

## ANNEX

### Health Professionals Crossing Borders Summary of Edinburgh Agreement

#### Agreement one

- a) The European Certificate of Current Professional Status will include all the categories of information detailed in the template. Member States should use this template for their Certificate.
- b) The Certificate will be issued on organisational headed paper that displays the name and registered address of the competent authority and that of the addressee. Where the Certificate is issued electronically, this too will display an organisational logo and registered address.
- c) The Certificate will contain a date and an original signature when issued in hard copy format. The Certificate will contain an electronic signature when being sent electronically following prior agreement with the recipient organisation.
- d) All Certificates transmitted by any means will be designed to reduce or avoid fraudulent production or reproduction.
- e) Where recipient competent authorities have further questions relating to a received Certificate, where a Certificate has not been issued, or where there is a need to authenticate its validity, the issuing competent authority will seek to make an effective response to enable the registration process to proceed efficiently and within a timeframe agreed between the host and home authorities.
- f) The Certificate will expire after three months of the issue date.

#### Agreement two

- a) The agreed scope of the European Certificate of Current Professional Status does not preclude the sharing of more detailed information within, or in addition to, the Certificate of Current Professional Status at the discretion of the issuing authority.
- b) In cases where there is a restriction to practise, including temporary measures (suspension), and on request from a competent authority in a host country, the competent authority of a home country should, as a minimum, respecting personal data protection legislation provided for in Directives 95/46/EC and 2002/58/EC and in the context of implementing Directive 2005/36/EC on the recognition of professional qualifications, communicate the relevant facts of the case.
- c) Relevant facts should be sufficient for the host competent authorities to make their own decisions, on a case-by-case basis, in the context of their own national laws and regulatory practices. Relevant facts should include at least the category of the problem, e.g. conduct, criminal activity etc and the sanction, but more details should be given where there is the potential for a different outcome due to a difference in national laws or regulatory practice.
- d) In the case of total or partial restriction on practise for health reasons, the decisions of one competent authority should not be questioned by another and no further questions should be asked.

#### Agreement three

Competent authorities should proactively exchange information when:

- A healthcare professional's right to practise has been restricted because of a serious performance, conduct, health or criminal issue; and/or

- The competent authority has objective reasons to believe that identity or document fraud has been used in the past or may be used in the future by the individual concerned, either to avoid restrictions or to falsely register.

In these serious circumstances, as a minimum, a rapid warning should be sent to:

- the individual's home country; and
- other Member States where the individual has previously been registered, is currently registered or where there are objective reasons to believe they may move in order to seek registration.

#### **Agreement Four**

Competent authorities working with their judicial systems should make full use of the Council Decision [Inter-institutional File 2004/238/CNS; COM (2004) 664] on the exchange of information from the criminal record.

#### **Agreement Five**

Some Member States' competent authorities have the power to impose urgent and effective interim restrictions on, or removal from, practise pending full and final determination of a case. In these pending cases where the balance is that patients or healthcare systems are at risk, and especially where a temporary or interim sanction has been imposed pending an appeal or final decision, competent authorities should reactively, or proactively, exchange information with other competent authorities on a case-by case basis.

#### **Agreement Six**

- All competent authorities should run a website and this should be signposted and accessed via the 'health Regulation' website (developed and currently managed by the Health Professions Council UK – [www.healthregulation.org](http://www.healthregulation.org)).
- Each competent authority's website should contain agreed minimum information, and the competent authority should consider publishing information in more than one language.

#### **Agreement Seven**

- Competent authorities agree to work collaboratively and share best practice in innovation in information exchange. A start should be made by one or more competent authorities on piloting the sharing of electronic information (e.g. smart cards).
- Support from the European Commission should be sought for this pilot.

#### **Agreement Eight**

In the context of exchanging good practice, competent authorities should collaborate at a European level. The establishment of European associations of professional competent authorities should be investigated.

#### **Agreement Nine**

The Glossary of terms in Appendix 1 should be updated and expended to reflect the published Directive.