

## Introduction

Welcome to the July 2007 Update briefing of the Health Professionals Crossing Borders initiative. This briefing includes articles on the Portuguese Presidency of the EU, progress on the delivery of the Edinburgh Agreement, and the global dimension of regulatory information exchange. For more information please contact [cherbert@gmc-uk.org](mailto:cherbert@gmc-uk.org).

## 2007 Portuguese Presidency and Health

– Antonio Manuel, International Affairs Director, Ordem dos Enfermeiros  
(Portuguese Order of Nurses)

It is inevitable that a number of related subjects come into the minds of those following and leading on the health agenda by the rotating Presidency of the EU. For the current Presidency, held by the Portuguese Government, health and migration in the European Union is the main theme on the health agenda. Health will be approached from a broad perspective including gathering information and promoting strategies and policies on migration flows in the EU and their impact on health and social systems. Directly related to health and migration we must highlight:

- the Commission's proposal for Community action on health services that is expected before the end of 2007; and
- the transposition of Directive 2005/36/EC on Recognition of Professional Qualifications by October 20th.

In April the European Commission said that the stakeholders' response to the consultation on Community Action of Health Services in Europe provided "*a solid basis for proposals to clarify rules for cross-border care.*". Cross-border care, in most cases, involves patients being cared for by health professionals from a different country, with a different first language and within a different approach to the health system. Directive 2005/36/EC foresees a number of mechanisms for cooperation between competent authorities that must be implemented to ensure the "safe" mobility of patients and health professionals. However sharing information regarding health professionals across member states is a demanding process and patient safety must be always considered. Hopefully the results of the planned initiatives on health and patient and professional mobility will contribute to a deeper understanding of cross-border care in Europe and the need to ensure patient safety.

## Progress on Proactive Information Exchange

– Per Haugum, Norwegian Registration Authority for Health Personnel

Since the HPCB meeting in Berlin in February 2007 the 'case by case and proactive information exchange' working group has made good progress in developing a European Memorandum of Understanding (MOU). The aim of the MOU is to increase the extent to which competent authorities share information proactively. More proactive information exchange will make a positive contribution to patient safety in Europe – giving regulators greater assurance that those they register are fit and safe to practise.

The working group for this strand of HPCB activity met in Limassol, Cyprus, in March 2007 and agreed to develop a draft MOU for agreement between regulators. This was

shared with working group members in April and with all HPCB participants in May 2007. A wide number of competent authorities have already contributed their views and these will be incorporated into the emerging MOU document. There is a further opportunity for all competent authorities to comment before the end of August and all regulators are encouraged to submit their thoughts as soon as possible.

It is hoped the final MOU can be signed in advance of the 20<sup>th</sup> October 2007 when the new Directive 2005/36/EU on Recognition of Professional Qualifications comes into force. For more information contact Per Haugum at <mailto:peh@safh.no>

## GMC moves to electronic exchange of Certificates

- Eadaoin Flynn, General Medical Council

When doctors seek to work abroad they are usually required by their host regulator to provide a Certificate of Current Professional Status (CCPS) or Certificate of Good Standing (CGS). This forms part of a range of evidence to prove their registration status, fitness to practise, and their 'standing' or 'good character' as a healthcare professional. The Healthcare Professionals Crossing Borders initiative has been actively working towards a more consistent and improved approach to the exchange of Certificates since it began in 2005.

In parallel to our working towards full implementation of the Edinburgh Agreement, the GMC is actively developing agreements with other regulators to exchange our current CGS electronically. This will reduce the time taken for Certificates to be issued by one regulatory body and transmitted to the other, while also increasing the security of the information contained in the Certificate. The GMC is already exchanging the CGS/CCPS electronically with medical regulators in Switzerland, the Netherlands and Germany, and is in discussion with regulators in Ireland and Poland about establishing similar agreements.

Almost all healthcare regulators use a CCPS or CGS, as a means of sharing information on those who seek registration abroad. To fulfil the Edinburgh Agreement, the GMC has been reviewing its use of Certificates of Good Standing.

The benefits of developing a more consistent and detailed approach to Certificates, and information sharing in general, enables regulators,

like the GMC, to gain more information about an individual before they are registered to practise. This also contributes to ensuring individuals are fit to practise and securing patient safety.

The Edinburgh Agreement states that *"All Certificates, transmitted by any means, will be designed to reduce or avoid fraudulent production or reproduction"*.

To streamline our processes, and taking into account the key principles of the Edinburgh Agreement, the GMC no longer issues a CGS directly to a doctor. We will only issue a Certificate to another appropriate body - e.g. healthcare regulator (competent authority) or employer. Doctors will still be able to ask for a Certificate whenever they need one but it will be sent directly to the regulator or employer. They will also be able to request a CGS easily over the web, by phone or mail and there will be no requirement for them to carry their own copy when travelling overseas.

We are interested in hearing from other medical competent authorities that would like to develop an agreement to exchange their CCPS/CGS electronically with us.

**Please contact Eadaoin Flynn, Intelligence and International Liaison Manager at the General Medical Council on +44 161 923 6653, or email [eflynn@gmc-uk.org](mailto:eflynn@gmc-uk.org) .**

*NB: UK regulators participating in the Internal Market Information system pilot have been led to believe by the European Commission that IMI is not intended for 'systematic' exchange of information. Therefore the GMC approach, as set out above, will not duplicate IMI based communication.*

## Shaping the Future of Health Services in Europe

- Celine van Doosselaere, European Health Management Association

The European Health Management Association (EHMA), along with the European Commission's Directorate-General (DG) SANCO held a conference on 30 March 2007. The theme was the DG SANCO-led health services initiative. Following a keynote address by Director General for Health, Mr. Robert Madelin, DGs MARKT, EMPL and SANCO independently presented their 'piece of the health services puzzle'. They considered the European Court of Justice rulings and the evolution of the principle of patient mobility; the social security framework and the use of the Open Method of Coordination as a potential instrument; and the current and future potential EU added value for health services. DGs INFSO and RTD also took part in the discussions, presenting their own support activities.

In addition to bringing together five Commission DGs, the conference gathered 160 representatives from diverse backgrounds (EU institutions, Member State ministries, non-profit associations, research institutes) and nationalities to discuss potential next steps and requirements for any Community action in health services. The afternoon presentations delved into the issues of patient, professional and services mobility, with the "Healthcare Professionals Crossing Borders" initiative shedding new light on professional mobility and regulatory cooperation.

The Commission will bring forth proposals sometime towards the end of 2007. The conclusions of the conference suggested they must respect both the Member States' sovereignty when it comes to the organisation for health services and the need for providing (and proving) EU added value to individual citizens, while grappling with the difficult tug between market forces and social values in the health and social care sector. The conference presentations are available at <http://www.ehma.org/activities/default.asp?NCID=104&NID=167>.

## Forthcoming Dates & Events

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| <b>25-28 September 2007</b> | <b>FEPI Conference:</b> <i>'Placing the patient first: Effective nursing regulation in Europe'</i> , Catvat, Croatia. <a href="http://www.fepi.org/">http://www.fepi.org/</a> including HPCB Presentation.  |
| <b>8 October 2007</b>       | <b>Healthcare Professionals Crossing Borders – Autumn 2007 Meeting (Portugal)</b> co-hosted by the Portuguese Order of Nurses and Portuguese Orders of Dentists, Lisbon (please email <a href="mailto:cherbert@gmc-uk.org">mailto:cherbert@gmc-uk.org</a> for more information) formal registration opens early September 2007. |
| <b>20 October 2007</b>      | <b>coming into force of the Recognition of Professional Qualifications Directive 2005/36/EC</b>   |
| <b>Winter 2007/8</b>        | <b>European Parliament event on Health Regulation in Europe</b> (details to be confirmed) co-hosted by Arlene McCarthy MEP and Linda McAvan MEP and facilitated by <i>Healthcare Professionals Crossing Borders</i> and AURE.   |

## Proposal for European Card for Health Professionals

- Patrick Fortuit\*, Ordre National des Pharmaciens de France

Over the recent months the Ordre National des Pharmaciens de France have established a European working group looking at the practicalities of developing a European card for Health Professionals.

The main objective of such a card would be to facilitate the free movement of health professionals in Europe and to protect patients from the small number of professionals that are subject to severe disciplinary sanctions. The card would contain a microchip that will allow to contact the competent authority of the country of origin and to know at any time about the registration status of the health professional.

The four French competent authorities for doctors, dentists, midwives and pharmacists together with the French Ministry of Health have also contacted

colleagues in the other member to see if they are interested in participating. Half of Members States decided to join the working group and to work together on a format for the European card for health professionals.

The group met twice in April and in May and will meet again in July. The objective is to reach a common agreement between the competent authorities of the different European countries, and before end of 2007, a format for the card and its conditions of delivery, so that it becomes a European standard. For more information please contact Isabelle Baron at [IBaron@ordre.pharmacien.fr](mailto:IBaron@ordre.pharmacien.fr)

*\*Mr Fortuit is member of the Bureau of the Ordre National des Pharmaciens and Vice-President of the GIP-CPS a public interest group responsible for health professionals' cards in France.*

## European Parliament backs AURE call for legal duty on information exchange – Hugh Simpson, Convenor of AURE

The Alliance of UK Health Regulators on Europe (AURE) is calling on the European Commission to propose a legal duty on health regulators to exchange registration and disciplinary information, within likely forthcoming legislative proposals on health services in Europe. Our aim is to ensure practitioners, who's performance is not up to a safe standard, can't country-hop around the EU to avoid detection and put patients at risk. We would also like to see the current performance of practitioners to be taken into account when they seek registration in other European countries – present EU laws mean providing that practitioners have the necessary qualifications, they can easily become registered to take up practice in another EU country.

AURE's engagement at EU level has so far proved successful. MEPs voting in the European Parliament recently on a report (the Verganud Report) on the implications of removing health from the Services Directive, took the UK regulators' lead and also called for a legal duty on regulators to exchange information. They also recognised AURE's concern that existing free movement rules for health professionals fall short of assuring patient safety by not taking the current performance competence of practitioners into account.

The same Parliament report - by French Socialist MEP, Bernadette Verganud, also proposed the development of a European card for health professionals (see article above). AURE has reservations about this idea which could distract attention from the key priority which is direct information exchange between regulators to enhance patient safety. We are calling for policy solutions to be focused on competent authorities working directly together to exchange information and making their registers more transparent and publicly available.

AURE will continue to engage closely with MEPs and EU officials and would like to hear from other regulators in Europe who share some or all of our concerns. For more information contact: Hugh Simpson, Convenor of AURE email: [hsimpson@gmc-uk.org](mailto:hsimpson@gmc-uk.org)

## **New Website for EU Dental Regulators**

- Julie-Jeanne Régnault, CODE

CODE, the Conference of Orders and Assimilated Bodies of Dental Practitioners in Europe, has launched a new website [www.code-europe.eu](http://www.code-europe.eu).

Meeting twice a year, CODE provides an opportunity for European dental regulatory bodies to share information and good practice on the regulation of dentists. We aim to develop shared opinions on and approaches to new initiatives and legislation at European level which affect the regulation of dental professionals, and actively take part in Healthcare Professionals Crossing Borders.

The new website contains information, in both English and French, about our members, aims and objectives, and a news section with information on current topics. We have a secure area for CODE members' that contains meeting agendas, papers and notes as well as further information about European level initiatives.

CODE now has 8 full members, which are Councils, Orders or other bodies responsible for the regulation of dental professionals in any EU country. We are continuously seeking to expand the membership of CODE and welcome new countries.

For more information about CODE please email Julie-Jeanne Regnault at [info@code-europe.eu](mailto:info@code-europe.eu)

## **A Global View of Regulatory Information Exchange**

- Dr. John Hillery, Chairman, International Association of Medical Regulatory Authorities (IAMRA)

Improving the exchange of disciplinary information is not just a European issue, it's a global one. The International Association of Medical Regulatory Authorities (IAMRA) comprises 77 medical regulators, including many from Europe. In February, IAMRA's Physician Information Exchange (PIE) Working Group began a project to enhance patient safety and public confidence in medical regulation, and facilitate international professional mobility, through the timely exchange of relevant and reliable information on physicians. PIE is exploring the feasibility of the following models:

1. A memorandum of understanding that would provide agreement on the minimum level of information sharing among medical regulators. This draws on the work being pioneered by HPCB.
2. Secure, web-based databases for disciplinary information, either central or regional. Regulators would submit the results of their disciplinary decisions to the database. Other regulators would be able to search the database for the names of physicians in whom they were interested. Regulators would also have the option of downloading their own registration databases into the central or regional database. This would enable the database to identify any physician who had been the subject of disciplinary action in one jurisdiction but who was also registered in another. A proactive alert could then be sent to any jurisdiction where the physician was registered.
3. A web-service that would enable regulators to search each others' databases for information.

IAMRA will need to seek the views of its members on these different options. As the PIE and HPCB projects move forward, it will be helpful to both if we can share lessons learned and identify areas for synergistic development. For more information see <http://www.iamra.com/>

*Dr. John Hillery is a Consultant Psychiatrist in the Republic of Ireland and President of the Medical Council of Ireland, in addition to being current Chairman of IAMRA.*