Shifting the European Log Jam

Whitehall invented the “green paper” to initiate public debate on areas of likely Government action. In Brussels last week the Commission of the European Communities broke new ground by holding the verbal equivalent, the subject being mutual recognition of medical qualifications in the E.E.C. Until this issue is resolved the movement of practising doctors within the Community is bound to be restricted. Discussions have drifted on between the Six for 14 years; the relevant draft directives are now five years old; and a sense of “thus far and no further” seemed to be developing.

The arrival of Britain, Denmark, and Eire in January 1973 threatened to worsen a tanged situation. The expansion of the E.E.C. however, prompted a major shuffle in the ranks of the Commission—the E.E.C.’s civil service—and Commissioner Ralf Dahrendorf, displaced by Britain’s Sir Christopher Soames from external affairs, took over the research, science, and education portfolio. Diagnosing the need for a catalyst to get professional interchange finally underway he persuaded the Commission to call an “open hearing” of the doctors’ case, perhaps the most intractable one to solve. So practising doctors, university doctors, and representatives of various European hospital and insurance groups found themselves seated alongside medical students and patients’ associations and “observed” by Government officials, E.E.C. legal experts, and representatives from other professions. Such a new departure prompted a cautious, even suspicious, reaction from the medical, university, and other experts who have been involved in the 14-year marathon. Some national delegates from the E.E.C.’s Standing Committee of Doctors admitted as much when the hearing started. But at the end of the four-day talk-in they confessed to having been mistaken.

As Professor Dahrendorf said in his opening speech, one of the great principles of the Treaties of Rome is the establishment of an “area of full freedom of movement for persons.” But the higher the qualifications people hold the more limited are the arrangements for such freedom. Furthermore, any proposals have to be unanimously agreed by all the E.E.C. countries, and with the wide variation in the training, registration, and specialist education of doctors in the Nine unanimity will be hard to achieve. The range of differences and the fears that any directives might damage national standards, traditions, and interests were apparent during the hearing. The British doctors’ delegation, led initially by Mr. Walpole Lewin, and subsequently by Dr. A. J. Rowe, played a major part throughout these debates, and junior doctors and students from Britain made their mark, with Dr. Jean Turner for the former and Mr. R. S. J. Frackowiak from the B.M.S.A., both speaking well to their respective briefs.

A stumbling block to progress in achieving mutual recognition has been the wide gap between the down-to-earth views of practising doctors and the academic approach of universities fearful of falling standards. Both practitioners and teachers agreed they were closer together at the end of the conference. No decisions could be taken—that was not the intention—but by finally confining the debate within a framework of questions put by the Commission a surprising degree of consensus emerged. Two broad alternative possibilities were put to the hearing about “access to and practice of the profession.” Firstly, could it be agreed that “if a doctor has satisfied all the conditions for access to and practice of the profession in his own country, then he should be permitted to practise similarly in any other country of the Community?” Such a solution would depend on mutual confidence in the broad comparability of training standards throughout the Nine. The alternative would be “to incorporate in the directives specific criteria for minimum training standards which must be satisfied in order to secure mutual recognition. Such criteria could take different forms.” These two proposals were broken down into a series of more precise questions related to basic medical and specialist training, with specialist registration, further training for general practice, and part-time training of specialists prompting some spirited exchanges.

The idea of a European advisory committee to help establish qualitative and quantitative criteria for the fully registered doctor seemed to be generally accepted, though not without critical questioning of what quality and quantity really meant. The practical value of a period of adaptation to the language and customs of a host country was widely recognized, and there were other points of agreement. Though the generality of accord emerging from the meeting (to be reported in a future issue) will now be subject to national scrutiny, formal discussions, and legal analysis, Professor Dahrendorf’s initiative seems to have succeeded in shifting the log jam. Nevertheless, it may well be mid-1975 before practical results can be seen in the Council of Ministers. By then Professor Dahrendorf, who referred during the hearing to the great European traditions of academic and professional migration, will himself have migrated to become Director of the London School of Economics. Perhaps this is a sign of confidence in a European future—a recurring theme during the hearing.