
GMC Response
Public consultation on the eHealth Action Plan (eHAP) 2012-2020
25 May 2011

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 239,000 doctors with a licence to practise on the UK Medical Register. Of those, around 23,000 (10%) are 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. Our approach to medical regulation stresses the importance of professionalism in raising healthcare standards and subsequently reducing risks to patients. We believe that the development of this approach to medical regulation across Europe could make significant contribution to safe and high quality healthcare.
5. Our position as set out in this response, aims to balance the development of e-health and telemedicine services with the maintenance of patient safety and high levels of professional regulation, which must be at the centre of the eHealth Action Plan 2012-2020.

GMC position

eHealth and patient safety

6. Medical regulation in Europe must comply appropriately with the principles of good regulation. In this regard regulation should be targeted, proportionate,

accountable, consistent and transparent. It should also take place at the level most able to maintain patient safety and to deal firmly and fairly with doctors whose practice falls short of expected standards.

7. The GMC recognises the increasing importance of exploiting online services, such as eHealth and telemedicine to address healthcare needs, particularly in the context of budget deficits and ageing populations. To support our statutory objective of protecting the health and safety of the public in the UK, we have developed a number of online tools to help doctors and patients better understand medical regulation. For example, our interactive site [Patients' help](#) helps patients in the UK to identify which organisation to complain to if they have concerns about their doctor. It enables users to listen to a range of case studies, view an 'at a glance' chart on the life cycle of a complaint and look up local contact details on an interactive map.

8. The development and growth of eHealth also poses challenges to patient safety and any measures to encourage these services must go hand in hand with the right for patients to effective and robust medical regulation. We would therefore encourage the European Commission to ensure that, in addition to promoting the provision of information society services, the Action Plan for 2012-2020 also takes into consideration the need for public protection and patients' access to redress if treatment goes wrong.

Regulatory responsibility and legal clarity

9. We strongly believe that there should be no ambiguity as to where regulatory responsibility rests in any case of healthcare, and particularly in complex situations, such as cross-border e-Health, where neither the patient nor professional physically moves.

10. In this context, we believe that the regulatory model for telemedicine services should be transparent. In the UK, the legal framework for telemedicine services is clear – the GMC is not a regulator of medical services but of medical practitioners. We regulate doctors on our register and cannot require doctors practising outside the UK to register with us. It is therefore the responsibility of contracting bodies to assure themselves that any e-Health contractors are appropriately registered and qualified in the country from which they are practising. We have already agreed [joint statements](#) to this effect with the systems regulators in Scotland, Wales and Northern Ireland. Separately, we have a wider [Memorandum of Understanding](#) with the systems regulator for England and are exploring supplementing this with a joint statement on telemedicine.

11. We do not believe that the current legal framework is a significant barrier to the uptake of eHealth services and would not support a European model for the licensing and accreditation of professionals carrying out telemedicine services. It would also not be proportionate or appropriate considering that only a small number of patients and professionals are currently exploiting cross-border eHealth services.

12. The GMC would also encourage the Commission to ensure coherence between the priorities for a revised e-commerce Directive, the eHealth Action Plan and the review of the recognition of professional qualifications Directive. The legal

framework at the European level should not be further complicated by sector specific initiatives driven by different European Commission Directorates-General, specifically Health and Consumers (DG SANCO), Information Society and Media (DG Digital Agenda), and Internal Market and Services (DG MARKT).

13. Instead, we encourage the European Commission to consider alternative measures to promote eHealth. We believe that greater regulatory transparency across Europe for patients, the public, professionals and other regulators would significantly increase confidence and trust in telemedicine services. In the UK, we have a freely accessible web-based real-time [List of Registered Medical Practitioners](#) (LRMP) – patients can check anytime that the doctor treating them is registered and has no disciplinary action against them. We also make our standards and guidance freely available to the public via our website and on request, and we set out on our website the mechanisms for making complaints about a doctor and notifications of disciplinary hearings.

14. To improve regulatory transparency, the GMC has for some time been calling on all countries to provide an online register of healthcare professionals and publish details about fitness to practise actions. That way, patients, employers and those commissioning telemedicine services could easily check a doctor's registration and disciplinary status.

15. The GMC has also contributed to the development of a European dialogue on regulatory issues through the establishment of the [Healthcare Professionals Crossing Borders](#) (HPCB) Initiative. The informal network of healthcare professional regulators developed the [Portugal](#) and [Edinburgh](#) agreements which seek to identify shared principles of regulation; promote transparent and accessible healthcare regulation, as well as competence assurance of European healthcare professionals. These agreements also include a commitment by regulatory authorities to make information about professionals publicly available.

Assuring high quality professional standards

16. In line with the principles of subsidiarity and proportionality, it is important that professional and ethical standards are developed at the member state level in order to take account of cultural and practical considerations, including differences in national law. In the UK, the GMC has a statutory role to provide guidance to doctors and is responsible for the setting of professional standards. Our guidance, including [Good Medical Practice](#), is developed in consultation with a wide range of UK stakeholder groups, and is increasingly embedded in health service delivery in the UK.

17. The GMC's professional standards do not represent a barrier to the deployment of telemedicine and we aim to set guidance that represents a reasonable balance between patients' safety and autonomy to access medical care. The GMC's specific guidance on [Good Practice in Prescribing Medicines](#)¹ outlines

¹ The GMC is currently [consulting](#) on new draft guidance *Good practice in prescribing and managing medicines and devices*, which would update *Good Practice in Prescribing Medicines*. The consultation will close on Friday 27 May 2011.

what is expected of doctors who prescribe remotely, including for patients overseas. It encourages doctors to be open and transparent about their registration status with patients and it suggests that they might need to be registered with a local regulatory body to prescribe for patients overseas. Our guidance on [Confidentiality](#) also reminds doctors that all health data, whether sent electronically or otherwise, must be handled correctly and in line with the NHS Information Governance Toolkit.

18. We therefore do not believe that the setting of professional standards at European level through codes of conduct will facilitate the development of eHealth. It could result in greater risk to patients through the application of “lowest common denominator” standards or confuse patients and professionals about the standards to be adhered to, to the detriment of safe and high quality healthcare.

19. Instead, we would encourage other European professional standards setting bodies to make their standards and guidance freely available to the public and professionals. This would support the sharing of best practice and in turn improve confidence in telemedicine services, without undermining patient safety.

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