

Crossing Borders Update



Welcome to the July 2009 Healthcare Professionals Crossing Borders (HPCB) Update. This briefing includes information about the first meeting of the HPCB Steering Group, an update on the European Commission's proposed patients' rights directive and the re-launched Health Regulation Worldwide website, which provide a single, online database of health regulators and professional bodies. You can also find out about the new, online lists of healthcare professionals launched by the Office of Health Authorisation and Administrative Procedures (Hungary) and the Order of Doctors and Dentists of Latina (Italy).

Please contact us if you would like to share news or promote forthcoming events to other European healthcare regulators. For more information, please visit the HPCB website at www.hpcb.eu.

HPCB Steering Group meets to discuss future work programme

The first meeting of the HPCB Steering Group took place on 18 June 2009, with representatives from healthcare competent authorities in eight European countries to discuss the future direction and work programme of the HPCB initiative. The meeting was chaired by Per Haugum, Director of the Norwegian Registration Authority for Health Personnel.

Discussions focused on the outcomes of the HPCB Spring 2009 Meeting in Dublin, including proactive and

reactive information exchange, raising awareness of the HPCB initiative and exchanging information about competent authorities. It was agreed that the HPCB Secretariat would produce a survey on the implementation across Europe of the HPCB Portugal Agreement which would be sent to all HPCB participants. This survey will inform the future priorities for HPCB.

For more information please contact Liz Austin at eaustin@gmc-uk.org.

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The Portugal Agreement

www.hpcb.eu

HPCB launches survey on the implementation of the Portugal Agreement

HPCB invites professional healthcare regulators across Europe to complete an online survey on the implementation of the Portugal Agreement. Healthcare regulators are encouraged to respond to assist HPCB in developing a future work programme and to support the ongoing activities of HPCB.

The Portugal Agreement is a collaborative voluntary work programme for professional healthcare regulators from within Europe. The focus of the Portugal Agreement is information provision and exchange in the context of professional mobility and patient mobility within the European Single Market, to maintain patient safety.

At the HPCB Spring 2009 Meeting, participants agreed that it would be useful to carry out a survey on the implementation of the Portugal Agreement in Europe. A HPCB steering group meeting was subsequently convened and a survey was produced to assess how information is shared between competent authorities and to identify the obstacles to improving information sharing both proactively and reactively.

The survey is designed to build on the consensus achieved by the Portugal Agreement and establish baseline evidence to inform the ongoing work of the HPCB initiative.

Response deadline

The survey will be open until **14 September 2009** and can be accessed on the HPCB website at <http://www.hpcb.eu/news/>.

Survey results

The HPCB Steering Group will consider the outcomes of the survey in the autumn and use the results to inform future HPCB activity. Individual responses to the survey will not be made publicly available and will be entirely anonymised in the survey outcomes. The HPCB Secretariat will report on the outcomes of the survey in its publications in autumn 2009.

The HPCB Secretariat would like to thank professional healthcare regulators for their help in completing the survey.

HPCB produces data table on healthcare professional mobility in Europe

The HPCB Secretariat has collected information from HPCB participants about healthcare professional mobility in Europe. The data includes the numbers of new, non-national, EEA healthcare professionals who have registered with individual European competent authorities between 2007 and 2008. This builds upon information supplied by competent authorities in 2007, regarding registrations in the years 2003 to 2006.

The data contains information supplied to the HPCB Secretariat by individual competent authorities about new registrations with their organisations. Not all professional healthcare regulators that participate in

HPCB were able to supply figures, however a wide range of healthcare professions and EEA countries are represented. We are very grateful to all those who were able to provide information.

The data can be viewed on the HPCB website at http://www.hpcb.eu/activities/documents/EEA_Registration_Figures_2003-2008.pdf

For more information, please contact Liz Austin at eaustin@gmc-uk.org. Please do not hesitate to get in touch should you wish to see figures from your jurisdiction published.

European Parliament supports legal duty to exchange information

On 23 April 2009 the European Parliament voted to adopt its **first reading report on the proposed directive on the application of patients' rights in cross-border healthcare.**

297 MEPs voted in favour of the report, 120 against and 152 abstained. The report, prepared by John Bowis MEP (UK Conservatives), contained two amendments placing a legal duty on regulatory authorities to exchange information. One of these was tabled by UK MEP Arlene McCarthy (Article 5 §1b(e)) and the other by John Bowis MEP, the rapporteur for the proposal (Article 13 §2c).

In her closing remarks at the end of the parliamentary debate, the European Commissioner for Health, Androulla Vassiliou, spoke about the difficulties healthcare regulators face in sharing information about healthcare professionals that cross borders:

'I understand the concerns raised regarding the difficulty of getting clear information on health professionals when seeking healthcare abroad. Here, we need to agree on practical solutions which also respect a number of key principles, such as the right to personal data protection and the presumption of innocence. I am sure that common ground can be found on the basis of your preliminary suggestions.'

The draft directive will now be considered by EU member states in the Employment, Social Policy, Health and Consumer Affairs Council (EPSCO) under the Swedish Presidency of the EU. EPSCO is expected to issue a common position by the end of the year which will then be considered at second reading in the European Parliament.

To view the verbatim report of debate held in the European Parliament on the draft directive visit: <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+CRE+20090423+ITEM-003+DOC+XML+V0//EN&language=EN>

The European Parliament first reading report can be viewed on the Parliament website at <http://www.europarl.europa.eu/sides/getDoc.do?type=TA&reference=P6-TA-2009-0286&language=EN&ring=A6-2009-0233>

Research compares medical regulation in 10 jurisdictions

RAND Europe has published a comparative analysis of 10 overseas medical regulatory systems.

The research undertaken by the internationally renowned think-tank and research organisation RAND Europe, on behalf of the General Medical Council (UK), began in September 2008 and investigated the similarities and differences of medical regulation systems in Egypt, Germany, Greece, India, Italy, Nigeria, Pakistan, Poland, South Africa and Spain.

These are the countries of origin of the 10 largest groups of non-UK qualified doctors registered in the UK.

The study developed a typology of medical regulatory systems. Based on available documentation and key informant interviews the study characterised the regulatory system of each of the 10 countries according to this typology. It then compared medical regulation across the 10 countries, and analysed similarities and differences within each subsection of the typology.

Overall findings demonstrate that there is significant variation in the structure, remit, and values of medical regulation in the countries analysed. In many, medical regulation is a shared responsibility between a number of bodies, most notably regulators, ministries of health and education and professional bodies.

The research found that the values of medical regulation across the ten countries can be grouped into three clusters: those which are patient-focused, those which focus on scientific knowledge, and those which focus on the welfare/interests of medical professionals.

The study's recommendations for the GMC include improved communication with other regulators to improve information sharing about medical practitioners wishing to practise in the UK and the provision of assistance to non-UK-qualified medical graduates to adapt to and understand the UK's patient-centred approach to medical practice.

For a copy of the report please visit: http://www.gmc-uk.org/about/research/research_commissioned.asp

For further information, please contact Tanja Schubert at tschubert@gmc-uk.org

Health Regulation Worldwide: Health Professions Council (UK) re-launches database of health regulators and professional bodies

*Jacqueline Ladds, Director of Communications
Health Professions Council (UK)*

In June 2009 we re-launched the Health Regulation Worldwide website (www.healthregulation.org). The site offers an online searchable database of health regulators and professional bodies for health professionals across the world. The site has been completely redesigned with a fresh new look, improved navigation and increased functionality. It is now possible to browse the database by clicking on the online map as well as browsing by continent or by using the search facility.

Whilst the website is hosted and maintained by the Health Professions Council (UK), we rely on individuals giving us information about organisations to keep the database up-to-date. To add to or update the details of an organisation, visit www.healthregulation.org and follow the links

Hungarian competent authority launches online search engine of healthcare professionals

*Dr András Zsigmond, Head of Department
Office of Health Authorisation and Administrative
Procedures (Hungary)*

The Office of Health Authorisation and Administrative Procedures in Hungary has launched a new search engine of healthcare staff on its website, which is easily accessible at <http://kereso.eekh.hu>.

The search engine has two main categories: the first covers doctors, dentists, pharmacists and clinical psychologists (orvosok, fogorvosok, gyógyszerészek, klinikai szakpszichológusok) and the second covers all other paramedicals (egészségügyi szakdolgozók). To use the search engine, select a category at the top of the page, then type in the name (név) or registration number (nyilvántartási szám) of the healthcare worker you are looking for.

The public data that can be found on the search engine is: name, registration number, registration status, validity of registration (time period), data concerning the worker's qualifications (diploma / certificate and specialist qualifications) and workplace.

The search engine only works in Hungarian, so if you require assistance or have any questions, please contact Dr András Zsigmond at zsigmond.andras@eekh.hu.

Dental and medical regulation in Italy

*Dr Giovanni Righetti, President
Ordine dei Medici Chirurghi e degli Odontoiatri della
provincia di Latina (Italy)*

In Italy, doctors and dentists can only be registered with one professional order ('Ordine dei Medici Chirurghi e degli Odontoiatri') at a time. Registration is obligatory to practise the profession. There are currently 106 autonomous medical and dental orders, one for every Italian province, which are independent from each other and are classed as public bodies. Each order is responsible for the local register of doctors and dentists - there is no national register.

Doctors and dentists can apply to the register of the provincial order in which he or she resides. As part of the application process, the order can (but is not legally required to) verify the professional's qualification with the university that granted the qualification. Doctors and dentists are not required to register their specialisation.

With regards to disciplinary sanctions, the Italian order has competency over self-employed practitioners only and not over those employed by the Italian national health service.

The Ordine dei Medici Chirurghi e degli Odontoiatri della provincia di Latina (the Order of Doctors and Dentists of Latina), is keen for competent authorities in other countries to get to know the medical regulatory system in Italy. To this end, it has collated details of all 106 Italian orders and medical faculties. A second initiative is to publish the list of all doctors and dentists registered in the Latina province online at <http://www.cercamedicodentista.it/>. This register will be updated daily and will include details of disciplinary sanctions. The intention is to expand this register to all other Italian orders in due course. A third initiative will see the further development of the Certificate of

Current Professional Status to include a picture of the health professional.

The Ordine dei Medici Chirurghi e degli Odontoiatri della provincia di Latina looks forward to sharing these initiatives with other competent authorities at the next HPCB gathering.

For more information please contact Dr Giovanni Righetti at info@ordinemedicilatina.it.

Results from GMC survey on medical education and training

Suzanne Fuller, Senior Policy Analyst, Education General Medical Council (UK)

In 2010 the Postgraduate Medical Education and Training Board (PMETB) will merge with the GMC. This will mean that, for the first time in the UK, one organisation will be responsible for an integrated regulatory framework of standards, education, registration and fitness to practise, and for all stages of medical education and training, from the point of entry into medical school to retirement, including undergraduate, postgraduate and continued practice. In light of this, we are keen to learn more about how medical education and training is regulated in other countries.

We sent out a survey to participants of HPCB in May 2009, asking a series of questions about the organisations that set standards, and ensure they are met, for undergraduate and postgraduate medical education in their country. We also asked how concerns about medical students are managed, what the next stage of training after graduation is and who is responsible for certifying that a doctor has achieved speciality status.

We received 18 responses from organisations in 16 different countries. The results showed that there is great diversity in how medical education is regulated across Europe.

In none of the countries from which we received responses, is there a single body responsible for setting and quality assuring standards for undergraduate and postgraduate medical education and for the registration and certification of doctors. The bodies responsible for these functions varied across countries. In many cases this responsibility is shared between ministries of health or education (and in some cases both) and medical bodies. In some cases, separate quality assurance agencies play a role in ensuring

standards are met. While most systems have a national register of doctors, others hold regional registers.

There is variation between countries as to whether decisions about initial registration are based solely on academic achievement, or whether other issues, such as professional conduct, are taken into account. A common theme among the responses was the requirement for newly graduated doctors to work in a supervised programme before being fully registered. However, the length of time that these programmes last varies from 12 months to two years.

We will be carrying out a more detailed analysis of the information that we received which we will share with you. We hope to work more closely in the future with colleagues across Europe who are involved in regulating medical education and training, and are grateful to those who responded to our survey.

For more information about the survey or medical education and training in the UK, please contact Suzanne Fuller at sfuller@gmc-uk.org.

EU midwifery regulators agree to new network

Polly Kettenacker, EU and International Officer Nursing and Midwifery Council (UK)

Midwifery Regulators from eighteen European countries met in London in May 2008 to discuss ways in which they can collaborate to enhance the safety of women and babies across the EU.

Hosted in London by the UK's Nursing and Midwifery Council (NMC), the event was the first of its kind to bring together regulators of midwives from across the continent.

Focused on the challenges posed by EU legislation on the freedom of movement of professionals across Europe, the summit was open and interactive, and saw a high level of participation by attendees. Issues discussed included the diversity in midwife training and scope of practice across Europe as well as the importance of sharing fitness to practise information on midwives crossing borders.

Those present at the event welcomed an initiative, put forward by the French Order of Midwives and the NMC, to develop an informal network of European midwifery regulators. The aim of such a network will be to improve the exchange of best practice between

regulators and to co-ordinate joint communications with EU decision makers on issues of mutual concern, especially in regard to EU legislation.

Regulators from Austria, Belgium, Croatia, Cyprus, Denmark, Estonia, France, Hungary, Ireland, Italy, Malta, Norway, Portugal, Romania, Slovakia, Slovenia and Spain were represented at the event, alongside the NMC.

Tony Hazell, NMC Chair and chair of the summit, said:

'I am delighted that so many countries were represented at this event and at the level of consensus we were able to reach. I believe that ever increasing mobility of health professionals within the EU compels us as regulators to work together to ensure the safety of service users comes first.'

For further information, please contact Polly Kettenacker at polly.kettenacker@nmc-uk.org.

GMC (UK) hosts European forum on end-of-life treatment and care

Sharon Burton, Senior Policy Adviser, Standards General Medical Council (UK)

The GMC hosted a forum in London on 2 June 2009 to discuss dilemmas in end-of-life care and how medical regulators can help doctors, patients and families to address these issues. Representatives from France, Finland, Estonia, Sweden, Ireland, Malta, Poland and Switzerland attended.

Dr Philippe Biclet, Ordre National des Médecins (France), presented an overview of recent changes in French law and the professional code of ethics. He set out the key principles that now guide decisions about

withdrawing or not starting life-sustaining treatments, the emphasis on a collegiate approach to decisions and the requirement to involve and support families.

From the UK perspective, Professor John Ellershaw, Marie Curie Palliative Care Institute, Professor Hazel Biggs, University of Southampton, and Stephen Whittle, GMC Council member, set out the key ethical and legal principles, specific challenges in doctors' day-to-day practice, the attitudes and experiences of patients and their families and the role of palliative care and other supportive services.

There was a very lively discussion on the presentations.

It is clear that in many EEA countries there is strong public and media interest in the issues surrounding end-of-life treatment and care, either as a result of high-profile court cases which have questioned doctors' decisions, or national debates about assisted suicide. Delegates agreed that it was in the interests of health professionals and the public for regulators and other bodies to provide more clarity about:

- what is legally and ethically permitted in the treatment and care of patients who may be approaching the end of their lives.
- how health professionals should work with patients, family members and carers to ensure that people with life-limiting conditions can live as well as possible until they die and die with dignity.

In developing national laws and professional codes, there was scope to learn from important similarities and differences in the ethical and legal norms and social and cultural contexts that exist in each EEA country.

For more information, please contact Sharon Burton at sburton@gmc-uk.org.

New address for Irish Medical Council

The Medical Council (Ireland) has re-located to new premises in Dublin. The organisation's new address is:

Medical Council
Kingram House,
Kingram Place,
Dublin 2
Ireland

For more information, visit the Medical Council website at www.medicalcouncil.ie.

Responses to the consultation on European Workforce for Health

The European Commission has published the responses it received to its Green Paper on the European Workforce for Health.

The Directorate-General for Health received a total number of 200 responses to the consultation, which set out to obtain stakeholders' views on a wide range of issues connected with the healthcare workforce and preparing for the care of an ageing population. The results of the consultation will feed into the Commission's consideration of what the EU can do to support member states in tackling these challenges.

The Green Paper mentioned HPCB as an initiative aimed at improving access to information between EU member states when professional conduct has been brought into question.

HPCB submitted a statement in response to the consultation which was supported by 29 national or European-level organisations.

The responses submitted to the Commission Green Paper can be viewed at http://ec.europa.eu/health/ph_systems/results_oc_workforce_en.htm

Forthcoming dates and events

29 August – 2 September 2009

AMEE 2009, Málaga

The annual conference of the Association for Medical Regulation in Europe (AMEE). The event will explore a variety of educational ideas with organisations involved in medical education and the healthcare professions.

www.amee.org

14 September 2009

Closing date of the HPCB survey on the implementation of the Portugal Agreement

30 September – 2 October 2009

Meeting with representatives for medical, dental and nursing issues, Stockholm

A conference for Chief Dental Officers, Chief Medical Officers and Chief Nursing Officers within the EU, hosted by the National Board of Health and Welfare (Sweden). The aim of the conference is to share experiences about how professional development and co-operation may increase patient safety

www.se2009.eu

30 September – 3 October 2009

European Health Forum Gastein, Salzburg

The 12th European Health Forum Gastein (EHFG) entitled 'Financial crisis and health policy'.

www.ehfg.org

18-19 February 2010

World Health Professions Conference on Regulation, Geneva

The second WHPCR, entitled 'The regulation of health professionals "Shaping the Future"'.

www.whpa.org/whpcr2010

Ongoing

Consideration by the European institutions of the draft Directive on the application of patients' rights in cross-border healthcare.

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.