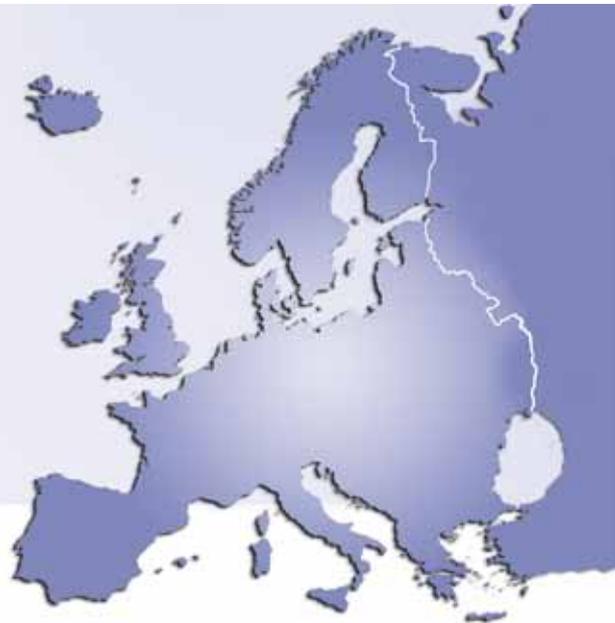


Crossing Borders Update



Welcome to the August 2010 Healthcare Professionals Crossing Borders (HPCB) Update. This update includes information on the Council's political agreement on the Patients' Rights Directive, and European competent authorities' contributions to the revision of Directive 2005/36/EC on the mutual recognition of professional qualifications. It also includes articles on the development of the Internal Market Information (IMI) system, and the introduction of mandatory professional competency schemes for doctors in Ireland.

Please **contact us** if you would like to contribute to a future edition or promote forthcoming events to other European competent authorities for healthcare professionals. For more information, please visit the HPCB website at www.hpcb.eu.

Council reaches political agreement on Patients' Rights Directive

On 8 June, European health ministers reached a political agreement on the draft Directive on patients' rights in cross-border healthcare.

The compromise text agreed during the Spanish EU Presidency received broad support from a majority of EU member states, and those with remaining concerns agreed not to hold up proceedings towards a Council common position.

The political agreement aims to facilitate high-quality healthcare and safety standards by maintaining that patients who seek cross-border care will enjoy the quality and safety standards applicable in the country of care, independently of the type of provider. The text however does not include

the amendments tabled by the EP at first reading which would have placed a legal duty on competent authorities to exchange fitness to practise information.

Ministers are expected to formally adopt the common position at a forthcoming Council meeting in September. The text will then be forwarded to the EP for second reading. MEPs will have three months to consider the Council's proposals and adopt a position.

To read the Council press release, please click [here](#).

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Competent authorities across Europe meet to evaluate Directive 2005/36/EC

David Hubert, EU and International Policy Adviser, Nursing and Midwifery Council, UK

The European Commission has begun its consultation process for the review of **Directive 2005/36/EC**. This exercise should lead to proposals for amendments to the Directive in 2012 and is structured in two phases. In the first phase, competent authorities are asked to draft national implementation reports. The Nursing and Midwifery Council has been entrusted by the Commission to coordinate work on the collection of implementation reports for nurses. For midwives, this work is led by the Ordre National des Sages Femmes (French Order of Midwives) within the Network of European Midwifery Regulators.

Both professions have attracted numerous participants from many countries at their plenary meetings, demonstrating that competent authorities are interested in taking the opportunity to feed into the revision of the Directive. Representatives of the Commission were present at the meetings and demonstrated their desire to collaborate with competent authorities.

The main areas of concern which competent authorities for

the two professions have identified are: outdated standards for training; the lack of exchange of information on fitness to practise; the inability to language test applicants, and; the lack of compulsory continuous professional development. Nursing and midwifery competent authorities discussed the alert mechanism in the Internal Market Information (IMI) system which is currently in use for the Services Directive. It was generally agreed that this mechanism should be made available to competent authorities for health professionals.

In the second phase of the consultation process which will begin in 2011, the Commission will collect suggestions from competent authorities, professional associations and the public on potential changes to the Directive. This will be an important opportunity for competent authorities to suggest amendments. Both networks will work to highlight their main common issues of concern as their recommendations might be adopted by the Commission and put forward to the European Parliament and Council for adoption.

Tanja Schubert, European and International Policy Manager, General Medical Council, UK

Over the last few months, the Conseil National de l'Ordre des Médecins (the French Order of Doctors), the Bundesärztekammer (the German Medical Association) and the General Medical Council (GMC) have coordinated an informal network of competent authorities responsible for the recognition of medical qualifications in Europe.

The network was created to support the European Commission in its evaluation of Directive 2005/36/EC in preparation for its review in 2012. To date competent authorities from 21 European countries have participated in meetings in Paris and London, highlighting the value they attach to cooperation and experience sharing. The first meeting, hosted by the French Order of Doctors, took place on 7 May in Paris. It gave competent authorities the opportunity to consider and suggest amendments to a questionnaire, drafted by the Commission, which will form the basis of national implementation reports.

At a second meeting held at the GMC on 2 July in London, competent authorities shared their practical experiences and



concerns with the Directive. Participants discussed a number of key issues, including recognition and registration procedures for doctors from the European Economic Area (EEA), language competence, cross-border cooperation and fitness to practise information sharing, the IMI system, continuous professional development and standards for medical education and training. Officials from the Commission's Directorate-General for Internal Market attended both meetings and took note of discussions.

Competent authorities will have an opportunity to discuss proposals for amendments and improvements to the Directive at a third meeting of the network to be hosted by the Bundesärztekammer on 13 September in Berlin.

Competent authorities from other healthcare professions are also meeting to discuss the Commission's experience reports and evaluate the implementation of Directive 2005/36/EC.

19 participants from 12 member states took part in meetings organised by the Ordre National des Pharmaciens (French Order of Pharmacists) on 9 July in Brussels. This followed a first meeting of the network on 7 June. Competent authorities for pharmacists will meet a third time on 3 September in Paris to continue their evaluation of the Directive.

Competent authorities from France, Germany and the UK are facilitating the evaluation of the Directive for the dental profession. An initial meeting hosted by the Ordre National des Chirurgiens-Dentistes (French Order of Dentists) on 28 June in Paris, brought together competent authorities from 11 member states. Experience reports will be completed over the summer and a follow-up meeting hosted by the General Dental Council, will take place on 8 September, in London.

Development of the IMI system

Jurian Luiten, Legal Advisor, Ministry of Health, Welfare and Sport, BIG-registers, Netherlands



A proactive alert system and the format for Certificates of Current Professional Status (CCPS) should be included in the **IMI system**. As sharing of information is in the interests of public safety, public trust in the system of recognition of qualifications will be improved. Both procedures can be standardised, monitored, made faster and more user-friendly without making IMI use mandatory. All information will also be shared through a secure system.

By identifying the competent authorities in IMI by profession, and making it possible to address them by group, it should be easier to find the relevant contacts and send information concerning a healthcare professional to the right recipient.

Proactive alert system

One option is a system where competent authorities first enquire whether a person is registered in other EU member states. Only those competent authorities who answer affirmatively receive information regarding which disciplinary restriction is imposed. Competent authorities that need more information can ask for it. This system could be a solution for member states that are not allowed to provide information on restrictions in case it is unknown whether a professional is registered in other member states.

On average, disciplinary courts in the Netherlands impose fifteen restrictions each year. This concerns all eight registered professions which includes the five sectoral professions affected by Directive 2005/36/EC. In some other member states, the numbers will roughly be the same. In these cases the proactive alert system should not lead to considerable extra work.

As some competent authorities impose more restrictions on a yearly basis, it should also be possible to send out lists with information on restrictions via IMI. If these two proactive alert mechanisms were to be implemented into IMI, competent authorities could choose to use either of them, depending on their national laws and the number of restrictions they impose on a yearly basis.

Based on national law there will be different views about which information can or should be shared between member states. As sharing some information is always better than sharing no information, it would seem best to share at least information on more serious cases such as erasures, suspensions and other disciplinary restrictions (not all conditions being restrictions).

CCPS and IMI

In cases where a migrant applies for registration in another member state after the country of origin sent out the alert (or inquiry prior to the alert), or where a professional holds registration in several member states from the past, it is clear that combining a proactive alert system and the exchange of CCPS is necessary to guarantee patient safety. This does not increase the burden on migrants as they can request competent authorities in the member state of origin to send the CCPS via IMI.

For further information, please contact Seniz Sari at s.sari@minvws.nl or Jurian Luiten at j.luiten@minvws.nl.

EP questions on recognition of qualifications

The European Commission recently answered oral questions tabled by three MEPs on the recognition of professional qualifications.

Marian Harkin (Alliance of Liberals and Democrats for Europe, Ireland) asked whether the Commission would consider establishing a system for monitoring the professional competence and accountability of healthcare professionals moving across borders. She suggested that this might take the form of a database enabling national competent authorities to share information on migrating healthcare professionals. In a question on language and competence skills of healthcare professionals from EEA countries, **Richard Howitt** (Alliance of Socialists and Democrats, UK) asked whether European law prevents competent authorities from testing these skills. **Constance Le Grip** (European Peoples' Party, France) asked what initiatives the Commission is considering to improve the system for recognition of professional qualifications in the EU.

In a **joint response**, the Commission stated that it is carrying out an evaluation of Directive 2005/36/EC and will report back on its findings in 2011. This will include feedback from

European competent authorities on their experiences with the application of the Directive. The Commission is also planning to publish a Communication in October 2010 on the relaunch of the internal market that will focus on professional mobility.

On the revision of the Directive, the Commission is considering whether to make the use of IMI compulsory, and whether an alert mechanism similar to that in operation for the Services Directive could be incorporated for the professions. To assist competent authorities verify the competence of healthcare professionals, the Commission is also reviewing whether in-service training could play a greater role in the recognition of professional qualifications. Regarding language and competency tests, the Commission outlined that Directive 2005/36/EC does not prevent competent authorities from testing professionals provided they are carried out on a case-by-case basis and proportional to their work.

EU health ministers consider Danish concerns over information exchange

At a meeting of the Employment, Social Policy, Health and Consumer Affairs (EPSCO) Council on 7 June in Luxembourg, the Danish government tabled a paper for consideration on the **Mutual recognition of qualifications for health professionals** and patient safety following concerns over foreign healthcare professionals who acquired their qualifications outside the EEA or in one of the Nordic countries.

Checks of foreign medical qualifications carried out prior to granting temporary authorisation for doctors to work in Danish hospitals have attracted political attention. Questions have arisen over whether Danish competent authorities have access to all relevant information prior to a doctor taking up work, including information on foreign medical qualifications or authorisation acquired in another EU member state or third country.

The Danish government noted that it will actively contribute to the revision of Directive 2005/36/EC to ensure the secure exchange of information on qualifications, authorisation, and good standing of doctors. It also called for the information exchanged to include past problems and restrictions on a doctor's right to practice.

EC tenders for study on Directive 2005/36/EC

The European Commission has tendered for a study to evaluate Directive 2005/36/EC. The study will evaluate the Directive against recent educational reforms across the EU, including the Bologna process, the 'Tuning' project and the development of national qualifications frameworks linked to the European qualifications framework. The study may be used to assist the Commission in its work to review the Directive. The deadline for submissions is 31 August 2010. The study will be allocated a maximum grant of €500,000, and is expected to be completed 11 months after its awarding date.

To view the tender documents, please click [here](#).

EP written declarations on EU health workforce and patients' rights

At the May EP plenary meeting in Strasbourg, five MEPs tabled a **Written Declaration on the EU Workforce for Health**. Elena Oana Antonescu (EPP, Romania), Jean Lambert (Green Group, UK), Antonyia Parvanova (ALDE, Bulgaria), Marc Tarabella (S&D, Belgium) and Thomas Ulmer (EPP, Germany) called on the European Commission and EU member states to take measures to ensure that professional qualifications of healthcare professionals meet agreed criteria.

The declaration encourages the Commission and national governments to guarantee that healthcare professionals have access to continuing professional development programmes. MEPs also called for the promotion of healthcare professionals' roles in identifying and implementing strategies that facilitate mobility. To date over 120 MEPs have signed the declaration.

Another written declaration, also tabled at the May EP plenary and signed by over 70 MEPs, calls for the **establishment of a European Patients' Rights Day**. The declaration was tabled by Antonyia Parvanova (ALDE, Bulgaria), Françoise Grossetête (EPP, France) and Gianni Pittella (S&D, Italy). Both declarations are open for signature until 17 September. If they are signed by a majority of MEPs, they become an EP position that is forwarded to the European institutions for a response.

Latvian Medical Association adopts CCPS

Dr Zane Upute, Advisor, Recognition of Professional Qualifications, Latvian Medical Association

From 1 July 2010, the **Latvian Medical Association** (LMA) began issuing CCPSs for doctors and dentists. The certificates include information on a practitioner's primary qualification, their specialist qualification(s) and their current standing with the LMA.

Please click [here](#) to view the LMA's CCPS template. For more information, please contact Dr Monta Forstmane at monta@arstubiembra.lv or on +371 292 94 971 for further queries.

French Medical Demography Atlas published

*Gwénaëlle Le Breton-Lerouillois, Health Geographer
Conseil National de L'Ordre des Médecins, France*

Since 1979, the Conseil National de L'Ordre des Médecins (CNOM) has been committed to medical demography and has regularly notified policy makers about challenges in this field. In order to provide annual statistics on medical density and distribution of physicians practicing in France, CNOM has published its **Atlas de la Démographie Médicale en France** for each practice specialty since 2007. In addition to these studies, CNOM decided in 2010 to focus its expertise at three local levels (ie. on régions, départements and communes) to support local decision makers with statistics on medical demography.

Regional atlases show that demography is not only a national concern but also essentially a local one, and that demography should be dealt with from a regional perspective. For example, if we compare new registrations for self-employed practitioners (liberal sector) for 2009, these physicians account for only 5% of all physicians in Picardie whereas they account for 42% of the total in Corsica. The PACA region has the largest density in France, but with an unequal coastal vis-à-vis inland distribution. Moreover, Alsace recorded a 22% decrease in new registrations since last year and its pool of practitioners is affected by strong migration flows. For more information, please click [here](#).

Professional competence – the countdown has begun

Fergal McNally, Senior Executive Officer, Professional Competence, Medical Council, Ireland

Since 2002, there has been a concerted drive by the Medical Council to encompass maintenance of professional competence within the scope of its regulation to maintain public trust in registered medical professionals and promote patient safety and quality of care. We have worked closely with the Irish Department of Health and Children to introduce the statutory provisions for professional competence within the **Medical Practitioners Act 2007** which commenced on 1 May 2010.

Legal framework and model for implementation

The 2007 Medical Practitioners Act provides a new legal framework under which the Medical Council must ensure that all registered medical practitioners in Ireland maintain their professional competence under Part 11 of the Act. The Act places a duty on all registered medical practitioners to participate in the Council's Professional Competence Schemes regardless of their work setting and schedule. The Council will recognise postgraduate training bodies which will have responsibility for the day-to-day administration of schemes on behalf of the Council.

The Council recognises that most registered medical practitioners maintain their professional competence as a matter of course. Therefore, as a first step, schemes for the maintenance of professional competence will place a regulatory framework around what already exists and works. There will be two elements to the schemes as outlined below.

Continuing Professional Development (CPD)

Registered medical practitioners will be expected to accumulate a minimum of 50 CPD credits over a 12-month period. Credits will be gained from a range of different activities, for example to educational activities that happen in the normal work-place as well as those that involve attendance at regional, national or international meetings.

Clinical Audit

As part of the Council's Professional Competence Schemes, all registered medical practitioners will have a duty to participate in clinical audits. The Council is working with postgraduate training bodies to ensure that this element of the scheme supports reflective practice and that it is a structured process with identifiable steps. Monitoring will be a continuous process during the commencement of the schemes which will build on existing systems for complaints.

Beginning a process of change

In developing and introducing its Professional Competence Schemes, the Council has made every effort to ensure that the new duties being placed on registered medical practitioners, on employers, on the postgraduate training bodies and on the Irish health care system are practical, sustainable and can enhance the safety and quality of care. The schemes will be closely monitored in accordance with the legislative obligations and, as necessary, will be modified in light of the experience. For further information, please click [here](#).

New leadership for Cyprus Medical Council

Sofia Costa, Registrar, Cyprus Medical Council

The **Cyprus Medical Council** would like to announce the appointment of a new Council and a new Registrar for the period 2009-2011. The changes were brought about by a Ministerial Decision of November 2009 and implemented this year. The new President of the Council is Dr George S. Potamitis, a specialist in Gastroenterology and Internal Medicine. Mrs Sofia Costa is the new Registrar of the Council.

The new address and contact details for the Council are:

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Tel: +357 226 05 471 | Fax: +357 227 72 263

Email: medicalcouncil@moh.gov.cy

Forthcoming Dates and Events

9-10 September 2010

Belgian Presidency ministerial conference
Investing in Europe's health workforce for tomorrow: scope for innovation and collaboration, La Hulpe

26-29 September 2010

IAMRA Conference on Best Practices in Medical Regulation, Philadelphia

30 September – 1 October 2010

CPE – IPAC meeting on *International Best Practices in Physician Assessment and Remediation*, Philadelphia

6-9 October 2010

13th European Health Forum,
Health In Europe: Ready for the Future?, Gastein

26 October 2010

EP meeting with national parliaments on *The Internal Market for professionals: how to make it work?*, Brussels

HPCB Portugal Agreement made in Lisbon, Portugal on 8 April 2007

Agreement 1

Identifying Shared Principles of Regulation:

- a) Competent authorities should ensure that patient safety is of over-riding importance within their model of professional regulation.
- b) The pursuit of safe and high quality practice by health professionals should shape the continued development of health regulation across Europe.
- c) Competent authorities should identify common or shared concepts and values of healthcare regulation through a series of focused European level discussions.
- d) Competent authorities should collectively consider how the five principles of good regulation – accountability, transparency, proportionality, consistency, targeting – may contribute to the effective development of healthcare regulation in Europe, through a series of European level discussions.

Agreement 2

Transparent and Accessible Healthcare Regulation:

- a) Competent authorities should run a website signposted or accessible via the **www.healthregulation.org** website and/or **http://ec.europa.eu/internal_market/qualifications/compauth_en.htm**.
- b) Competent authorities will share experience in the development of web-based information and publicly transparent lists of registered professionals and identify good practice.
- c) Competent authorities should work to develop real-time web-based publicly searchable lists of registered professionals.
- d) Competent authorities should work towards making all notifications of disciplinary hearings and decisions public, where legally possible.
- e) Competent authorities will continue to adopt and implement the European template for a Certificate of Current Professional Status, as appropriate, as agreed within the Edinburgh Agreement.
- f) Competent authorities will continue to work towards adopting the HPCB Memorandum of Understanding on Case by Case and Proactive information exchange.
- g) Competent authorities will continue to support the development of the European Commission's Internal Market Information System (IMI) and will utilise this information exchange tool in accordance with the provisions for administrative cooperation contained within Directive 2005/36/EC.

Agreement 3

Competence Assurance of European Healthcare Professionals:

- a) Competent authorities will identify best practice from existing competence assurance and performance enhancement initiatives from across the globe.
- b) Competent authorities will undertake an audit of all existing or proposed competence assurance and performance enhancement initiatives within the EEA.
- c) Competent authorities should, where possible, work to develop appropriate competence assurance and performance enhancement initiatives based on global good practice.
- d) Competent authorities should develop appropriate information exchange tools to provide assurance to other competent authorities of current practitioner performance competence when practitioners seek to practise in other member states.
- e) All competent authorities should take proactive steps to make new registrants familiar with the relevant professional standards, codes and guidance on registration that apply in their jurisdiction.
- f) All competent authorities should make their standards, codes and guidance publicly available.