
Consultation on measures for improving the recognition of medical prescriptions issued in another Member State

9 January 2012

Introduction

1. The General Medical Council (GMC) is the independent regulator for doctors in the UK. Our purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.
2. There are currently over 245,000 doctors on the UK Medical Register; 23,900 (9.7%) of these doctors qualified in other parts of the European Economic Area.
3. The law gives the GMC four main functions:
 - keeping up-to-date UK registers of qualified doctors
 - fostering good medical practice in the UK
 - promoting high standards of medical education in the UK
 - dealing firmly and fairly with doctors practising in the UK whose fitness to practise is in doubt.
4. We welcome the opportunity to respond to the European Commission consultation on the recognition of medical prescriptions in another Member State. Our submission focuses on those areas of relevance to the regulation of doctors and the protection of the public. It should be considered alongside our earlier response to the Commission survey on electronic registers of prescribers in August 2011.

A. General information about you

A.1 Please enter your name and, where relevant, the name of the organisation you represent

Phillippa Hentsch, European and International Policy Officer, General Medical Council

A.2 Please include also your E-mail address for contact purposes. This is for use only if we need clarification about your response.

europaean@gmc-uk.org

A.3 I am replying as / on behalf of:

Organised stakeholders

A.5 Please indicate which group your represent/belong to (maximum of one choice):

Others – the General Medical Council is a healthcare professional regulator.

A.8 Please indicate your country or, where relevant, the geographical area you represent:

United Kingdom

A.9 We will publish your response, together with your identity, on the Commission website, where it will be publicly accessible. Though if you request it, publication will be anonymous. How would you prefer your contribution to be published, if at all?

Under the name indicated - I consent to publication of all information in my contribution and declare that none of it is under copyright restrictions that prevent publication.

B. Issues in the recognition of cross-border prescriptions

B.2 Which other elements could cause problems in the dispensing of cross-border prescriptions?

We consider that the absence of national tools to confirm the identity of prescribers might pose challenges to the dispensation and recognition of cross-border prescriptions.

The GMC has for some time called on all health regulators in Europe to make up-to-date information about their registrants available to the public. In the UK, healthcare

professional regulators have publicly accessible and searchable web based lists of registered practitioners. This makes an important contribution to making regulation transparent and provides an easy way for members of the public, patients and health service contractors and professionals to check the registration status of practitioners.

The GMC's [List of Registered Medical Practitioners](#) also provides details of any restrictions on a doctor's licence to practise, which might prevent or restrict a professional's ability to prescribe. This is important if, for example, a patient obtains medical treatment outside their home state, but requires ongoing care and medication once they return home. When they subsequently request that a pharmacist in their home state dispense a prescription for medication written in another Member State, the pharmacist should check the status of the prescribing physician. That is only possible if basic registration information for the physician is readily accessible from the member state where they are practising.

Another challenge to authenticating the entitlement of the prescriber might be the different ways member states regulate the prescription of medicines. For example, in the UK¹ a number of other healthcare professionals in addition to doctors (including pharmacists, dentists, nurses and optometrists), prescribe medicine.

In addition, it is not clear how a European level solution will take into consideration the different national prescribing practices and standards that affect the dispensation of medicines.

F Identifying the prescriber

F.5 Which other elements could contribute to a better identification of the prescriber?

As highlighted in the previous section, we believe that public web-based national registers of healthcare professionals would improve the identification of the prescriber.

We understand there have been some suggestions to develop a European register for professionals. However we do not believe this would be proportionate or appropriate. The challenge is primarily about improving the transparency and exchange of information concerning registered professionals. Creating a European register, including only those healthcare professionals responsible for prescribing, would not address these broader public policy objectives.

The European Commission should instead build on existing tools which have facilitated the identification of prescribers. As a first step, it should promote transparency by ensuring that member states develop online registers.

The Commission should also consider establishing a European portal, through the Directive's national contact points, containing information about the format of prescriptions in the member states (templates and other supporting information that will help pharmacists identify genuine prescriptions), information about the

¹ For further information about who can prescribe in the UK, see:
<http://www.nhs.uk/chq/Pages/1629.aspx?CategoryID=68&SubCategoryID=161>

professions able to prescribe and links to the national registers of these healthcare professionals. This may be a more proportionate way to address the lack of information at European level and would provide pharmacists with greater assurances that the prescriber is bona fide and that the prescription is authentic.

We would also encourage the Commission to evaluate processes already in place within multilingual member states with a federal structure, as these may provide some helpful solutions to the challenges surrounding the recognition of prescriptions.