11 March 2009

Draft Directive on the application of patients’ rights in cross-border healthcare
Consideration of Amendments by the ENVI Committee

The Alliance of UK Health Regulators in Europe (AURE) brings together the 10 health and social care regulators 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.

This briefing paper sets out AURE’s position on amendments to the draft directive on the application of patients’ rights in cross border healthcare. We believe that amendments 236 and 609 will contribute to effective regulation of healthcare professionals and help to ensure patient safety in Europe.

The European single market and existing EC legislation enables EEA health professionals to move freely around Europe to pursue their profession. AURE believes that this free movement is good for health services in Europe and good for maintaining the health of European citizens. However, as it stands, the proposed Directive fails to provide for patients’ right to effective regulation of healthcare professionals. We have for some time emphasised that European policy should balance free movement of professionals and patients with the maintenance of public protection and patient safety. As well as having a right to receive healthcare anywhere in the EU, patients have a right to be confident that they will be treated by safe health professionals who are properly regulated.

Information sharing between regulators – Proposal for a Legal Duty

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<th>Amendment 236(^1) and 609 to Article 13.2a (new)</th>
<th>Amendment</th>
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<td>Text proposed by the Commission</td>
<td>Member states shall immediately and proactively inform each other about health providers or health professionals when regulatory action is taken against their registration or their right to provide services.</td>
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It is essential that healthcare regulators across Europe have access to information that provides assurances that all health professionals registered in their jurisdiction, or seeking registration from another EEA country, are fit and safe to practise. It is also vital for patient safety that regulators exchange information, particularly when a professional’s suitability to practise is in question. If this information is lacking some professionals may be mistakenly considered safe and suitable to practise by a host member state, when in fact they have a history of poor practice, complaints or disciplinary action that may put patients in Europe at risk.

\(^{1}\) Please note that there is a tabling error for amendment 236 - it refers to Article 13 rather than Article 3.
At present, the extent to which regulators exchange information is variable and the EU could play a vital role in supporting regulatory authorities to do this more reliably and consistently. AURE believes that this directive provides a valuable opportunity to include a legal duty on competent authorities to exchange registration and disciplinary information, and to act on it, in the interests of the public and patient safety. The amendment we support is particularly relevant in terms of continuity of care according to which patients will be potentially receiving care by two professionals providing services in two different Member States.

The call for an EU legal duty on regulatory authorities to exchange information has already been adopted within the texts of the Braghetto opinion in the Employment and Social Affairs Committee (adopted on 2 March 2008) and the Vergnaud opinion in the Internal Market and Consumer Protection Committee (adopted on 9 March 2009).

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