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Alliance of UK Health Regulators on Europe

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Alliance of UK Health Regulators on Europe (AURE)

Consultation Response: Health in Europe: A Strategic Approach

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General Medical Council, General Dental Council, Nursing & Midwifery Council, General Osteopathic Council, General Social Care Council, General Chiropractic Council, Royal Pharmaceutical Society of Great Britain, Pharmaceutical Society of Northern Ireland, Health Professions Council, General Optical Council.



Introduction

About AURE

1. The Alliance of UK Health Regulators on Europe (AURE) brings together the 10 health and social care regulators (competent authorities) in the United Kingdom to work collaboratively on European issues affecting patient and client safety. Our purpose is to protect and promote patient safety through effective regulation and ensuring proper standards in the practice of health and social care. It is with this remit that we make our comments on the Commission's consultation. It is not AURE's role to promote the interests of the professions that we regulate - that is a matter for the professional representative bodies or associations.
2. This response is based on, and reflects the overriding themes that are contained in, our recent submission to the European Commission's consultation regarding community action on health services. These are:
 - 2.1. European action on cross-border healthcare must balance free-movement with an overriding concern for public and patient safety.
 - 2.2. Safe and effective cross-border healthcare must be supported by better and more accessible information for patients and the public.
 - 2.3. Safe and effective cross-border healthcare requires EU action to enhance communication and co-operation between European health regulators.
 - 2.4. The European Commission has a key role in supporting strong and effective national regulation that promotes high standards of healthcare and professional practice.



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3. Our response focuses on the questions that have a direct relevance for AURE and for professional healthcare regulation in Europe within the three broad elements of the Strategy outlined in the consultation document: core issues which need to be addressed in order to protect and improve health in Europe; health in all policies ('mainstreaming'); and, global issues.

Question 1: How should we prioritise between and within all these areas to focus on those which add real value at the EU level? In which areas is action at the EU level indispensable, and in which is it desirable? For example, is there a means to use the Health Life Years indicator or other outcome measurements to give weight to areas on which the EU should concentrate?

4. A key element of any patient-centred health systems should be safe and high-quality healthcare and patient safety should be a top priority within the European Commission's Health Strategy.
5. The discussion document highlights that 'high-quality health services' are a priority for European citizens and at European level, where there are cross-border implications arising from patient and professional mobility. Safe and high-quality healthcare in Europe is dependent on health professionals being safe and competent to practise. Regulators must therefore have mechanisms available to them to confirm, at the point of registration, the current competence of professionals who may practice in their jurisdiction, and provide them with assurance that they are fit and safe to practice. Without this assurance all other policies relating to public health and healthcare provision are undermined and the well-being and safety of patients may be put at risk.
6. European health services benefit immensely from professionals being able to work and share their expertise in other European countries. Indeed some recent professional mobility statistics from the UK show that in 2005, over 7000 health practitioners from the European Economic Area came to the UK to register with regulatory bodies and find work.

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7. Most European healthcare professionals are highly competent individuals who make an important contribution to the health and well-being of European citizens and to safe healthcare in Europe. There is inevitably, however, a small minority of health professionals whose practice is impaired, or whose current competence is in question, and who might put individuals safety and well-being at risk. These healthcare professionals should not be able to exploit EU rights of free movement, or evade regulatory control, by moving from country to country unimpeded or undetected.
8. To avoid this the European Commission and Member States must work together to develop effective mechanisms for confirming the current competence of healthcare professionals and for identifying those who are not fit and safe to practise. Indeed, patient safety, particularly in the context of the competence of healthcare professionals, cannot be considered separately from any other policy relating to health and health services.
9. It is therefore imperative that patient safety and the competence of healthcare professionals be included as a core issue within the European Health Strategy. In the context of increasing mobility of health professionals worldwide, this is also an important issue within the global sphere.

Question 2: What should we realistically aim to achieve in practice in these areas of work? What broad objectives should we set for the short term and long term – 5 years and 10 years?

10. As highlighted in our response to the European Commission 'Consultation regarding Community action on health services', AURE believes it is vital to identify what information and legal clarity is required for safer and better quality healthcare in a Europe of increasing patient and professional mobility. This should be an immediate priority for the European Commission.



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11. We believe that high-quality and efficient cross-border healthcare, whether it involves patient or professional mobility, requires accessible information – for competent authorities, patients and the public, on a wide range of regulatory issues such as registration, professional indemnity, complaints mechanisms, professional standards and scope of practice.
12. Indeed, patients can only exercise meaningful choice in seeking healthcare in other Member States if they have good information. This must include information about the professionals who may treat them and also information regarding the patient experience they are likely to receive.
13. Patients and the public have access to up to date information about healthcare professionals registered to practise in the UK through the websites of the regulators. The provision of web-based accessible information about the registration status of healthcare professionals by regulators in each Member State should be encouraged.
14. All regulators must exchange information about healthcare professionals that has a bearing on patient safety in Europe and on professional competence. This includes information about the professional status and competence of individuals who are already registered, or who may seek registration, in other EEA Member States. Where there are serious concerns about an individual's competence that have arisen in one Member State, regulators must act to ensure that patients and the public across Europe are not put at risk.
15. As highlighted above, healthcare professionals are already making extensive use of free movement rights and so, to a lesser degree at present, are patients. Therefore, as an important immediate objective, the European Commission should propose legislation that imposes a legal duty on regulators to exchange registration and disciplinary information and to act on it, in the interests of public and patient safety.



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16. AURE, however, does not view a European tier of regulatory control for healthcare professionals, for example a European code of practice or a European register of health professionals, as a realistic objective for the European Commission, or in the best interests of patient safety. Regulation is at its most effective when driven by local and national considerations. The Commission should therefore avoid trying to achieve greater co-operation through increased centralisation of regulatory functions and focus instead on facilitating more effective regulation at local and national level.

Question 3: Are there issues where legislation would be appropriate? What other non-legislative instruments should be used – for example, a process similar to the Open Method of Coordination? How can we make better use of Impact Assessment?

17. We believe that there are two areas where legislation would be appropriate and would make a strong contribution to patient safety in Europe.
18. First, as already mentioned, we believe the European Commission should propose legislation that imposes a legal duty on regulators to exchange registration and disciplinary information and to act on it, in the interests of public and patient safety. This would make a valuable contribution to patient safety by ensuring that regulators have comprehensive disciplinary and registration information about individuals who are practising or may seek to practise in their jurisdiction.
19. Second, the ability of healthcare workers to practise their profession across Europe is based largely upon the recognition by Member States of their initial qualifications and training and, in some cases, their specialist training (see the Directive on the Recognition of Professional Qualifications (2005/36/EC). However, it is increasingly important, and in line with public expectations, that



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- healthcare professionals should be able to demonstrate that they remain up to date and competent to practise, and also have the linguistic competence to practise safely. In this context it is no longer sufficient, or in the public interest, for the mobility of professionals to be based simply on qualifications held. It is appropriate, however, for host state regulators, in granting access to healthcare practice, to be able to take account of the demonstration of ongoing competence to practise.
20. We would like the European Commission to bring forward appropriate measures to reinforce the current mutual recognition requirements in the context of regulated healthcare professionals.
 21. European legislation prevents regulated healthcare professionals qualified within the EEA having to pass a language test to become registered to practice in an EEA country. This presents a significant barrier to competent authorities being assured of the language competence of individuals who will practice in their jurisdiction. It is vital that all health professionals are able to communicate effectively with their patients, fellow professionals and within the wider health care system. AURE has consistently pointed out the risk to patient safety that inadequate communications skills, including language competency, presents. We believe that regulators should have the legal ability to test the language competence of all health professionals where their first language is not that of the Member State in which they seek registration.
 22. There are some additional areas related to the regulation of healthcare professionals, namely European standards of healthcare practice, public and patient engagement and collaboration between national competent authorities, where a non-legislative approach to coordination would be appropriate. This would enable improved cooperation between regulators while respecting the principles of subsidiarity.



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23. There should be some common principles, particularly fundamental principles of standards and ethics, which could be embedded in national standards and codes of practice. The European Commission has a valuable role to play in facilitating this process. We do not believe, however, that a European level code of practice for health practitioners would be workable or in the best interests of patient and public safety.
24. We also believe that the European Commission should work with regulators to develop models of public and patient engagement within European healthcare regulation. By engaging the public in the regulatory process regulation will be more transparent, better able to serve the needs of European citizens and command confidence and trust. The European Commission should therefore promote public and patient engagement as good practice in healthcare regulation.
25. The European Commission should also assist national regulators in their ability to regulate effectively by making comprehensive information about each competent authority in the EEA available at European level, for example via national web-based searchable practitioner register.
26. At EU level, in addition to health and consumer protection, policy and legislation associated with the delivery of health by regulated professionals is inextricably linked to a number of other policy areas, in particular internal market, employment and social policy. It will be important for the European Commission to recognise this linkage. This will help to ensure the most appropriate Commission leadership on health initiatives (reflecting the interests of the public and their safety), and that the implications of proposals on patient safety are directly considered. The Health Impact Assessment could be an important mechanism for achieving this.
27. Indeed, in June 2006 AURE publicly called for the European Commission to make patient safety of paramount importance in the development EC policy

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and legislation. The Impact Assessment again could make a positive contribution to ensuring the implications, upon health and patient safety, of all European Commission proposals are identified at the pre-legislative stage.

Question 7: How could methods for involving stakeholders be improved? How can we create innovative partnerships with stakeholders?

28. Unlike many healthcare stakeholders (such as patient groups or professional associations) regulators have not always benefited from strong mobilisation at European level. The regulatory implications of the growth of cross-border healthcare makes it vital that the Commission engages closely with national regulators. By doing so, the Commission will also benefit from the wealth of knowledge and strong evidence base that regulators have regarding professional mobility and the competence health professionals in Europe.
29. In this context, and at the initiative of the Dutch government in 2004 and the UK government in 2005 (during their respective EU Presidencies), healthcare regulators have been working together within the Healthcare Professionals Crossing Borders initiative. This is now led by AURE on behalf of European regulators and focuses on regulatory collaboration and cooperation, particularly in relation to information exchange. At present Healthcare Professionals Crossing Borders is the only European level forum that brings together competent authorities from all regulated health professions across the EEA.
30. AURE would like to work closely with the European Commission to further the work of the Healthcare Professionals Crossing Borders initiative and for the European Commission to support the on-going collaboration between regulators (competent authorities) at EU level.