mainly with the four core areas of clinical service: internal medicine, surgery, psychiatry and general practice (family medicine).

For the sake of completeness the relevant parts of the regulations for this final examination are presented below: (the full Swedish text can be found at the following web-site on the Internet: <http://www.sos.se/sos/publ/sosfs/fs9905.htm>)

Chapter 1

§ 5

The clinical pre-registration period shall enable the future physician to exercise the medical profession in accordance with:

1. Science and good practice
2. Demands for a professional and careful treatment
3. Common ethical norms of the health care system
4. Laws and regulations pertaining to the professional activity of physicians

The clinical pre-registration period should also enable the candidate for registration to take an active part in the evaluation, development and improvement of medical care.

§ 6

During the clinical pre-registration period the future physician should be given opportunities to learn about managerial and administrative tasks such as planning, evaluation and co-decision procedures. He or she should also be encouraged to take part in the development of professional skills in the clinic.

Special emphasis should be put on the ability to solve problems independently and to gather information and knowledge. Based on concepts like moral, ethics and professional behaviour, the future physician should be given opportunities for a profound reflection and exchange of experience as well as opportunities for a discussion on the future role as a doctor.

§ 10

After completion of the pre-registration clinical period the future physician should have reached all the goals set up in these regulations. After each stage a chief medical officer of the clinic concerned should confirm in writing that all these goals have been reached.

Chapter 2

§ 1

During the pre-registration clinical period the candidate for registration must have acquired a good ability to master, independently and with high security, all the basic routines of medical care.

He or she must also have acquired a therapeutic approach - based on scientific and humanistic values - which include a holistic view of the patient and an ability to maintain a good doctor/patient relationship in diagnostics and therapy. This presupposes necessary skills in the medical disciplines as well as attitudes in accordance with the ethical values of society. The future registered doctor should be able to pursue the medical profession with respect for his/her personal competence and its possibilities and limits.

§ 2

Before registration the candidate must

1. master diagnostics and the principles for therapy of common disorders in the following areas: medicine, surgery, psychiatry and general practice (family medicine)

2. independently be able to take care of life-threatening acute conditions
3. initially be able to lead activities in an emergency room
4. be able to lead and supervise work in a small group
5. be able to report correctly to specialists on call and to other units about patients who are in a state of acute illness
6. be well aware of the routines of clinical work and be familiar with the processes of recording anamnesis and somatic status, making prescriptions and referrals
7. have a good knowledge of the possibilities and limits of radiological diagnostics and laboratory tests in various clinical situations
8. have an insight in the way that various states of pain and anxiety can be relieved
9. have a good knowledge of the particular problems related to the care of the elderly and of terminal care
10. be able to give patients and their next of kin difficult messages in a good manner
11. know the routines related to the death of a patient
12. have gained a good understanding of the importance of giving attention to abuse of alcohol or drugs and unexpected effects of medication
13. be able to recognise effects of physical violence
14. know the problems and needs related to the treatment of ethnic minorities and refugees
15. be aware of the importance of hygiene in the clinical surroundings
16. have gained experience of preventive medicine, above all on the individual level
17. be able to maintain good cooperation with other disciplines and units within the health care system
18. be able to cooperate with authorities and organisations outside the health care system, like social service units, insurance offices and labour exchange offices
19. have a good knowledge about the organisation and role of the health care system in a wider context
20. be familiar with laws and regulations (including those related to secrecy and confidentiality) which are important for the doctor/patient relationship
21. have experience of IT-based methods for documentation, evaluation and decision-making
22. have knowledge of methods for professional development
23. be aware of methods contributing to a cost-effective health-care delivery.

Chapter 3

§ 2

After the clinical pre-registration period the future physician should be able to handle independently:

1. minor surgery, in particular revision of wounds, suturation and minor excisions
2. infections in soft tissues and urinary tract
3. other common urinal problems
4. rectoscopy and proctoscopy
5. arterial puncture and intravenous canula
6. application of a nasogastric tube
7. techniques of immobilisation
8. puncture in joints

§ 3

The future physician should also have a good knowledge of and some experience in

1. initial treatment of traumata within the whole area of surgery, above all the head, thorax, back, extremities, abdomen, genitalia and skin (including burns)
2. acute abdominal pain
3. acute scrotal pain
4. fluid balance and chock treatment
5. peripheral circulation disorders
6. initial treatment of low back pain
7. disorders in peripheral ligaments and muscle attachments
8. diagnostics and treatment of common surgical disorders, above all benign gastrointestinal diseases and defects of the abdominal wall
9. indications for further investigation related to suspicion of gastrointestinal, urogenital or mammary malignity
10. ototracheal intubation
11. lumbar puncture

4 §

The future physician should also have sufficient insight into

1. preoperative assessment and postoperative normal progress
2. differential diagnostics related to acute swelling in joints
3. methods for treatment of pain due to cancer

5 §

The future physician should have assisted at gastroscopy, surgical operations in the abdominal cavity, surgery of abdominal wall disorders and orthopaedic surgery

Chapter 4

2 §

After the pre-registration clinical period the future physician should be able to handle independently:

1. disorders and illnesses in the heart and vessels like unstable coronary artery disease, heart attacks, arrhythmias, cerebrovascular conditions, ventrotrombosis, pulmonary embolism and malignant hypertension
2. disorders in the lungs like pneumothorax, asthma and respiratory insufficiency
3. infectious diseases like pneumonia, urinary tract infections, sepsis and meningitis
4. endocrine medical conditions like hyper- and hypoglykemi, adrenocortical insufficiency and hyperalcemi
5. neurological conditions like dizziness, headache, spasms and diffuse unconsciousness
6. gastrointestinal disorders, e.g. bleedings and acute inflammatory conditions in the intestines
7. kidney problems, particularly in combination with electrolytic and acid/basis disorders
8. acute arthritis
9. toxicological conditions, i. a. related to drugs and/or alcohol
10. other acute conditions like allergic reactions, hemolytic conditions and drowning conditions

3 §

The future physician should have a good knowledge of and some experience with regard to routines for control of patients with

1. diabetes mellitus
2. high blood pressure
3. peripheral arterial insufficiency
4. hyperthyreosis and hypothyreosis
5. arthritis
6. anemia
7. dementia

4 §

The candidate for licensure should furthermore be familiar with the following:

1. Parkinson's disease
2. the special problems related to immunosuppression
3. diagnostics and treatment of rheumatoid arthritis and systemic lupus erythematosus (SLE)
4. agranulocytosis
5. leukaemia
6. icteric conditions
7. analysis of haematuria and proteinuria
8. chronic kidney insufficiency

Chapter 5

2 §

The candidate for registration should be able to act independently in the following ways:

1. to meet patients with psychiatric disorders in a professional manner
2. to know the basis for treatment and support in states of crisis
3. to make a psychiatric anamnesis and to assess the psychiatric status
4. to assess the risk for suicide
5. to make initial diagnosis and treatment of acute psychiatric conditions like psychosis, depression, anxiety and addiction

3 §

The candidate should have a good knowledge of an experience in following areas:

1. old age psychiatry
2. addiction and psychotic drug addicts
3. depressions
4. states of anxiety
5. psychoses
6. psychiatric problems related to mental retardation and acquired brain damages
7. somatic diseases which may cause psychiatric symptoms and psychosomatic conditions
8. psychiatric symptoms due to side effects of prescribed drugs
9. psychopharmacology

4 §

The candidate for registration should have knowledge of

1. biological, psychological and social factors of relevance for psychiatric diseases
2. the basic principles of group dynamics and team psychiatry with particular emphasis on the role of the doctor
3. personality disorders
4. psychotherapeutic methods
5. electroconvulsive therapy
6. psychiatric rehabilitation
7. child and youth psychiatry
8. forensic psychiatry
9. the Hawaii and Madrid declarations and the specific ethical problems related to psychiatry.

Chapter 6

This chapter deals with the requirements of knowledge in general practice (or family medicine) and can be seen merely as an application of knowledge in other clinical areas in this particular field.

4 Summing Up

In summing up the information given above the following conclusions can be drawn:

1. The Swedish National Agency is authorised by the Swedish Government to evaluate the medical education on a recurrent basis.
2. In this process the Agency is authorised to take appropriate action when standards are not met. This entails i.a. the power to withdraw the right to award degrees.
3. Sweden is bound by the legislation of the European Union with regard to the mutual recognition of medical qualifications and the right for licensed doctors to take up work in any of the 15 member states. This implies that comparability with standards in countries like Denmark, France; Germany and the United Kingdom is an important aspect in judging the quality of medical education.
4. The national criteria for judging the quality of medical education are set out in the Higher Education Ordinance and the Degree Ordinance. Further criteria are found in regulations for the pre-registration clinical period.

5. Through this variety of international and national criteria and through the recent legislation on recurrent evaluations, Sweden's standards for the accreditation and quality control of medical schools seem to be fully comparable with those of the United States.



Europa

EUR-Lex

es	da	de	el	en	fr	it	nl	pt	fi	sv
----	----	----	----	----	----	----	----	----	----	----



REGISTER

Community legislation in force



SITE MAP

Document 393L0016



SEARCH

Directory chapters where this document can be found:

[16.30 - Education and training]

[06.20.50 - Medical and para-medical activities]



HELP

Instruments amended:

389L0594 (See)381L1057 (Modification)

FEEDBACK



COPYRIGHT

393L0016

Council Directive 93/16/EEC of 5 April 1993 to facilitate the free movement of doctors and the mutual recognition of their diplomas, certificates and other evidence of formal qualifications

Official Journal L 165 , 07/07/1993 p. 0001 - 0024

Finnish special edition....: Chapter 6 Volume 4 p. 102

Swedish special edition....: Chapter 6 Volume 4 p. 102



HOME

Amendments:

Amended by 194N

Amended by 397L0050 (OJ L 291 24.10.97 p.35)Amended by 398L0021 (OJ L 119 22.04.98 p.15)Amended by 398L0063 (OJ L 253 15.09.98 p.24)Amended by 399L0046 (OJ L 139 02.06.99 p.25)

Text:

COUNCIL DIRECTIVE 93/16/EEC of 5 April 1993 to facilitate the free movement of doctors and the mutual recognition of their diplomas, certificates and other evidence of formal qualifications

THE COUNCIL OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Economic Community, and in particular Article 49, Article 57 (1) and (2), first and third sentences, and Article 66 thereof,

Having regard to the proposal from the Commission,

In cooperation with the European Parliament(1) ,

Having regard to the opinion of the Economic and Social Committee(2) ,

Whereas Council Directives 75/362/EEC of 16 June 1975 concerning the mutual recognition of diplomas, certificates and other evidence of formal qualifications in medicine, including measures to facilitate the effective exercise of the right of establishment and freedom to provide services(3) and 75/363/EEC of 16 June 1975 concerning the coordination of provisions laid down by law, regulation or administrative action in respect of activities of doctors(4) have been frequently and substantially amended; whereas, therefore, for reasons of clarity and rationality, the said Directives should be consolidated; whereas it is in addition advisable, by grouping together the said

Directives in a single text, to incorporate therein Council Directive 86/457/EEC of 15 September 1986 on specific training in general medical practice(5) ;

Whereas, pursuant to the Treaty, all discriminatory treatment based on nationality with regard to establishment and provision of services is prohibited as from the end of the transitional period; whereas the principle of such treatment based on nationality applies in particular to the grant of any authorization required to practise as a doctor and also to the registration with, or membership of, professional organizations or bodies;

Whereas it nevertheless seems desirable that certain provisions be introduced to facilitate the effective exercise of the right of establishment and freedom to provide services in respect of the activities of doctors;

Whereas, pursuant to the Treaty, the Member States are required not to grant any form of aid likely to distort the conditions of establishment;

Whereas Article 57 (1) of the Treaty provides that directives be issued for mutual recognition of diplomas, certificates and other evidence of formal qualifications; whereas the aim of this Directive is the recognition of diplomas, certificates and other evidence of formal qualifications whereby activities in the field of medicine can be taken up and pursued and the recognition of diplomas, certificates and other evidence of formal qualifications in respect of specialists;

Whereas, with regard to the training of specialists, mutual recognition of training qualifications is advisable where these qualifications, while not being a condition of access to take up the activities of a specialist, nonetheless entitle him to use a specialist title;

Whereas changes in the legislation of the Member States have made certain technical amendments necessary in order to take into account, in particular, the changes in the titles of diplomas, certificates and other evidence of formal qualifications in these professions or in the designation of certain medical specializations, as well as of the establishment of certain new medical specializations or the discontinuing of certain former specializations which have taken place in some Member States;

Whereas it is advisable to make provision for measures relating to acquired rights with regard to the mutual recognition of diplomas, certificates and other evidence of formal qualifications in medicine issued by the Member State and approving training which had commenced before the implementation of this Directive;

Whereas, with regard to the possession of a formal certificate of training, since a Directive on the mutual recognition of diplomas does not necessarily imply equivalence in the training covered by such diplomas, the use of such qualifications should be authorized only in the language of the Member State of origin or of the Member State from which the foreign national comes;

Whereas, to facilitate the application of this Directive by the national authorities, Member States may prescribe that, in addition to formal certificates of training, the person who satisfies the conditions of training required by this Directive must provide a certificate from the competent authorities of his country of origin or of the country from which he comes stating that these certificates of training are those covered by the Directive;

Whereas this Directive does not affect the provisions laid down by law, regulation or administrative action in the Member States, which prohibit companies or firms from practising medicine or impose on them certain conditions for such practice;

Whereas, in the case of the provision of services, the requirement of registration with, or membership of, professional organizations or bodies, since it is related to the fixed and permanent nature of the activity pursued in the host country, would undoubtedly constitute an obstacle to the person wishing to provide the service, by reason of the temporary nature of his activity; whereas this requirement should therefore be abolished; whereas, however, in this event, control over professional discipline, which is the responsibility of these professional organizations or bodies, should be guaranteed; whereas, to this end, it should be guaranteed; whereas, to this end, it should be provided, subject to the application of Article 62 of the Treaty, that the person concerned may be

required to submit to the competent authority of the host Member State particulars relating to the provision of services;

Whereas, with regard to the requirements relating to good character and good repute, a distinction should be drawn between the requirements to be satisfied on first taking up the profession and those to be satisfied to practise it;

Whereas, with a view to mutual recognition of diplomas, certificates and other evidence of formal qualifications in specialized medicine and in order to put all members of the profession who are nationals of the Member States on an equal footing within the Community, some coordination of the requirements for training in specialized medicine seems necessary; whereas certain minimum criteria should be laid down for this purpose concerning the right to take up specialized training, the minimum training period, the method by which such training is given and the place where it is to be carried out, as well as the supervision to which it should be subject; whereas these criteria only concern the specialities common to all the Member States or to two or more Member States;

Whereas the coordination of the conditions for the pursuit of these activities, as envisaged by this Directive, does not exclude any subsequent coordination;

Whereas the point has now been reached where it is almost universally recognized that there is a need for specific training for the general medical practitioner to enable him better to fulfil his function; whereas this function, which depends to a great extent on the doctor's personal knowledge of his patients' environment, consists of giving advice on the prevention of illness and on the protection of the patients' general health, besides giving appropriate treatment;

Whereas this need for specific training in general medical practice has emerged mainly as a result of the development of medical science, which has increasingly widened the gap between medical research and teaching on the one hand and general medical practice on the other, so that important aspects of general medical practice can no longer be taught in a satisfactory manner within the framework of the Member States' current basic medical training;

Whereas, apart from the benefit to patients, it is also recognized that improved training for the specific function of general medical practitioner would contribute to an improvement in health care, particularly by developing a more selective approach to the consultation of specialists, use of laboratories and other highly specialized establishments and equipment;

Whereas improved training for general medical practice will upgrade the status of the general medical practitioner;

Whereas, although this situation seems irreversible, it has developed at different rates in the various Member States; whereas it is desirable to ensure that the various trends converge in successive stages, without however forcing the pace, with a view to appropriate training for every general medical practitioner in order to satisfy the specific requirements of general medical practice;

Whereas, to ensure the gradual introduction of this reform, it is necessary in an initial stage to institute in each Member State specific training in general medical practice which satisfies minimum quality and quantity requirements, and supplements the minimum basic training which medical practitioners must receive in accordance with this Directive; whereas it is immaterial whether this training in general medical practice is received as part of, or separately from, basic medical training as laid down nationally; whereas, in a second stage, provision should be made to subject the exercise of general medical practice under a social security scheme to completion of specific training in general medical practice; whereas further proposals to complete the reform should subsequently be put forward;

Whereas this Directive does not affect the power of the Member States to organize their national security schemes and to determine what activities are to be carried out under those schemes;

Whereas the coordination, pursuant to this Directive, of the minimum conditions governing the issue of diplomas, certificates or other evidence of formal qualifications

certifying completion of specific training in general medical practice will render possible the mutual recognition of these diplomas, certificates or other evidence of formal qualifications by the Member States;

Whereas, pursuant to this Directive, a host Member State is not entitled to require medical practitioners, in possession of diplomas obtained in another Member State and recognized pursuant to this Directive, to complete any additional training in order to practise within its social security scheme, even where such training is required of holders of diplomas of medicine obtained in its own territory; whereas this consequence of this Directive will remain in effect as regards the exercise of general medical practice under social security schemes until 1 January 1995, from which date this Directive requires all Member States to make the exercise of general medical practice in the context of their social security schemes subject to the possession of specific training in general medical practice; whereas medical practitioners established in practice before that date pursuant to this Directive must have an acquired right to practise as general medical practitioners under the national social security scheme of the host country even if they have not completed specific training in general medical practice;

Whereas the coordination envisaged by this Directive covers the professional training of doctors, whereas, as far as training is concerned, most Member States do not at present distinguish between doctors who pursue their activities as employed persons and those who are self-employed; whereas rules relating to good character or good repute, professional discipline or use of title for the professions covered are or may be applicable, depending on the individual Member States, both to employed and self-employed persons; whereas the activities of doctors are subject in all Member States to possession of a diploma, certificate or other evidence of formal qualification in medicine; whereas such activities are pursued by both employed and self-employed persons, or by the same persons in both capacities in the course of their professional career; whereas, in order to encourage as far as possible the free movement of those professional persons within the Community, it therefore appears necessary to extend this Directive to employed doctors;

Whereas, this Directive must not affect the obligations of the Member States concerning the deadlines for transposition set out in Annex III, Part B,
HAS ADOPTED THIS DIRECTIVE:

TITLE I SCOPE

Article 1

This Directive shall apply to the activities of doctors working in a self-employed or employed capacity who are nationals of the Member States.

TITLE II MUTUAL RECOGNITION OF DIPLOMAS CERTIFICATES AND OTHER EVIDENCE OF FORMAL QUALIFICATIONS IN MEDICINE CHAPTER I DIPLOMAS, CERTIFICATES AND OTHER EVIDENCE OF FORMAL QUALIFICATIONS IN MEDICINE

Article 2

Each Member State shall recognize the diplomas, certificates and other evidence of formal qualifications awarded to nationals of Member States by the other Member States in accordance with Article 23 and which are listed in Article 3, by giving such qualifications, as far as the right to take up and pursue the activities of a doctor is concerned, the same effect in its territory as those which the Member State itself awards.

Article 3

The diplomas, certificates and other evidence of formal qualifications referred to in Article 2 are as follows:

(a) in Belgium;

'diplôme légal de docteur en médecine, chirurgie et accouchements/Wettelijk diploma

van doctor in de genees-, heel- en verloskunde' (diploma of doctor of medicine, surgery and obstetrics required by law) awarded by the university faculties of medicine, the Central Examining Board or the State University Education Examining Board;

(b) in Denmark:

'bevis for bestaaet laegevidenskabelig embedseksamen' (diploma of medical practitioner required by law) awarded by a university faculty of medicine and 'dokumentation for gennemfoert praktisk uddannelse', (certificate of practical training issued by the competent authorities of the health service);

(c) in Germany:

1. 'Zeugnis ueber die aertzliche Staatspruefung' (the State examination certificate in medicine) awarded by the competent authorities, 'Zeugnis ueber die Vorbereitungszeit als Medizinalassistent' (certificate stating that the preparatory period as medical assistant has been completed) in so far as German law still requires such a period to complete medical training;

2. 'Zeugnis ueber die aertzliche Staatspruefung' (the State examination certificate in medicine) awarded by the competent authorities after 30 June 1988 and the certificate attesting to the practice of medicine during a period of practical training ('Arzt im Praktikum');

(d) in Greece:

'Ptychio Iatrikis' (degree in medicine) awarded by:

- the faculty of medicine of a university, or
- the faculty of health sciences, department of medicine, of a university;

(e) in Spain:

'Título de Licenciado en Medicina y Cirugía' (university degree in medicine and surgery) awarded by the Ministry of Education and Science or the rector of a university;

(f) in France:

1. 'diplôme d'État de docteur en médecine' (State diploma of doctor of medicine) awarded by the university faculties of medicine, the university joint faculties of medicine and pharmacy, or by the universities;

2. 'diplôme d'université de docteur en médecine' (university diploma of doctor of medicine) where that diploma certifies completion of the same training course as that laid down for the State diploma of doctor of medicine;

(g) in Ireland:

a primary qualification granted in Ireland after passing a qualifying examination held by a competent examining body and a certificate of experience granted by that body which give entitlement to registration as a fully registered medical practitioner;

(h) in Italy:

'diploma di laurea in medicina e chirurgia' (diploma of graduate in medicine and surgery) awarded by a university, accompanied by a 'diploma di abilitazione all'esercizio della medicina e chirurgia' (diploma conferring the right to practise medicine and surgery) awarded by the State Examining Commission;

(i) in Luxembourg:

'diplôme d'État de docteur en médecine, chirurgie et accouchements' (State diploma of doctor of medicine, surgery and obstetrics) awarded by the State Examining Board, and endorsed by the Minister of Education, and 'certificat de stage' (certificate of practical training) endorsed by the Minister for Public Health;

(j) in the Netherlands:

'universitair getuigschrift van arts' (university certificate of doctor);

(k) in Portugal:

'Carta de curso de licenciatura em medicina' (diploma confirming the completion of medical studies), awarded by a university, and the 'Diploma comprovativo da conclusao do internato geral' (diploma confirming the completion of general internship), awarded by the competent authorities of the Ministry of Health;

(l) in the United Kingdom:

'a primary qualification granted in the United Kingdom after passing a qualifying

examination held by a competent examining body and a certificate of experience granted by that body which give entitlement to registration as a fully registered medical practitioner.

CHAPTER II

DIPLOMAS, CERTIFICATES AND OTHER EVIDENCE OF FORMAL QUALIFICATIONS IN SPECIALIZED MEDICINE COMMON TO ALL MEMBER STATES

Article 4

Each Member State shall recognize the diplomas, certificates and other evidence of formal qualifications in specialized medicine awarded to nationals of Member States by the other Member States in accordance with Articles 24, 25, 26, and 29 and which are listed in Article 5, by giving such qualifications the same effect in its territory as those which the Member State itself awards.

Article 5

1. The diplomas, certificates and other evidence of formal qualifications referred to in Article 4 shall be those which, having been awarded by the competent authorities or bodies listed in paragraph 2 correspond, for the purpose of the specialized training concerned, to the qualifications recognized in the various Member States and listed in paragraph 3.

2. The diplomas, certificates and other evidence of formal qualifications awarded by the competent authorities or bodies referred to in paragraph 1 are as follows:

in Belgium:

'titre d'agrégation en qualité de médecin spécialiste / erkenningstitel van geneersheer specialist' (formal evidence of having qualified as a medical specialist) issued by the Minister responsible for public health;

in Denmark:

'bevis for tilladelse til at betegne sig som speciallaege' (certificate concerning the title of specialist) issued by the competent authorities of the health service;

in Germany:

'Fachaerztliche Anerkennung' (recognized certificate of medical specialist, issued by the 'Landesaerztekammer' (Chambers of Physicians of the Land concerned);

in Greece:

'Titlos Iatrikis Eidikouitas' (certificate of medical specialization) awarded by the 'Nomarchies' (prefectures);

in Spain:

'Título de Especialista' (professional qualification of specialist) awarded by the Ministry of Education and Science;

in France:

- 'certificat d'études spéciales de médecine' (certificate of specialized studies in medicine) issued by a university faculty of medicine, university joint faculties of medicine and pharmacy or by universities,

- certificates of qualified medical specialist, drawn up by the Council of the Ordre des médecins,

- le 'certificat d'études spéciales de médecine' (certificate of specialized studies in medicine) issued by a university faculty of medicine, university joint faculties of medicine and pharmacy or equivalent certificates drawn up under a decree of the Minister for Education,

- 'diplôme d'études spécialisées de médecine délivré par les universités' (diploma of specialized studies in medicine awarded by a university);

in Ireland:

certificate of specialist doctor issued by the competent authority recognized for this purpose by the Minister of Health;

in Italy:

'diploma di medico specialista, rilasciato dal rettore di una universita' (diploma of specialized doctor, granted by a rector of a university);
in Luxembourg:

'certificat de médecin spécialiste' (certificate of specialist doctor) issued by the Minister for Public Health on the advice of the medical college;
in the Netherlands:

- 'Getuigschrift van erkenning en inschrijving in het Specialistenregister' (certificate of recognition and registration in the Register of Specialists, issued by the 'Specialisten-Registratiecommissie (SRC)' (Commission for the Registration of Specialists (CRS)),

- 'Getuigschrift van erkenning en inschrijving in het Register von Sociaal-Geneskundigen' (certificate of approval and registration issued by the 'Sociaal-Geneskundigen Registratie-Commissie (SGRC)' (Board of Registration of Doctors of Social Medicine);

in Portugal:

'Grau de Assistente' (assistant grade), awarded by the competent authorities of the Ministry of Health, or 'Título de Especialista' (professional qualification of specialist) awarded by the professional association for medical practitioners;

in the United Kingdom:

certificate of completion of specialist training issued by the competent authority recognized for this purpose.

3. The titles currently used in the Member States which correspond to the specialized training courses in question are as follows:

- anaesthetics:

Belgium: anesthésiologie/anesthesiologie

Denmark: anaesteasiologi

Germany: Anaesthesiologie

Greece: anaisthiologia

Spain: anestesiología y reanimación

France: anesthésiologie-réanimation chirurgicale

Ireland: anaesthetics

Italy: anestesia e rianimazione

Luxembourg: anesthésie-réanimation

Netherlands: anesthesiologie

Portugal: anestesiologia

United Kingdom: anaesthetics,

- general surgery:

Belgium: chirurgie/heelkunde

Denmark: kirurgi eller kirurgiske sygdomme

Germany: Chirurgie

Greece: cheiroyrgiki

Spain: cirugía general y del aparato digestivo

France: chirurgie générale

Ireland: general surgery

Italy: chirurgia generale

Luxembourg: chirurgie générale

Netherlands: heelkunde

Portugal: cirurgia geral

United Kingdom: general surgery,

- neurological surgery:

Belgium: neurochirurgie/neurochirurgie

Denmark: neurokirurgi eller kirurgiske

nervesygdomme

Germany: Neurochirurgie

Greece: nevrocheiroyrgiki

Spain: neurocirugia
France: neurochirurgie
Ireland: neurological surgery
Italy: neurochirurgia
Luxembourg: neurochirurgie
Netherlands: neurochirurgie
Portugal: neurocirurgia
United Kingdom: neurological surgery,
- obstetrics and gynaecology:
Belgium: gynécologie-obstétrique/gynecologie-verloskunde
Denmark: gynaekologi og obstetrik eller kvindesygdomme og foedselshjaelp
Germany: Frauenheilkunde und Geburtshilfe
Greece: maieftiki-gynaikologia
Spain: obstetricia y ginecologia
France: gynécologie-obstétrique
Ireland: obstetrics and gynaecology
Italy: ostetricia e ginecologia
Luxembourg: gynécologie-obstétrique
Netherlands: verloskunde en gynaecologie
Portugal: ginecologia e obstetricia
United Kingdom: obstetrics and gynaecology,
- general (internal) medicine:
Belgium: médecine interne/inwendige geneeskunde
Denmark: intern medicin eller medicinske sygdomme
Germany: Innere Medizin
Greece: pathologia
Spain: medicina interna
France: médecine interne
Ireland: general (internal) medicine
Italy: medicina interna
Luxembourg: maladies internes
Netherlands: inwendige geneeskunde
Portugal: medicina interna
United Kingdom: general medicine,
- ophthalmology:
Belgium: ophtalmologie/oftalmologie
Denmark: oftalmologi eller ooejensygdomme
Germany: Augenheilkunde
Greece: ofthalmologia
Spain: oftalmologia
France: ophtalmologie
Ireland: ophtalmology
Italy: oculistica
Luxembourg: ophtalmologie
Netherlands: oogheelkunde
Portugal: oftalmologia
United Kingdom: ophthalmology,
- oto rhino laryngology:
Belgium: oto-rhino-laryngologie/otorhinolaryngologie
Denmark: oto-rhino-laryngologi eller oere-nasce-halssygdomme
Germany: Hals-Nasen-Ohrenheilkunde
Greece: otorinolaryngologia
Spain: otorrinolaringologia
France: oto-rhino-laryngologie
Ireland: otolaryngology

Italy: otorinolaringoiatria
Luxembourg: oto-rhino-laryngologie
Netherlands: keel-, neus- en oorheelkunde
Portugal: otorrinolaringologia
United Kingdom: otolaryngology,
- paediatrics:
Belgium: pédiatrie/kindergeneeskunde
Denmark: paediatric eller boernesygdomme
Germany: Kinderheilkunde
Greece: paidiatriki
Spain: pediatria sus áreas específicas
France: pédiatrie
Ireland: paediatrics
Italy: pediatria
Luxembourg: pédiatrie
Netherlands: kindergeneeskunde
Portugal: pediatria
United Kingdom: paediatrics,
- respiratory medicine:
Belgium: pneumologie/pneumologie
Denmark: medicinske lungesydomme
Germany: Lungen- und Bronchialheilkunde
Greece: fymatiologia-pnevmonologia
Spain: neumologia
France: pneumologie
Ireland: respiratory medicine
Italy: fisiologia e malattie dell'apparato respiratorio
Luxembourg: pneumo-phisiologie
Netherlands: longziekten en tuberculose
Portugal: pneumologia
United Kingdom: respiratory medicine,
- urology
Belgium: urologie/urologie
Denmark: urologi eller urinvejenes kirurgiske sygdomme
Germany: Urologie
Greece: oyrologia
Spain: urología
France: chirurgie urologique
Ireland: urology
Italy: urologia
Luxembourg: urologie
Netherlands: urologie
Portugal: urologia
United Kingdom: urology;
- orthopaedics:
Belgium: orthopédie/orthopedie
Denmark: ortopaedisk kirurgi
Germany: Orthopaedie
Greece: orthopediki
Spain: traumatología y cirugía ortopédica
France: chirurgie orthopédique et traumatologie
Ireland: orthopaedic surgery
Italy: ortopedia e traumatologia
Luxembourg: orthopédie
Netherlands: orthopedie

Portugal: ortopedia
United Kingdom: orthopaedic surgery,
- pathological anatomy:
Belgium: anatomie pathologique/pathologische anatomie
Denmark: patologisk anatomi og histologi eller vaevsundersoegelse
Germany: Pathologie
Greece: pathologiki anatomiki
Spain: anatomía patológica
France: anatomie et cytologie pathologique
Ireland: morbid anatomy and histopathology
Italy: anatomia patologica
Luxembourg: anatomie pathologique
Netherlands: pathologische anatomie
Portugal: anatomia patológica
United Kingdom: morbid anatomy and histopathology;
- neurology:
Belgium: neurologie/neurologie
Denmark: neuromedicin eller medicinske nervesygdomme
Germany: Neurologie
Greece: nevrologia
Spain: neurologia
France: neurologie
Ireland: neurology
Italy: neurologia
Luxembourg: neurologie
Netherlands: neurologie
Portugal: neurologia
United Kingdom: neurology,
- psychiatry:
Belgium: psychiatrie/psychiatrie
Denmark: psykiatri
Germany: Psychiatrie
Greece: psychiatriki
Spain: psiquiatria
France: psychiatrie
Ireland: psychiatry
Italy: psichiatria
Luxembourg: psychiatrie
Netherlands: psychiatrie
Portugal: psiquiatria
United Kingdom: psychiatry.

CHAPTER III

DIPLOMAS, CERTIFICATES AND OTHER EVIDENCE OF FORMAL QUALIFICATIONS IN SPECIALIZED MEDICINE PECULIAR TO TWO OR MORE MEMBER STATES

Article 6

Each Member State with provisions on this matter laid down by law, regulation or administrative action shall recognize the diplomas, certificates and other evidence of formal qualifications in specialized medicine awarded to nationals of Member States by the other Member States in accordance with Articles 24, 25, 27 and 29 and which are listed in Article 7, by giving such qualifications the same effect in its territory as those which the Member State itself awards.

Article 7

1. The diplomas, certificates and other evidence of formal qualifications referred to in Article 6 shall be those which, having been awarded by the competent authorities or bodies listed in Article 5 (2), correspond for the purposes of the specialized training in question to the designations listed in paragraph 2 of this Article in respect of those Member States which give such training.

2. The designations currently used in the Member States which correspond to the specialist training courses in question are as follows:

- clinical biology:

Belgium: biologie clinique/klinische biologie

Spain: análisis clínicos

France: biologie médicale

Italy: patologia diagnostica di laboratorio

Portugal: patologia clínica,

- biological haematology:

Denmark: klinisk blodtypeserologi

France: hématologie

Luxembourg: hématologie biologique

Portugal: hematologia clínica,

- microbiology-bacteriology:

Denmark: klinisk mikrobiologi

Germany: Mikrobiologie und Infektionsepidemiologie

Greece: mikrobiologia

Spain: microbiología y parasitología

Ireland: microbiology

Italy: microbiologia

Luxembourg: microbiologie

Netherlands: medische microbiologie

United Kingdom: medical microbiology,

- biological chemistry:

Denmark: klinisk kemi

Spain: bioquímica clínica

Ireland: chemical pathology

Luxembourg: chimie biologique

Netherlands: klinische chemie

United Kingdom: chemical pathology,

- immunology:

Spain: inmunología

Ireland: clinical immunology

United Kingdom: immunology,

- plastic surgery:

Belgium: chirurgie plastique/plastische heelkunde

Denmark: plastikkirurgi

Greece: plastiki cheiroyrgiki

Spain: cirugía plástica y reparadora

France: chirurgie plastique, reconstructrice et esthétique

Ireland: plastic surgery

Italy: chirurgia plastica

Luxembourg: chirurgie plastique

Netherlands: plastische chirurgie

Portugal: cirurgia plástica e reconstrutiva

United Kingdom: plastic surgery,

- thoracic surgery:

Belgium: chirurgie thoracique/heelkunde op de thorax

Denmark: thoraxkirurgi eller brysthulens kirurgiske sygdomme

Greece: cheiroyrgiki thorakos

Spain: cirurgfa torácica
France: chirurgie thoracique et cardio-vasculaire
Ireland: thoracic surgery
Italy: chirurgia toracica
Luxembourg: chirurgie thoracique
Netherlands: cardio-pulmonale chirurgie
Portugal: cirurgia cárdio-torácica
United Kingdom: thoracic surgery,
- paediatric surgery:
Greece: cheiroyrgiki paidon
Spain: cirurgfa pediátrica
France: chirurgie infantile
Ireland: paediatric surgery
Italy: chirurgia pediátrica
Luxembourg: chirurgie pédiatrique
Portugal: cirurgia pediátrica
United Kingdom: paediatric surgery,
- vascular surgery:
Belgium: chirurgie des vaisseaux/bloedvatenheelkunde
Spain: angiologfa y cirugfa vascular
France: chirurgie vasculaire
Italy: chirurgia vascolare
Luxembourg: chirurgie cardio-vasculaire
Portugal: cirurgia vascular,
- cardiology:
Belgium: cardiologie/cardiologie
Denmark: cardiologi eller hjerte-og-kredsloebssygdomme
Greece: kardiologia
Spain: cardiologfa
France: pathologie cardio-vasculaire
Ireland: cardiology
Italy: cardiologia
Luxembourg: cardiologie et angiologie
Nederland: cardiologie
Portugal: cardiologia
United Kingdom: cardio-vascular disease,
- gastro-enterology:
Belgium: gastro-entérologie/gastro-enterologie
Denmark: medicinsk gastroenterologi eller medicinske mave-tarmsygdomme
Greece: gastrenterologia
Spain: aparato digestivo
France: gastro-entérologie et hépatologie
Ireland: gastro-enterology
Italy: malattie dell'apparato digerente, della nutrizione e del ricambio
Luxembourg: gastro-entérologie
Netherlands: gastro-enterologie
Portugal: gastrenterologia
United Kingdom: gastro-enterology,
- rheumatology:
Belgium: rhumatologie/reumatologie
Denmark: reumatologi
Greece: revmatologia
Spain: reumatologfa
France: rhumatologie
Ireland: rheumatology

Netherlands: dermatologie en venerologie
Portugal: dermatovenereologia,
- dermatology:
Ireland: dermatology
United Kingdom: dermatology,
- venerology:
Ireland: venerology
United Kingdom: venerology,
- radiology:
Germany: Radiologie
Greece: aktinologia - radiologia
Spain: electrorradiología
France: électro-radiologie
Italy: radiologia
Luxembourg: électroradiologie
Netherlands: radiologie
Portugal: radiologia,
- diagnostic radiology:
Belgium: radiodiagnostisch/roentgendiagnose
Denmark: diagnostisk radiologi eller - roentgenundersøgelse
Germany: Radiologische Diagnostik
Greece: aktinodiagnostiki
Spain: radiodiagnóstico
France: radiodiagnostic et imagerie médicale
Ireland: diagnostic radiology
Luxembourg: radiodiagnostic
Netherlands: radiodiagnostiek
Portugal: radiodiagnóstico
United Kingdom: diagnostic radiology,
- radiotherapy:
Belgium: radio- et radiumthérapie/radio- en radiumtherapie
Denmark: terapeutisk radiologi eller strålebehandling
Germany: Strahlentherapie
Greece: aktinotherapeftiki
Spain: oncología radioterápica
France: oncologie, option radiothérapie
Ireland: radiotherapy
Luxembourg: radiothérapie
Netherlands: radiotherapie
Portugal: radioterapia
United Kingdom: radiotherapy,
- tropical medicine:
Denmark: tropemedicin
Ireland: tropical medicine
Italy: medicina tropicale
Portugal: medicina tropical
United Kingdom: tropical medicine,
- child psychiatry:
Denmark: boernpsykiatri
Germany: Kinder- und Jugendpsychiatrie
Greece: paidopsychiatriki
France: pédo-psychiatrie
Ireland: child and adolescent psychiatry
Italy: neuropsichiatria infantile
Luxembourg: psychiatrie infantile

Portugal: pedopsiquiatria
United Kingdom: child and adolescent psychiatry,
- geriatrics:
Spain: geriatría
Ireland: geriatrics
Netherlands: klinische geriatrie
United Kingdom: geriatrics,
- renal diseases:
Denmark: nefrologi eller medicinske nyresygdomme
Greece: nefrologia
Spain: nefrología
France: néphrologie
Ireland: nephrology
Italy: nefrologia
Luxembourg: néphrologie
Portugal: nefrologia
United Kingdom: renal disease,
- communicable diseases:
Ireland: communicable diseases
Italy: malattie infettive
United Kingdom: communicable diseases,
- community medicine
France: santé publique et médecine sociale
Ireland: community medicine
United Kingdom: community medicine,
- pharmacology:
Germany: Pharmakologie
Spain: farmacología clínica
Ireland: clinical pharmacology and therapeutics
United Kingdom: clinical pharmacology and therapeutics,
- occupational medicine:
Denmark: samfundsmedicin/arbejdsmedicin
Germany: Arbeitsmedizin
Greece: iatriki tis ergasias
France: médecine du travail
Italy: medicina del lavoro
Ireland: occupational medicine
Netherlands: arbeids- en bedrijfsgeneeskunde
Portugal: medicina do trabalho
United Kingdom: occupational medicine,
- allergology:
Greece: allergiologia
Spain: alergologia
Italy: allergologia ed immunologia clinica
Netherlands: allergologie
Portugal: imunoalergologia,
- gastro-enterological surgery:
Belgium: chirurgie abdominale/heelkunde op het abdomen
Denmark: kirurgisk gastroenterologi eller kirurgiske mave-tarmsygdomme
Spain: cirugía del aparato digestivo
France: chirurgie viscérale
Italy: chirurgia dell'apparato digerente,
- nuclear medicine:
Belgium: médecine nucléaire/nucleaire geneeskunde
Germany: Nuklearmedizin

Greece: pyriniki iatriki
Spain: medicina nuclear
France: médecine nucléaire
Italy: medicina nucleare
Netherlands: nucleaire geneeskunde
Portugal: medicina nuclear
United Kingdom: nuclear medicine,
- maxillo-facial surgery (basic medical training):
Spain: cirugía oral y maxilofacial
France: chirurgie maxillo-faciale et stomatologie
Italy: chirurgia maxillo-facciale,
- dental, oral and maxillo-facial surgery
(basic medical and dental training):
Belgium: stomatologie/chirurgie orale et maxillo-faciale;
stomatologie/orale en maxillo-faciale chirurgie
Germany: Zahn-, Mund-, Kiefer- und Gesichtschirurgie
Ireland: oral and maxillo-facial surgery
United Kingdom: oral and maxillo-facial surgery.

Article 8

1. Nationals of Member States wishing to acquire one of the diplomas, certificates or other evidence of formal qualifications of specialist doctors not referred to in Articles 4 and 6, or which, although referred to in Article 6, are not awarded in the Member State of origin or the Member State from which the foreign national comes, may be required by a host Member State to fulfil the conditions of training laid down in respect of the speciality by its own law, regulation or administrative action.
2. The host Member State shall, however, take into account, in whole or in part, the training periods completed by the nationals referred to in paragraph 1 and attested by the award of a diploma, certificate or other evidence of formal training by the competent authorities of the Member State of origin or the Member State from which the foreign national comes provided such training periods correspond to those required in the host Member State for the specialized training in question.
3. The competent authorities or bodies of the host Member State, having verified the content and duration of the specialist training of the person concerned on the basis of the diplomas, certificates and other evidence of formal qualifications submitted, shall inform him of the period of additional training required and of the fields to be covered by it.

CHAPTER IV

EXISTING CIRCUMSTANCES

Article 9

1. Without prejudice to paragraph 3, in the case of nationals of Member States whose diplomas, certificates and other evidence of formal qualifications in medicine do not satisfy all the minimum training requirements laid down in Article 23, each Member State shall recognize, as being sufficient proof, the diplomas, certificates and other evidence of formal qualifications in medicine awarded by those Member States when they attest to training which commenced before:
 - 1 January 1986 for Spain and Portugal,
 - 1 January 1981 for Greece,
 - 20 December 1976 for the other Member States,accompanied by a certificate stating that those nationals have effectively and lawfully been engaged in the activities in question for at least three consecutive years during the five years prior to the date of issue of the certificate.
2. Without prejudice to paragraph 4, in the case of nationals of Member States whose diplomas, certificates and other evidence of formal qualifications in specialized medicine do not satisfy the minimum training requirements pursuant to Articles 24 to 27, each

Member State shall recognize, as sufficient proof, the diplomas, certificates and other evidence of formal qualifications in specialized medicine awarded by those Member States when they attest to training which commenced before:

- 1 January 1986 for Spain and Portugal,
- 1 January 1981 for Greece,
- 20 December 1976 for the other Member States.

The host Member State may require that the diplomas, certificates and other evidence of formal qualifications in specialized medicine be accompanied by a certificate issued by the competent authorities or bodies of the Member State of origin or in the Member State from which they come, stating that the holders have, in specialized medicine, been engaged in activities in question for a period equivalent to twice the difference between the period of specialized training of the Member State of origin or of the Member State from which they come, and the minimum requirements regarding the duration of training laid down in Title III, where these periods are not equal to the minimum training periods laid down in Articles 26 and 27.

However, if, before the dates given in the first subparagraph, the host Member State required a minimum training period less than the one at issue referred to in Articles 26 and 27, the difference mentioned in the second subparagraph can only be determined by reference to the minimum training period laid down by that State.

3. In the case of nationals of Member States whose diplomas, certificates and other evidence of formal qualifications in medicine attest to training received on the territory of the former German Democratic Republic which does not satisfy all the minimum training requirements laid down in Article 23, Member States other than Germany shall recognize those diplomas, certificates and other evidence of formal qualifications as being sufficient proof if:

- they attest to training commenced before German unification,
- they entitle the holder to pursue the activities of a doctor throughout the territory of Germany under the same conditions as the qualifications awarded by the competent German authorities and referred to in points 1 and 2 of Article 3 (c),
- they are accompanied by a certificate issued by the competent German authorities stating that those nationals have effectively and lawfully been engaged in the activities in question in Germany for at least three consecutive years during the five years prior to the date of issue of the certificate.

4. In the case of nationals of Member States whose diplomas, certificates and other evidence of formal qualifications in specialized medicine attest to training received on the territory of the former German Democratic Republic which does not satisfy the minimum training requirements laid down in Articles 24 to 27, Member States other than Germany shall recognize those diplomas, certificates and other evidence of formal qualifications as being sufficient proof if:

- they attest to training commenced before 3 April 1992, and
- they permit the pursuit, as a specialist, of the activity in question throughout the territory of Germany under the same conditions as the qualifications awarded by the competent German authorities and referred to in Articles 5 and 7.

They may, however, require that these diplomas, certificates or other evidence of formal qualifications be accompanied by a certificate issued by the competent German authorities or bodies stating that the holders have, as specialists, been engaged in the activity in question for a period equivalent to twice the difference between the period of specialized training received on German territory and the minimum duration of training laid down in Title III where they do not satisfy the minimum requirements regarding the duration of training laid down in Articles 26 and 27.

5. In the case of nationals of the Member States whose diplomas, certificates and other evidence of formal qualifications in medicine or in specialized medicine do not conform with the qualifications or designations set out in Article 3, 5 or 7, each Member State shall recognize as being sufficient proof the diplomas, certificates and other evidence of formal qualifications awarded by those Member States, accompanied by a certificate

issued by the competent authorities or bodies. The certificate shall state that these diplomas, certificates and other evidence of formal qualifications in medicine or in specialized medicine were awarded following training in accordance with the provisions of Title III referred to, as appropriate, in Article 2, 4 or 6, and are treated by the Member State which awarded them as the qualifications or designations set out, as appropriate, in Article 3, 5 or 7.

6. Those Member States which have repealed the provisions laid down by law, regulation or administrative action relating to the award of diplomas, certificates and other evidence of formal qualifications in neuro-psychiatry, radiology, thoracic surgery, vascular surgery, gastro-enterological surgery, biological haematology, physiotherapy or tropical medicine and have taken measures relating to acquired rights on behalf of their own nationals, shall recognize the right of nationals of the Member States to benefit from those same measures, provided their diplomas, certificates and other evidence of formal qualifications in neuro-psychiatry, radiology, thoracic surgery, vascular surgery, gastro-enterological surgery, biological haematology, physiotherapy or tropical medicine fulfil the relevant conditions set out either in paragraph 2 of this Article or in Articles 24, 25 and 27 and in so far as the said diplomas, certificates and other evidence of formal qualifications were awarded before the date on which the host Member States stopped awarding such diplomas, certificates and other evidence of formal qualification in the specialization concerned.

7. The dates on which the Member States concerned repealed the provisions laid down by law, regulation or administrative action in respect of the diplomas, certificates and other evidence of formal qualifications referred to in paragraph 6 are set out in Annex II.

CHAPTER V USE OF ACADEMIC TITLE

Article 10

1. Without prejudice to Article 19, host Member States shall ensure that the nationals of Member States who fulfil the conditions laid down in Articles 2, 4, 6 and 9 have the right to use the lawful academic title or, where appropriate, the abbreviation thereof, of their Member State of origin or of the Member State from which they come, in the languages of that State. Host Member States may require this title to be followed by the name and location of the establishment or examining board which awarded it.

2. If the academic title used in the Member State of origin, or in the Member State from which a foreign national comes, can be confused in the host Member State with a title requiring in that State additional training which the person concerned has not undergone, the host Member State may require such a person to use the title employed in the Member State of origin or the Member State from which he comes in a suitable form to be drawn up by the host Member State.

CHAPTER VI PROVISIONS TO FACILITATE THE EFFECTIVE EXERCISE OF THE RIGHT OF ESTABLISHMENT AND FREEDOM TO PROVIDE SERVICES IN RESPECT OF THE ACTIVITIES OF DOCTORS

A. Provisions specifically relating to the right of establishment

Article 11

1. A host Member State which requires of its nationals proof of good character or good repute when they take up for the first time any activity of a doctor shall accept as sufficient evidence, in respect of nationals of other Member States, a certificate issued by a competent authority in the Member State of origin or in the Member State from which the foreign national comes, attesting that the requirements of the Member State as to good character or good repute for taking up the activity in question have been met.

2. Where the Member State of origin or the Member State from which the foreign national comes does not require proof of good character or good repute of persons

wishing to take up the activity in question for the first time, the host Member State may require of nationals of the Member State of origin or of the Member State from which the foreign national comes an extract from the judicial record or, failing this, an equivalent document issued by a competent authority in the Member State of origin or the Member State from which the foreign national comes.

3. If the host Member State has detailed knowledge of a serious matter which has occurred, prior to the establishment of the person concerned in that State, outside its territory and which is likely to affect the taking up within its territory of the activity concerned, it may inform the Member State of origin or the Member State from which the foreign national comes.

The Member State of origin or the Member State from which the foreign national comes shall verify the accuracy of the facts. Its authorities shall decide on the nature and extent of the investigation to be made and shall inform the host Member State of any consequential action which they take with regard to the certificates or documents they have issued.

4. Member States shall ensure the confidentiality of the information which is forwarded.

Article 12

1. Where, in a host Member State, provisions laid down by law, regulation or administrative action are in force laying down requirements as to good character or good repute including provisions for disciplinary action in respect of serious professional misconduct or conviction of criminal offences and relating to the pursuit of any of the activities of a doctor, the Member State of origin or the Member State from which the foreign national comes shall forward to the host Member State all necessary information regarding measures or disciplinary action of a professional or administrative nature taken in respect of the person concerned or criminal penalties imposed on him when pursuing his profession in the Member State of origin or in the Member State from which he came.

2. If the host Member State has detailed knowledge of a serious matter which has occurred, prior to the establishment of the person concerned in that State, outside its territory and which is likely to affect the pursuit within its territory of the activity concerned, it may inform the Member State of origin or the Member State from which the foreign national comes.

The Member State of origin or the Member State from which the foreign national comes shall verify the accuracy of the facts. Its authorities shall decide on the nature and extent of the investigation to be made and shall inform the host Member State of any consequential action which they take with regard to the information which they have forwarded in accordance with paragraph 1.

3. Member States shall ensure the confidentiality of the information which is forwarded.

Article 13

Where a host Member State requires of its own nationals wishing to take up or pursue any activity of a doctor, a certificate of physical or mental health, that State shall accept as sufficient evidence thereof the presentation of the document required in the Member State of origin or the Member State from which the foreign national comes.

Where the Member State of origin or the Member State from which the foreign national comes does not impose any requirements of this nature on those wishing to take up or pursue the activity in question, the host Member State shall accept from such national a certificate issued by a competent authority in that State corresponding to the certificates issued in the host Member State.

Article 14

Documents issued in accordance with Articles 11, 12 and 13 may not be presented more than three months after their date of issue.

Article 15

1. The procedure for authorizing the person concerned to take up any activity of a doctor, pursuant to Articles 11, 12 and 13, must be completed as soon as possible and not later than three months after presentation of all the documents relating to such person, without prejudice to delay resulting from any appeal that may be made upon the termination of this procedure.

2. In the cases referred to in Articles 11 (3) and 12 (2), a request for re-examination shall suspend the period laid down in paragraph 1.

The Member State consulted shall give its reply within a period of three months.

On receipt of the reply or at the end of the period the host Member State shall continue with the procedure referred to in paragraph 1.

Article 16

Where a host Member State requires its own nationals wishing to take up or pursue one of the activities of a doctor to take an oath or make a solemn declaration and where the form of such an oath or declaration cannot be used by nationals of other Member States, that Member State shall ensure that an appropriate and equivalent form of oath or declaration is offered to the person concerned.

B. Special provisions relating to the provision of services

Article 17

1. Where a Member State requires of its own nationals wishing to take up or pursue any activity of a doctor, an authorization or membership of, or registration with, a professional organization or body, that Member State shall in the case of the provision of services exempt the nationals of Member States from that requirement.

The person concerned shall provide services with the same rights and obligations as the nationals of the host Member State; in particular he shall be subject to the rules of conduct of a professional or administrative nature which apply in that Member State. For this purpose and in addition to the declaration provided for in paragraph 2 relating to the services to be provided, Member States may, so as to permit the implementation of the provisions relating to professional conduct in force in their territory, require either automatic temporary registration or pro forma membership of a professional organization or body or, as an alternative, registration, provided that such registration or membership does not delay or in any way complicate the provision of services or impose any additional costs on the person providing the services.

Where a host Member State adopts a measure pursuant to the second subparagraph or becomes aware of facts which run counter to these provisions, it shall forthwith inform the Member State where the person concerned is established.

2. The host Member State may require the person concerned to make a prior declaration to the competent authorities concerning the provision of his services where they involve a temporary stay in its territory.

In urgent cases this declaration may be made as soon as possible after the services have been provided.

3. Pursuant to paragraphs 1 and 2, the host Member State may require the person concerned to supply one or more documents containing the following particulars:

- the declaration referred to in paragraph 2,
- a certificate stating that the person concerned is lawfully pursuing the activities in question in the Member State where he is established,
- a certificate that the person concerned holds one or other of the diplomas, certificates or other evidence of formal qualification appropriate for the provision of the services in question and referred to in this Directive.

4. The document or documents specified in paragraph 3 may not be produced more than 12 months after their date of issue.

5. Where a Member State temporarily or permanently deprives, in whole or in part, the right of one of its nationals or of a national of another Member State established in its

territory to pursue one of the activities of a doctor, it shall, as appropriate, ensure the temporary or permanent withdrawal of the certificate referred to in the second indent of paragraph 3.

Article 18

Where registration with a public social security body is required in a host Member State for the settlement with insurance bodies of accounts relating to services rendered to persons insured under social security schemes, that Member State shall exempt nationals of Member States established in another Member State from this requirement, in cases of provision of services entailing travel on the part of the person concerned.

However, the persons concerned shall supply information to this body in advance, or, in urgent cases, subsequently, concerning the services provided.

C. Provisions common to the right of establishment and freedom to provide services

Article 19

Where in a host Member State the use of the professional title relating to one of the activities of a doctor is subject to rules, nationals of other Member States who fulfil the conditions laid down in Articles 2 and 9 (1), (3) and (5) shall use the professional title of the host Member State which, in that State, corresponds to those conditions of qualification and shall use the abbreviated title.

The first paragraph shall also apply to the use of professional titles of specialist doctors by those who fulfil the conditions laid down in Articles 4, 6 and 9 (2), (4), (5) and (6).

Article 20

1. Member States shall take the necessary measures to enable the persons concerned to obtain information on the health and social security laws and, where applicable, on the professional ethics of the host Member State.

For this purpose Member States may set up information centres from which such persons may obtain the necessary information. In the case of establishment, the host Member States may require the beneficiaries to contact these centres.

2. Member States may set up the centres referred to in paragraph 1 within the competent authorities and bodies which they must designate.

3. Member States shall see to it that, where appropriate, the persons concerned acquire, in their interest and in that of their patients, the linguistic knowledge necessary to the exercise of their profession in the host country.

Article 21

Member States which require their own nationals to complete a preparatory training period in order to become eligible for appointment as a doctor of a social security scheme may impose the same requirement on nationals of the other Member States for a period of five years beginning 20 June 1975. The training period may not, however, exceed six months.

Article 22

In the event of justified doubts, the host Member State may require of the competent authorities of another Member State confirmation of the authenticity of the diplomas, certificates and other evidence of formal qualifications issued in that other Member State and referred to in Chapters I to IV of Title II and also confirmation of the fact that the person concerned has fulfilled all the training requirements laid down in Title III.

TITLE III COORDINATION OF PROVISIONS LAID DOWN BY LAW, REGULATION OR ADMINISTRATIVE ACTION IN RESPECT OF ACTIVITIES OF DOCTORS

Article 23

1. The Member States shall require persons wishing to take up and pursue a medical

profession to hold a diploma, certificate or other evidence of formal qualifications in medicine referred to in Article 3 which guarantees that during his complete training period the person concerned has acquired:

- (a) adequate knowledge of the sciences on which medicine is based and a good understanding of the scientific methods including the principles of measuring biological functions, the evaluation of scientifically established facts and the analysis of data;
- (b) sufficient understanding of the structure, functions and behaviour of healthy and sick persons, as well as relations between the state of health and physical and social surroundings of the human being;
- (c) adequate knowledge of clinical disciplines and practices, providing him with a coherent picture of mental and physical diseases, of medicine from the points of view of prophylaxis, diagnosis and therapy and of human reproduction;
- (d) suitable clinical experience in hospitals under appropriate supervision.

2. A complete period of medical training of this kind shall comprise at least a six-year course or 5 500 hours of theoretical and practical instruction given in a university or under the supervision of a university.

3. In order to be accepted for this training, the candidate must have a diploma or a certificate which entitles him to be admitted to the universities of a Member State for the course of study concerned.

4. In the case of persons who started their training before 1 January 1972, the training referred to in paragraph 2 may include six months' full-time practical training at university level under the supervision of the competent authorities.

5. Nothing in this Directive shall prejudice any facility which may be granted in accordance with their own rules by Member States in respect of their own territory to authorize holders of diplomas, certificates or other evidence of formal qualifications which have not been obtained in a Member State to take up and pursue the activities of a doctor.

Article 24

1. Member States shall ensure that the training leading to a diploma, certificate or other evidence of formal qualifications in specialized medicine, meets the following requirements at least:

- (a) it shall entail the successful completion of six years' study within the framework of the training course referred to in Article 23; the training leading to the award of the diploma, certificate or other evidence of specialization in dental, oral and maxillo-facial surgery (basic medical and dental training) also entails the successful completion of the training course as a dental practitioner referred to in Article 1 of Council Directive 78/687/EEC of 25 July 1978 concerning the coordination of provisions laid down by law, regulation or administrative action in respect of the activities of dental practitioners(6) ;
- (b) it shall comprise theoretical and practical instruction;
- (c) it shall be a full-time course supervised by the competent authorities or bodies pursuant to point 1 of Annex I;
- (d) it shall be in a university centre, in a teaching hospital or, where appropriate, in a health establishment approved for this purpose by the competent authorities or bodies;
- (e) it shall involve the personal participation of the doctor training to be a specialist in the activity and in the responsibilities of the establishments concerned.

2. Member States shall make the award of a diploma, certificate or other evidence of formal qualifications in specialized medicine subject to the possession of one of the diplomas, certificates or other evidence of formal qualifications in medicine referred to in Article 23. Issue of the diploma, certificate or other evidence of specialization in dental, oral and maxillo-facial surgery (basic medical and dental training) is also subject to possession of one of the diplomas, certificates or other evidence of qualifications as a dental practitioner referred to in Article 1 of Directive 78/687/EEC.

Article 25

1. Without prejudice to the principle of full-time training as set out in Article 24 (1) (c), and until such time as the Council takes decisions in accordance with paragraph 3, Member States may permit part-time specialist training, under conditions approved by the competent national authorities, when training on a full-time basis would not be practicable for well-founded individual reasons.

2. Part-time training shall be given in accordance with point 2 of Annex I hereto and at a standard qualitatively equivalent to full-time training. This standard of training shall not be impaired, either by its part-time nature or by the practice of private, remunerated professional activity.

The total duration of specialized training may not be curtailed in those cases where it is organized on a part-time basis.

3. The Council shall decide, not later than 25 January 1989, whether the provisions of paragraphs 1 and 2 are to be maintained or amended, in the light of a re-examination of the situation and on a proposal by the Commission, with due regard to the fact that the possibility of part-time training should continue to exist in certain circumstances to be examined specialty by specialty.

Part-time specialist training begun before 1 January 1983 may be completed in accordance with the provisions in effect before this date.

Article 26

Member States shall ensure that the minimum length of the specialized training courses mentioned below may not be less than the following:

First group (five years):

- general surgery
- neuro-surgery
- internal medicine
- urology
- orthopaedics;

Second group (four years):

- gynaecology and obstetrics
- paediatrics
- pneumo-phthisiology
- pathological anatomy
- neurology
- psychiatry

Third group (three years):

- anaesthesiology and reanimation
- ophthalmology
- otorhinoloaryngology.

Article 27

Member States which have laid down provisions by law, regulation and administrative action in this field shall ensure that the minimum length of the specialized training courses mentioned below may not be less than the following:

First group (five years):

- plastic surgery
- horacic surgery
- vascular surgery
- neuro-psychiatry
- paediatric surgery
- gastroenterological surgery
- maxillo-facial surgery (basic medical training)

Second group (four years):

- cardiology

- gastroenterology
 - rheumatology
 - clinical biology
 - radiology
 - diagnostic radiology
 - radiotherapy
 - tropical medicine
 - pharmacology
 - child psychiatry
 - microbiology-bacteriology
 - occupational medicine
 - biological chemistry
 - immunology
 - dermatology
 - venereology
 - geriatrics
 - renal diseases
 - contagious diseases
 - community medicine
 - biological haematology
 - nuclear medicine
 - dental, oral and maxillo-facial surgery (basic medical and dental training);
- Third group (three years):
- general haematology
 - endocrinology
 - physiotherapy
 - stomatology
 - dermato-venereology
 - allergology.

Article 28

As a transitional measure and notwithstanding Articles 24 (1) (c) and 25, Member States whose provisions, laid down by law, regulation, or administrative action, provided for part-time specialist training on 20 June 1975, may continue to apply these provisions to candidates who have begun training as specialists not later than 31 December 1983. Each host Member State shall be authorized to require the beneficiaries of the first paragraph to produce, in addition to their diplomas, certificates and other evidence of formal qualifications, an attestation certifying that for at least three consecutive years out of the five years preceding the issue of the attestation they have in fact been lawfully practising as specialists in the field concerned.

Article 29

As a transitional measure and notwithstanding Article 24 (2):

(a) as regards Luxembourg, and in respect only of the Luxembourg diplomas covered by the law of 1939 of Luxembourg on the conferring of academic and university degrees, the issue of a certificate as a specialist shall be conditional simply upon the possession of the diploma of doctor of medicine, surgery and obstetrics awarded by the Luxembourg State Examining Board;

(b) as regards Denmark, and in respect only of the Danish diplomas of medical practitioners required by law awarded by a Danish university faculty of medicine in accordance with the decree of the Ministry of the Interior of 14 May 1970, the issue of a certificate as specialist shall be conditional simply upon the possession of the abovementioned diplomas.

The diplomas referred to under (a) and (b) may be awarded to candidates who began their training before 20 December 1976.

TITLE IV SPECIFIC TRAINING IN GENERAL MEDICAL PRACTICE**Article 30**

Each Member State which dispenses the complete training referred to in Article 23 within its territory shall institute specific training in general medical practice meeting requirements at least as stringent as those laid down in Articles 31 and 32, in such a manner that the first diplomas, certificates or other evidence of formal qualifications awarded on completion of the course are issued not later than 1 January 1990.

Article 31

1. The specific training in general medical practice referred to in Article 30 must meet the following minimum requirements:

- (a) entry shall be conditional upon the successful completion of at least six years' study within the framework of the training course referred to in Article 23;
- (b) it shall be a full-time course lasting at least two years, and shall be supervised by the competent authorities or bodies;
- (c) it shall be practically rather than theoretically based; the practical instruction shall be given, on the one hand, for at least six months in an approved hospital or clinic with suitable equipment and services and, on the other hand, for at least six months in an approved general medical practice or in an approved centre where doctors provide primary care; it shall be carried out in contact with other health establishments or structures concerned with general medical practice; however, without prejudice to the aforesaid minimum periods, the practical instruction may be given for a maximum period of six months in other approved health establishments or structures concerned with general medical practice;
- (d) it shall entail the personal participation of the trainee in the professional activities and responsibilities of the persons with whom he works.

2. Member States shall be entitled to defer application of the provisions of paragraph 1 (c) relating to minimum periods of instruction until 1 January 1995 at the latest.

3. Member States shall make the issue of diplomas, certificates, or other evidence of formal qualifications awarded after specific training in general medical practice, conditional upon the candidate's holding one of the diplomas, certificates or other evidence of formal qualifications referred to in Article 3.

Article 32

If, at 22 September 1986, a Member State was providing training in general medical practice by means of experience in general medical practice acquired by the medical practitioner in his own surgery under the supervision of an authorized training supervisor, that Member State may retain this type of training on an experimental basis on condition that:

- it complies with Article 31 (1) (a) and (b), and (3);
- its duration is equal to twice the difference between the period laid down in Article 31 (1) (b) and the sum of the periods laid down in the third indent hereof,
- it involves a period in an approved hospital or clinic with suitable equipment and services and a period in an approved general medical practice or in an approved centre where doctors provide primary care; as from 1 January 1995, each of these periods shall be of at least six months' duration.

Article 33

On the basis of experience acquired, and in the light of developments in training in general medical practice, the Commission shall submit to the Council, by 1 January 1996 at the latest, a report on the implementation of Articles 31 and 32 and suitable proposals in order to achieve further harmonization of the training of general medical practitioners.

The Council shall act on these proposals in accordance with procedures laid down by the

Treaty before 1 January 1997.

Article 34

1. Without prejudice to the principle of full-time training laid down in Article 31 (1) (b), Member States may authorize specific part-time training in general medical practice in addition to full-time training where the following particular conditions are met:

- the total duration of training may not be shortened because it is being followed on a part-time basis,
- the weekly duration of part-time training may not be less than 60 % of weekly full-time training,
- part-time training must include a certain number of full-time training periods, both for the training conducted at a hospital or clinic and for the training given in an approved medical practice or in an approved centre where doctors provide primary care. These full-time training periods shall be of sufficient number and duration as to provide adequate preparation for the effective exercise of general medical practice.

2. Part-time training must be of a level of quality equivalent to that of full-time training. It shall lead to a diploma, certificate or other evidence of formal qualification, as referred to in Article 30.

Article 35

1. Irrespective of any acquired rights they recognize, Member States may issue the diploma, certificate or other evidence of formal qualification referred to in Article 30 to a medical practitioner who has not completed the training referred to in Articles 31 and 32 but who holds a diploma, certificate or other evidence of formal qualification issued by the competent authorities of a Member State, attesting to completion of another additional training course; however, the Member States may issue such diploma, certificate or other evidence of formal qualification only if it attests to a level of skill equivalent to that reached on completion of the training referred to in Articles 31 and 32.

2. In adopting their rules in accordance with paragraph 1, Member States shall specify the extent to which the additional training already completed by the candidate and his professional experience may be taken into account in place of the training referred to in Articles 31 and 32.

Member States may issue the diploma, certificate or other evidence of formal qualification referred to in Article 30 only if the candidate has acquired at least six months' experience in general medical practice in a general medical practice or a centre where doctors provide primary care, as referred to in Article 31 (1) (c).

Article 36

1. From 1 January 1995, and subject to the acquired rights it has recognized, each Member State shall make the exercise of general medical practice under its national social security scheme conditional on possession of a diploma, certificate or other evidence of formal qualification as referred to in Article 30.

However, Member States may exempt from this condition persons who are undergoing specific training in general medical practice.

2. Each Member State shall specify the acquired rights that it recognizes. However, it shall recognize the right to exercise the activities of general medical practitioner under its national social security scheme without the diploma, certificate or other evidence of formal qualification referred to in Article 30 as having been acquired by all those doctors who on 31 December 1994 possess such a right pursuant to Articles 1 to 20 and who are established on its territory on that date by virtue of

Article 2
or 9 (1)

3. Each Member State may apply paragraph 1 before 1 January 1995, subject to the condition that any doctor who has completed the training referred to in Article 23 in

another Member State shall be able to establish himself in practice on its territory until 31 December 1994 and to practise under its national social security scheme by virtue of Article 2 or 9 (1).

4. The competent authorities of each Member State shall issue on request a certificate granting doctors possessing acquired rights by virtue of paragraph 2 the right to practise as general medical practitioners under its national social security scheme without the diploma, certificate or other evidence of formal qualifications referred to in Article 30.

5. Nothing in paragraph 1 shall prejudice the possibility, which is open to Member States, of granting, in accordance with their own rules and in respect of their own territory, the right to practise as general practitioners under a social security scheme to persons who do not possess diplomas, certificates or other formal evidence of medical training and of specific training in general medical practice obtained in both cases in a Member State, but who possess diplomas, certificates or other evidence of either or both of these types of training obtained in a non-member country.

Article 37

1. Each Member State shall recognize under its national social security scheme, for the purposes of the exercise of the activities of general medical practitioner, the diplomas, certificates, or other evidence of formal qualifications referred to in Article 30, issued to nationals of Member States by other Member States in accordance with Articles 31, 32, 34 and 35.

2. Each Member State shall recognize the certificates referred to in Article 36 (4) issued to nationals of Member States by other Member States, and shall consider them as equivalent within its territory to the diplomas, certificates or other evidence of formal qualifications which it issues itself, and which permit the exercise of the activities of general medical practitioner under its national social security scheme.

Article 38

Nationals of Member States to whom a Member State has issued the diplomas, certificates or other evidence of formal qualifications referred to in Article 30 or 36 (4) shall have the right to use in the host Member State the professional title existing in that State and the abbreviation thereof.

Article 39

1. Without prejudice to Article 38, host Member States shall ensure that the nationals of Member States covered by Article 37 have the right to use the lawful academic title, or, where appropriate, the abbreviation thereof, of their Member State of origin or of the Member State from which they come, in the language of that Member State. Host Member States may require this title to be followed by the name and location of the establishment or examining board which awarded it.

2. If the academic title of the Member State of origin, or of the Member State from which a national comes, can be confused in the host Member State with a title requiring, in that State, additional training which the person concerned has not undergone, the host Member State concerned may require such person to use the title of the Member State of origin or of the Member State from which he comes in a suitable form to be indicated by the host Member State.

Article 40

On the basis of experience acquired, and in the light of developments in training in general medical practice, the Commission shall submit to the Council by 1 January 1997 at the latest a report on the implementation of this Title and, if necessary, suitable proposals with a view to appropriate training for every general medical practitioner in order to satisfy requirements of general medical practice. The Council shall act on those proposals in accordance with the procedures laid down in the Treaty.

Article 41

As soon as a Member State has notified the Commission of the date of entry into force of the measures it has taken in conformity with Article 30, the Commission shall publish an appropriate notice in the Official Journal of the European Communities, indicating the designations adopted by that Member State for the diploma, certificate or other evidence of formal qualifications and, where appropriate, the professional title in question.

TITLE V FINAL PROVISIONS**Article 42**

Member States shall designate the authorities and bodies competent to issue or receive the diplomas, certificates and other evidence of formal qualifications as well as the documents and information referred to in this Directive and shall forthwith inform the other Member States and the Commission thereof.

Article 43

Where a Member State encounters major difficulties in certain fields, when applying this Directive, the Commission shall examine these difficulties in conjunction with that State and shall request the opinion of the Committee of Senior Officials on Public Health set up by Decision No 75/365/EEC(7).

When necessary, the Commission shall submit appropriate proposals to the Council.

Article 44

The Directive listed in Annex III, Part A, are hereby repealed, without prejudice to the obligations of the Member States concerning the deadlines for transposition set out in Annex III, Part B.

References to the said Directives shall be construed as references to this Directive and should be read in accordance with the correlation table in Annex IV.

Article 45

This Directive is addressed to the Member States.

Done at Luxembourg, 5 April 1993.

For the Council The President J. TROEJBORG

(1) OJ No C 125, 18. 5. 1992, p. 170; and OJ No C 72, 15. 3. 1993.

(2) OJ No C 98, 24. 4. 1992, p. 6.

(3) OJ No L 167, 30. 6. 1975, p. 1. Directive as last amended by Directive 90/658/EEC (OJ No L 353, 17. 12. 1990, p. 73).

(4) OJ No L 167, 30. 6. 1975, p. 14. Directive as last amended by Directive 90/658/EEC (OJ No L 353, 17. 12. 1990, p. 73).

(5) OJ No L 267, 19. 9. 1986, p. 26.

(6) OJ No L 233, 24. 8. 1978, p. 10.

(7) OJ No L 167, 30. 6. 1975, p. 19.

ANNEX I

Characteristics of the full-time and part-time training of specialists as referred to in Articles 24 (1) (c) and 25 1. Full-time training of specialists Such training shall be carried out in specific posts recognized by the competent authority.

It shall involve participation in all the medical activities of the department where the training is carried out, including on-call duties, so that the trainee specialist devotes to this practical and theoretical training all his professional activity throughout the duration of the standard working week and throughout the year according to provisions agreed by the competent authorities. Accordingly these posts shall be subject to appropriate remuneration.

Training may be interrupted for reasons such as military service, secondment, pregnancy or sickness. The total duration of the training shall not be reduced by reason of any interruption.

2. Part-time training of specialists This training shall meet the same requirements as full-time training, from which it shall differ only in the possibility of limiting participation in medical activities to a period at least half of that provided for in the second paragraph of point 1.

The competent authorities shall ensure that the total duration and quality of part-time training of specialists are not less than those of full-time trainees.

Appropriate remuneration shall consequently be attached to such part-time training.

ANNEX II

Dates from which certain Member States repealed the provisions laid down by law, regulation or administrative action concerning the award of diplomas, certificates and other evidence of formal qualifications referred to in Article 9 (7) BELGIUM Thoracic surgery: 1 January 1983

Vascular surgery: 1 January 1983

Neuro-psychiatry: 1 August 1987, except for persons having commenced training before that date

Gastro-enterological surgery: 1 January 1983

DENMARK Biological haematology: 1 January 1983, except for persons having commenced training before that date and who have completed it by the end of 1988

Physiotherapy: 1 January 1983, except for persons having commenced training before that date and who have completed it by the end of 1988

Tropical medicine: 1 August 1987, except for persons having commenced training before that date

FRANCE Radiology: 3 December 1971

Neuro-psychiatry: 31 December 1971

LUXEMBOURG Radiology: The diplomas, certificates and other evidence of formal qualifications are no longer awarded in respect of training commenced after 5 March 1982

Neuro-psychiatry: The diplomas, certificates and other evidence of formal qualifications are no longer awarded in respect of training commenced after 5 March 1982

NETHERLANDS Radiology: 8 July 1984

Neuro-psychiatry: 9 July 1984

ANNEX III

Part A Repealed Directives

(referred to in Article 44)

1. Directive 75/362/EEC

2. Directive 75/363/EEC

and their successive amendments:

- Directive 81/1057/EEC: only the references made by Article 1 to the provisions of the repealed Directives 75/362/EEC and 75/363/EEC

- Directive 82/76/EEC

- Directive 89/594/EEC: only Articles 1 to 9.

- Directive 90/658/EEC: only Article 1 (1) and (2), and Article 2

3. Directive 86/457/EEC

Part B Deadlines for transposition into national law

(as referred to in Article 44)

Directive

Deadline for transposition

75/362/EEC (OJ No L 167, 30. 6. 1975, p. 1) 20 December 1976 (*)

81/1057/EEC (OJ No L 385, 31. 12. 1981, p. 25) 30 June 1982

75/363/EEC (OJ No L 167, 30. 6. 1975, p. 14) 20 December 1976 (**)

82/76/EEC (OJ No L 43, 15. 2. 1982, p. 21) 31 December 1982

89/594/EEC (OJ No L 341, 23. 11. 1989, p. 19) 8 May 1991

90/658/EEC (OJ No L 353, 17. 12. 1990, p. 73) 1 July 1991

86/457/EEC (OJ No L 267, 19. 9. 1986, p. 26) 1 January 1985

(*) 1 January 1981 for Greece, 1 January 1986 for Spain and Portugal.

(**) 1 January 1981 for Greece, 1 January 1986 for Spain and Portugal. For the territory of the former German Democratic Republic, Germany shall take the measures necessary to apply Articles 2 to 5 of Directive 75/363/EEC (Articles 24 to 27 of this Directive) by 3 April 1992 (Directive 90/658/EEC, Article 2).

ANNEX IV

/ Tables: see OJ */*

End of the document

Document delivered on: 11/03/1999



TOP

[[register](#)] - [[site map](#)] - [[search](#)] - [[help](#)] - [[feedback](#)] - [[©](#)]



Europa

EUF/EGS

es	da	de	el	en	fr	it	nl	pt	fi	sv
----	----	----	----	----	----	----	----	----	----	----

Community legislation in force



Document 294A0103(57)

Directory chapters where this document can be found:

- [16.30 - Education and training]
- [11.40.10.10 - Member countries of the European Free Trade Association (EFTA)]
- [06.20.50 - Medical and para-medical activities]
- [06.20.40 - Self-employed activities]
- [06.20.30 - Business activities]
- [06.10 - Principles and conditions]
- [05.10 - Freedom of movement for workers]

Instruments amended:

- 389L0594 (Incorporation)
- 385L0433 (Incorporation)
- 385L0432 (Incorporation)
- 381L1057 (Incorporation)
- 380L0155 (Incorporation)
- 380L0154 (Incorporation)
- 378L1027 (Incorporation)
- 378L1026 (Incorporation)
- 378L0686 (Incorporation)
- 377L0453 (Incorporation)
- 377L0452 (Incorporation)
- 385L0384 (Incorporation)
- 377L0249 (Incorporation)
- 386L0653 (Incorporation)
- 374L0557 (Incorporation)
- 374L0556 (Incorporation)
- 385D0368 (Incorporation)
- 389L0048 (Incorporation)

294A0103(57)

Agreement on the European Economic Area - Annex VII - Mutual recognition of professional qualifications - List provided for in Article 30

Official Journal L 001 , 03/01/1994 p. 0371 - 0400

Amendments:

- Amended by 294A0103(73) (OJ L 001 03.01.94 p.572)
- Amended by 294D0330(05) (OJ L 085 30.03.94 p.71)
- Amended by 294D0628(01) (OJ L 160 28.06.94 p.1)
- Amended by 294D1229(02) (OJ L 339 29.12.94 p.84)
- Adopted by 394D0001 (OJ L 001 03.01.94 p.1)
- Amended by 295D0302(10) (OJ L 047 02.03.95 p.30)
- Amended by 295D0420(01) (OJ L 086 20.04.95 p.58)
- Amended by 297D0204(02) (OJ L 242 04.09.97 p.69)

Amended by 298D1008(06) (OJ L 272 08.10.98 p.8)

Text:

ANNEX VII

MUTUAL RECOGNITION OF PROFESSIONAL QUALIFICATIONS

List provided for in Article 30

INTRODUCTION

When the acts referred to in this Annex contain notions or refer to procedures which are specific to the Community legal order, such as:

- preambles;
- the addressees of the Community acts;
- references to territories or languages of the EC;
- references to rights and obligations of EC Member States, their public entities, undertakings or individuals in relation to each other; and
- references to information and notification procedures;

Protocol 1 on horizontal adaptations shall apply, unless otherwise provided for in this Annex.

SECTORAL ADAPTATIONS

For the purposes of this Annex and notwithstanding the provisions of Protocol 1, the term 'Member State(s)' contained in the acts referred to shall be understood to include, in addition to its meaning in the relevant EC acts, Austria, Finland, Iceland, Liechtenstein, Norway, Sweden and Switzerland.

ACTS REFERRED TO

A. General system

1. 389 L 0048: Council Directive 89/48/EEC of 21 December 1988 on a general system for the recognition of higher-education diplomas awarded on completion of professional education and training of at least three years' duration (OJ No L 19, 24.1.1989, p. 16). Switzerland, by derogation from the provisions from Directive 89/48/EEC, as adapted in this Agreement, shall comply with the obligations stated therein at the latest by 1 January 1995 instead of 1 January 1993.

B. Legal professions

2. 377 L 0249: Council Directive 77/249/EEC of 22 March 1977 to facilitate the effective exercise by lawyers of freedom to provide services (OJ No L 78, 26.3.1977, p. 17), as amended by:

- 1 79 H: Act concerning the Conditions of Accession and Adjustments to the Treaties - Accession of the Hellenic Republic (OJ No L 291, 19.11.1979, p. 91),
- 1 85 I: Act concerning the Conditions of Accession and Adjustments to the Treaties - Accession of the Kingdom of Spain and the Portuguese Republic (OJ No L 302, 15.11.1985, p. 160).

The provisions of the Directive shall, for the purposes of the present Agreement, be read with the following adaptation:

The following shall be added to Article 1(2):

'>TABLE POSITION>

C. Medical and para-medical activities

3. 381 L 1057: Council Directive 81/1057/EEC of 14 December 1981 supplementing Directives 75/362/EEC, 77/452/EEC, 78/686/EEC and 78/1026/EEC concerning the mutual recognition of diplomas, certificates and other evidence of the formal qualifications of doctors, nurses responsible for general care, dental practitioners and veterinary surgeons respectively, with regard to acquired rights (OJ No L 385, 31.12.1981, p. 25).

Doctors

4. 375 L 0362: Council Directive 75/362/EEC of 16 June 1975 concerning the mutual recognition of diplomas, certificates and other evidence of formal qualifications in medicine, including measures to facilitate the effective exercise of the right of establishment and freedom to provide services (OJ No L 167, 30.6.1975, p. 1), as amended by:

- 1 79 H: Act concerning the Conditions of Accession and Adjustments to the Treaties - Accession of the Hellenic Republic (OJ No L 291, 19.11.1979, p. 90),
- 382 L 0076: Council Directive 82/76/EEC of 26 January 1982 (OJ No L 43, 15.2.1982, p. 21),
- 1 85 I: Act concerning the Conditions of Accession and Adjustments to the Treaties - Accession of the Kingdom of Spain and the Portuguese Republic (OJ No L 302, 15.11.1985, p. 158),
- 389 L 0594: Council Directive 89/594/EEC of 30 October 1989 (OJ No L 341, 23.11.1989, p. 19),
- 390 L 0658: Council Directive 90/658/EEC of 4 December 1990 (OJ No L 353, 17.12.1990, p. 73).

Switzerland, by derogation from the provisions of Directive 75/362/EEC, as adapted in this Agreement, shall comply with the obligations stated therein at the latest by 1 January 1997 instead of 1 January 1993.

The provisions of the Directive shall, for the purposes of the present Agreement, be read with the following adaptations:

(a) The following shall be added to Article 3:

(m) in Austria:

"Doktor der gesamten Heilkunde" (diploma of doctor of medicine) awarded by a university faculty of medicine and "Bescheinigung über die Absolvierung der Tätigkeit als Arzt im Praktikum" (certificate of practical training) issued by the competent authorities;

(n) in Finland:

"todistus lääketieteen lisensiaatin tutkinnosta/ bevis om medicine licentiat examen" (certificate of the degree of licentiate in medicine) awarded by a university faculty of medicine and a certificate of practical training issued by the competent public health authorities;

(o) in Iceland:

"próf í læknisfræði frá læknaeild Háskóla Íslands" (diploma from the medical faculty of the University of Iceland) and a certificate of practical training in a hospital of at least 12 months issued by the chief medical doctor;

(p) in Liechtenstein:

the diplomas, certificates and other titles awarded in another State to which this Directive applies and listed in the present article, accompanied by a certificate on the completed practical training issued by the competent authorities;

(q) in Norway:

"bevis for bestått medisinsk embetseksamen" (diploma of the degree cand. med.) awarded by a university faculty of medicine and a certificate of practical training issued by the competent public health authorities;

(r) in Sweden:

"läkarexamen" (university medical degree) awarded by a university faculty of medicine and a certificate of practical training issued by the National Board of Health and