

Doctor, Doctor!

Refugees fleeing Syria and other areas of conflict have received widespread attention in the media in recent months. Some of this coverage, it is fair to say, has struggled with the difference between refugees and migrants. For the avoidance of doubt, a refugee is a person who is forced to leave their country to escape war, persecution or natural disaster, whereas a migrant is someone who chooses to move from one place to another to find work or for other reasons (Toby Bristow explored the ramifications of the use of terms such as immigrant, migrant, refugee and expat in his article entitled "The immigration debate" in the last issue of *ITI Bulletin*).

Migration within the European Union for the benefit of its citizens has also experienced its own controversy, most notably at times when new Eastern European states have been admitted into the Union. Nonetheless, the principle of free movement of persons was enshrined in the original Treaty of Rome and remains so in its current incarnation, the Treaty on the Functioning of the European Union¹ (the scope of the right is further defined in Directive 2004/38/EC). The treaty states that citizens are entitled to look for a job in another EU country, work there without needing a work permit, reside there for that purpose, stay there even after employment has finished, enjoy equal treatment with nationals in access to employment, working conditions and all other social and tax advantages². Many people reading this article today have been able to benefit from these freedoms and move to a different country to further their professional careers.

Regulated professions

One obvious complication arising from the free movement of workers is the problem of regulated professions. A profession is defined as regulated if it is necessary to hold a specific degree, sit special exams, or register with a professional body before practising the profession³.

In many cases, it is necessary for workers to have professional qualifications (training and professional experience) officially recognised before they can start practising in the host country. The picture is complicated by the fact that not all EU countries have the same regulated professions as each other. So, it can be the case that a profession is regulated in one country but not another. One frequently quoted example is that all ski instructors working in France are state-certified but this is not so in other countries.

The Directive that addresses the recognition of professional qualifications is Directive 2005/36/EC, as amended most recently by Directive 2013/55/EC, which Member States must transpose into national law by 18 January 2016. The Directive applies to persons wanting to pursue a professional activity in another Member State and sets out the rules that apply to a variety of different professions (some general and some more specific) such as doctors, nurses responsible for general care, dental practitioners, veterinary surgeons, pharmacists and architects.

In this article we will be looking specifically at the professions broadly grouped under the "medical" category. For these professions, the minimum training requirements are harmonised at Community level and they benefit from automatic recognition. This means that the competent authority in the host Member State does not need to look into the exact content of the training that an individual working in these medical professions has undergone because the minimum training requirements are set out in the Directive (Articles 24 to 45). In practical terms, a French doctor, for example, need only provide proof that they hold a *Diplôme d'Etat de docteur en médecine* and the competent authority in another Member State will automatically recognise that qualification. This considerably simplifies the process of recognition and contributes towards the wider goal of minimising barriers to the free movement of persons. But how does the recognition process work in practice? What is the position regarding certified translation of professional qualifications?

UK jobs

The British General Medical Council⁴ (GMC), is the body that oversees registration of all doctors who practise medicine in the United Kingdom. There is currently considerable economic migration of doctors who originally

¹ Article 45(1) TFEU: "Freedom of movement for workers shall be secured within the Union"

² European Commission website: <http://ec.europa.eu/social/main.jsp?catId=457&langId=en>

³ Your Europe website: http://europa.eu/youreurope/citizens/work/professional-qualifications/regulated-professions/index_en.htm.

⁴ www.gmc-uk.org

⁵ www.bbc.com/news/health-34658051

qualified abroad to work as medics in the UK. Here we will focus on the GMC's current due diligence to oversee foreign qualifications and, especially, on the translation requirements involved in applications.

Jason Willis-Lee MITI graduated with an honours science degree in physiology (BSc Hons) after studying for three years at Bristol Medical School, including one year's full hospital training. He now runs a busy medical and pharmaceutical translation practice in Madrid and works in the Spanish-English and French-English pairs. He says: "as a former medic, fully qualified member of the ITI and vendor of ITI-certified translations I see my fair share of doctors wishing to move from Spain to the UK in order to seek work as physicians.

Just this past year, several doctors have contacted me each month although not all of them accepted my quote. Of those that did agree to proceed, I have provided this specialised service to a range of clients who qualified in countries as diverse as Spain, Cuba, Bolivia, Guatemala and Santo Domingo. In all cases my clients' degrees had already been made equivalent to the Spanish system meaning that GMC registration is their second process of validation.

The translation stage of the registration process comes at an advanced stage of the application following initial recognition of professional qualifications and submission of evidence that an applicant has the requisite knowledge of English. Failure to pass English language assessments is a serious matter and can lead to temporary suspension by the Medical Practitioners Tribunal Service (MPTS), empowered just 18 months ago to verify doctors' English language skills.⁵ The GMC explicitly stipulates that **a complete and accurate translation of every document not written in English, along with the document in its original language, must be submitted**. They provide a link to three professional bodies: Institute of Translation & Interpreting (ITI), Chartered Institute of Linguists (CIOL) and Association of Translation Companies (ATC) where doctor-clients can establish contact with a translator.

Particular emphasis is placed on the requirement that translated documents **bear the contact details of the translation service or translator**. This is for the purposes of checking that the translator did indeed perform translation of the documents at issue. I can testify that this vetting does indeed now take place. Earlier this year, I was contacted by the GMC in writing to confirm that I had performed a translation for a determined client. I was specifically requested to respond from my work email and not an email server such as Hotmail, Gmail, etc. After consultation in my online groups, I quickly drew the conclusion that one or two of my colleagues in the ITI Medical and Pharmaceutical Network had also received similar requests from the GMC.

Applicants must also submit a Certificate of Good Standing from each regulatory authority with whom they have worked, to confirm entitlement to practise medicine in their country of origin, the absence of any disbarment, suspension or prohibition and attestation that the authority is not aware of any reason that calls into question their good standing. Work experience from the past five years, former employer references and declaration of fitness to practise are also mandatory. There is then an identity check which takes place at the GMC London or Manchester office. Depending on travel times, it is feasible to complete this procedure without an overnight stopover. The whole application is then processed and applicants can expect to hear back within five working days.

Requirements are strict and not all applications are successful. For example, Willis-Lee adds: "one of my clients this year - a maxillofacial surgeon - was disappointed when the GMC invited her to withdraw her application because her Spanish specialist training (5 years) was not equivalent to that of the UK (up to 8 years).

Case study

A simple case study of a typical doctor-client I see on a regular basis is outlined below. I put the following basic questions to Maria who very kindly consented to my "interviewing" her in writing and quoting her in this Bulletin article:

1. **Q: What was your general impression of the GMC registration process?**

They give you a complete explanation about the process. In my opinion the process is a bit long and expensive.

2. **Q: How much does it cost for a foreign qualified doctor to register before the GMC?**

A: £ 400 + documentation translation: € 90

3. **Q: Were the requirements more or less strict than you expected?**

A: More strict

4. **Q: How long did the GMC take to confirm/reject your application?**

A: I'm waiting for the answer.

5. **Q: Are the stipulations on the GMC website regarding presentation of certified English translations sufficiently clear?**

A: Yes

6. **Q: Is there anything you would like to see improved for future registration of foreign-qualified doctors?**

A: An easier process.

To conclude, the GMC registration application process for foreign-qualified medics is a complex and lengthy procedure now being undertaken by an increasing number of doctors. As translators we have an essential role to play in this process. A thorough look at the GMC website to gain in-depth insight into what is required of our clients, especially in regard to translation requirements, is essential to professional best practice. If we weave this research into our usual pattern of workflow as accredited professional translators, we will come out better equipped to provide the highest quality consultancy each time we are approached by doctor-clients pondering whether or not to hire our professional services.

Jason and Andrew have written a joint blog/post about best practice techniques for the translation of attestations issued for the purposes of recognition of professional qualifications. Visit www.jasonwillislee.com and www.allegrolt.co.uk.