Current status of EU-wide recognition of the clinical genetics speciality

First of all let me sincerely thank Presidents of European Clinical / Human / Medical Genetics Societies (www.eshg.org/76.0.html) for their support and in particular those from EU-27 Member States for their relentless individual lobbying of their national representatives at the „Recognition Committee (RC)“ of the European Commission´s – DG Internal Market and Services!

RC is in charge of amending Directive 2005/36 with the clinical / medical genetics (CMG) specialty and follows the EU Council „Qualified Majority Voting“ procedure of the European Council: en.wikipedia.org/wiki/Voting_in_the_Council_of_the_European_Union. National representatives of the RC provide an „official position“ of a given country on EU-wide recognition of broad range of specialties (from e.g. lawyers, architects, through medical oncology to clinical / medical genetics). RC reflects the national consensus on a given specialty and liaises with respective professional bodies within a long and complicated administrative process which in the end results in specific amendments of Directive 2005/36 with new specialties (see also ESHG Newsletter 18; May 2009). Thus, without hard and dedicated work of National Human Genetics Societies (NHGS) we would not have moved further in the EU-wide recognition process since their 5th meeting at EHGC 2009 in Vienna (www.eshg.org/71.0.html).

What have we achieved, thus far? National endorsement letters, together with postgraduate curricula, were rendered to respective RC representatives. Simultaneously, we posted them on the ESHG website, together with the NHGS petition singed at their last meeting. Moreover, we have also included English translations of national postgraduate curricula at this page (www.eshg.org/index.php?id=111).

Following the official request of the Czech RC representative, which was based on the Czech EU Council activities (I-VI/2009) in this area (www.eu2009.cz; ESHG Newsletter 18/2009) I represented ESHG / NHGS at the RC October 22/2009 meeting in Brussels. There I presented the status of recognition of CMG at the EU-27 level (Figure), demonstrated that recognition of CMG had received unanimous support from all EU-27 professional bodies, referred to the joint 2009 NHGS petition and documented that we submitted all documents as requested to RC. Importantly, we could also demonstrate that there are no „aberrant curricula“ in individual EU countries, which could jeopardise cross border provision of CMG “expertise” and that all national curricula are in line with the UEMS consensus (“Description of Clinical Genetics as a medical specialty in EU: Aims and objectives for specialist training” adopted by the UEMS Council on April 25/2009; UEMS 2009/15; ESHG Newsletter 18/2009)

At the October 2009 RC meeting the EC carried out an informal “oral voting” procedure, whereby individual RC national representatives were asked to provide their preliminary positions on a/ whether they approve the „amendment of the Directive“ with CMG, b/ whether they agree with the minimal 4 years duration of postgraduate training or would like to have 5 years instead (the extra year is mostly due to a clinical elective; ESHG Newsletter 18/2009). Although we failed to reach the necessary qualified majority by missing a small number of proportional votes, the overall response was generally positive, with several country representatives pleading for rapid recognition of CMG! In the end results of this procedure confidently demonstrated to the EC that the necessary qualified majority can be reached at a later stage.

Following the October 2009 meeting the EC officially asked RC representatives to provide a written position supporting their preliminary oral approval and requested that “delegations” which abstained (EE, HU, MT, PO, RO, SI) also present their statements. This has been a particularly important development since from there on the entire process got reverted from the “bottom up” to a “top down” approach. This EC political

move served as an attempt to bridge the heterogeneity of EU-positions, since besides those countries which were “positive” at the October 2009 RC meeting, there were several countries which do not have clinical / medical genetics recognised at the national level (BE, CY, GR, LU) and thus abstained, while some of them provided only a “conditional approval” (IT, SE) in order clarify the position of their professional societies on the overall duration of postgraduate training. The positive stance of countries which are non EU-27 members also helped to convince the RC that there is indeed a broad consensus in Europe on recognition of CMG.

In May 2009 we were informed by the EC that majority of EU-27 RC representatives had provided their endorsements of the amendment of Directive 2005/26 with CMG, including several countries where the national recognition process is still underway (!), and that a “critical mass” had been reached. We still have to wait for the outcome of the final “confirmatory” voting procedure at the upcoming June 2010 RC meeting (likely to be scheduled after EHGC 2010). Providing that the required number of votes set by the EU Qualified Majority voting scheme is achieved (255/345), and following complex bureaucratic procedure at the EC, involving also the EU Parliament, CMG will be added to the list of “European specialties” once the Directive is amended as planned (2011-2012).

In the meanwhile as a spin-off our European level activities, positive progress at the RC has fostered the national recognition process in Spain, with additional countries following this example. Furthermore, the Ad Hoc ESHG Committee on the “EU speciality in medical laboratory genetics” was formed and will follow the proven path of CMG recognition process (www.eshg.org/224.0.html; see adjacent section of this Newsletter).

Finally, I want to stress that CMG has not been “prioritised” by ESHG over the laboratory genetics specialty for its EU-wide recognition due to any „subjective reason“. Rather there was a momentum which we could utilise in early 2009 only for CMG: a/ the clause stating that „*expertise should travel rather than patients themselves*“ in Recital 15 of the EU Council “Recommendation on EU action in the field of rare diseases”, that was adopted under the Czech EU Council Presidency (eur-lex.europa.eu/LexUriServ/LexUri Serv.do?uri=OJ:C: 2009:151:0007:0010:EN:PDF) provided us with justification for cross border mobility of clinical / medical geneticists, who serve in the first line of diagnostic contact for the majority of “rare diseases”, b/ Directive 2005/36 lists only those medical specialties where there is a justified need for cross border provision of care (!), c/ the process of CMG recognition was greatly facilitated by April 25/2009 publication of the UEMS-based consensus curriculum (see above), d/ CMG was *already recognised* as a primary medical specialty within the majority of EU-27 countries (Figure) and we could thus collect legal dossiers proving this for the RC, and e/ we could also readily provide the RC, via concerted NHGS efforts, with national CMG postgraduate curricula on which most of the RC scrutiny is focused upon.

Therefore, laboratory genetics could not have benefited from this level of preparedness, since a lot of background work still has to be done at the national level in order to fulfil the necessary pre-requisites, stipulated in points a/- e/ above. However, our conviction has been that by pressing ahead with CMG recognition we will also foster positive development on the laboratory genetics “front”. We are convinced that collaboration of ESHG with NHGS will be successful in the end as well

Let us hope for the best possible outcome for CMG / laboratory genetics specialties and thank you all once more for your past and future collaboration!

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President Elect of the ESHG

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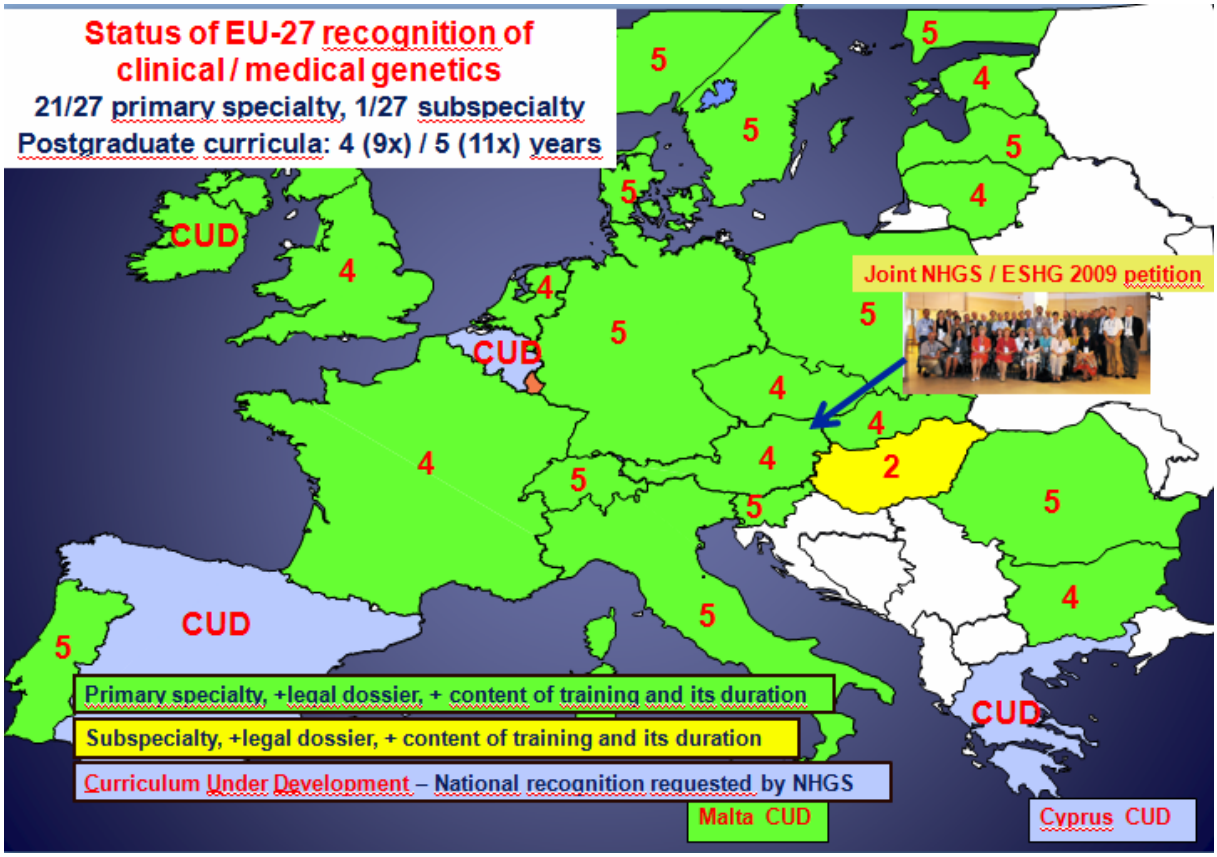
Figure:


Status of EU-27 recognition of clinical / medical genetics
21/27 primary specialty, 1/27 subspecialty
Postgraduate curricula: 4 (9x) / 5 (11x) years
Joint NHGS / ESHG 2009 petition
CUD
CUD
CUD
CUD
Primary specialty, +legal dossier, + content of training and its duration
Subspecialty, +legal dossier, + content of training and its duration
Curriculum Under Development – National recognition requested by NHGS
Malta CUD
Cyprus CUD