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HPCB
Healthcare Professionals Crossing Borders

Crossing Borders Update

Welcome to the April 2010 Healthcare Professionals Crossing Borders (HPCB) Update. This briefing includes information about European Parliament written questions on the mobility of healthcare professionals, a new initiative by the Council for Healthcare Regulatory Excellence (UK) to create an International Observatory for healthcare professional regulation, and the introduction of electronic licences in Denmark. It also covers updates from Estonia, Hungary, Ireland, and the UK.

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

Content

New European Commission takes office

The College of Commissioners formally took office on Wednesday 10 February under José Manuel Barroso's second term as President.

Members of European Parliament approved the College by a large majority in a plenary vote on 9 February, following some concessions made by President Barroso to the EP. One compromise was the approval by the President of a new framework agreement that enhances the EP's legislative influence. This includes the provision of information to the EP on sensitive policy issues, as already provided to the Council, and the introduction of a legislative initiative request mechanism to which the Commission has to formally respond.

A number of the appointments are significant for patient safety and freedom of movement. Since coming into office, Health and Consumer Protection Commissioner John Dalli (Malta) said that he would focus his efforts on ensuring that that an agreement is reached on the proposed Directive on the application of patients' rights in cross-border healthcare. He also pledged to raise awareness of the SOLVIT network and work on establishing a common European institutional website to refer citizens directly to the institution or competent authority that handles complaints related to the internal market.

The new Internal Market Commissioner Michel Barnier (France) has stated that he will work to build confidence in the internal market, and that a fully functioning system for the free movement of professionals (Directive 2005/36/EC) would best reflect the market's importance. Commissioner Barnier also stressed that his services will take action against those EU member states that have not yet fully transposed Directive 2005/36/EC.

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MEPs question Commission on free movement of healthcare professionals

Members of European Parliament have tabled a number of written questions to the European Commission about the free movement of healthcare professionals and the Internal Market Information (IMI) system.

Prompted by a case in Denmark and Sweden were a doctor was allowed to practice despite fitness to practise concerns, Danish MEP **Christel Schaldemose** enquired whether the Commission will consider the introduction of an EU register of doctors who have received cautions or convictions for malpractice.

UK MEP **Vicky Ford** asked the Commission whether a European system of recognition of disqualifications was necessary in light of data protection laws that weaken obligations on competent authorities to exchange information on disciplinary actions taken against healthcare professionals in Directive 2005/36/EC. She also asked if a European system for sharing information on complaints against healthcare professionals should be developed.

EU Internal Market Commissioner Michel Barnier responded saying that at present no mechanism exists for the mutual recognition of disqualifications at EU level, but that the Commission's Communication on the Stockholm Programme does highlight the need for work in this area. He also maintained that Directive 2005/36/EC already facilitates information exchange between regulators on disciplinary actions, and that European data protection rules do not sanction proactive information exchange between member states. The answer does not refer to the exemption provided in Article 13d of the Data Protection Directive (95/46/EC) which can be applied to the exchange of regulatory information if it safeguards "the prevention, investigation and prosecution of criminal offences or of breaches of ethics for the regulated professions".

On the IMI system, UK MEP **Catherine Stihler** asked whether the Commission will consider incorporating a proactive alert mechanism, and **Vicky Ford** asked the Commission to consider making the use of IMI compulsory for competent authorities and she called on the Commission to further support the work of HPCB and its **MoU on Case by Case and Proactive Information Exchange**.

In his answer to both questions, Commissioner Barnier said that the legal basis that exists in the Services Directive (2006/123/EC) for an alert mechanism does not apply to health services and does not extend to cover healthcare professionals. The Commission will consider the need for such an alert mechanism in its review of Directive 2005/36/EC.

EC workshop on legal aspects of telemedicine

The European Commission's Directorate-General for Information Society and Media (DG INFSO) held a workshop on the legal aspects of telemedicine on 2 March 2010 in Brussels.

DG INFSO presented its draft staff working paper on the applicability of the existing EU legal framework to telemedicine services. In the paper the Commission will address whether telemedicine, which has traditionally fallen under the scope of the freedom to provide services in the internal market, could be classified as an information society service (ISS) in order to fall under Directive 2000/31/EC on electronic commerce.

It will also address whether, in the case of cross-border provision, a professional providing telemedicine services needs to be licensed and/or registered in the member state of the patient. It will assess where liability lies and the compatibility between telemedicine and the protection and processing of personal and electronic data. The paper is expected to be published in June 2010.

To view the presentations from the workshop, please click **here.**

CHRE International Observatory on Health Professionals Regulation

Douglas Bilton, Research and Knowledge Manager
Council for Healthcare Regulatory Excellence, UK

The CHRE International Observatory on the Regulation of Health Professionals is a new initiative undertaken by the UK's Council for Healthcare Regulatory Excellence (CHRE) in collaboration with LSE Health, an academic research centre of the London School of Economics and Political Science.

The Observatory's objectives are to provide information on how health professionals are regulated internationally, to advance our understanding of professional regulation, and to help spread good practice in regulation. To support these objectives, the Observatory's core activities will include:

- Producing 'country reports' describing how health professionals are regulated in different countries;
- Producing research reports and briefs on important topics in health professional regulation;
- Providing information and policy support upon request; and
- Responding to research commissions from Members and others.

In the first wave, the regulatory bodies of doctors, nurses and pharmacists in around 15 countries will be invited to be members of the Observatory. These are mostly European countries, but will also include Australia, Canada, New Zealand and the US. If they agree to become members, they will be asked to provide information on how the profession for which they are responsible is regulated within their country or jurisdiction. This amounts to a potential initial membership of around 300 regulatory bodies.

The Observatory will be launched formally in early 2011. If you would like to be kept up to date with this initiative, please contact Douglas Bilton, CHRE Research and Knowledge Manager at douglas.bilton@chre.org.uk.

Introduction of Electronic Licences in Denmark

Birte Obel, Head of Department
National Board of Health, Denmark

As of 1 January 2010, the National Board of Health will no longer be issuing paper licences to Danish as well as international health personnel. After this date, health personnel will instead receive an email confirming that they have been licensed to work within their profession.

The new model means that health personnel, who are issued with a license to practise as of 1 January 2010, will no longer be able to send paper documents as evidence of their Danish authorisation, permission to work independently or specialist titles.

The National Board of Health will continue to issue Certificates of Current Professional Status (CCPS) which include relevant information about the health professional's name and registration status as well as references to Directive 2005/36/EC. Please click here for a copy of a Danish CCPS (in English). To help counter fraudulent copies of such certificates, the National Board of Health will – if requested – send the certificates electronically to health regulators around the world.

The National Board of Health's online register holds a list of licensed health care personnel and can be accessed here. The register holds information about full name, date of birth, profession, date of registration, ID number and specialist title and will show whether a given person holds a valid licence at the date and time of the search. The register is in Danish, and it is the Board's intention to introduce an English version in the near future.

If you require more information about our electronic licences, please contact: efua@sst.dk.

Health Board established in Estonia

Evi Lindmae, Head of Unit for Registers and Licenses
Health Board, Estonia

A new institution, the Health Board (Estonia), was formed following the reorganisation and merger of three institutions – the Health Care Board, the Health Protection Inspectorate and the Chemicals Notification Centre – and began its activities on 1 January 2010. A part of the State Agency of Medicines was also integrated into the new Health Board.

The Health Board is a governmental authority of the Estonian Ministry of Social Affairs. It is the leading coordinating and consulting agency in the field of public health, including health care, and will help us to achieve better quality and improve cooperation between different functions.

Estonia is a small country with a small population. There are no local authorities, and the Health Board is the competent authority dealing with the recognition of healthcare qualifications. The Board is empowered by a legal order of the Government of the Republic.

In addition to its basic tasks as keeper for the register of healthcare professionals and issuer of activity licences to health service providers, the Health Board as a competent authority performs the following functions:

- Compares, in line with legislation, foreign professional qualifications of applicants applying for regulated healthcare posts in Estonia, and decides whether they are equivalent;
- Cooperates and exchanges information with competent authorities on disciplinary decisions that may affect the recognition of an applicant's professional qualification;
- Monitors the number of recognition applications and submits relevant reports to the Ministry of Education and Research;
- Issues certificates and documents that are necessary for the recognition of the professional qualifications in Estonia or in another country.

The merger of the institutions does not entail any significant changes in the communication of the Board with other competent authorities.

The responsible unit for dealing with healthcare qualifications is the Unit of Registers and Licences. For more information, please contact Ms Evi Lindmäe (evi.lindmae@terviseamet.ee), Head of Unit of Registers and Licences, The Health Board, Gonsiori 29, 15157, Tallinn, Estonia http://www.terviseamet.ee.

New Hungarian Department of Migration and Monitoring

Dr András Zsigmond, Acting Head of Department
Department of Migration and Monitoring, Hungary

On 1 March 2010, the Office of Health Authorisation and Administrative Procedures (Hungary) established a new department, the Department of Migration and Monitoring (Migrációs és Monitoring Főosztály).

One of the main tasks of the new department is to handle recognition cases according to Directive 2005/36/EC, as previously carried out by the former Department of Recognition. The Office issues certificates of conformity, of acquired rights, of good standing, and other certificates for the recognition of

professional healthcare qualifications. On matters concerning recognition, the Department can be reached by email at recognition@eekh.hu.

Human Resources Monitoring System

The Department, along with other Hungarian health sector bodies and EU level networks, will contribute to the Healthcare Human Resources Monitoring System project (HMR) co-financed by the EU.

The HMR project is currently in the planning phase. Its aim is to collect data for a healthcare professionals database which will clearly identify and facilitate analysis on available resources, capacities and shortages. The HMR project will also assist in the development of career models for healthcare professionals.

For more information on HMR, please email hmr@eekh.hu.

A new era for medical education and training

Niall Dickson, Chief Executive and Registrar
General Medical Council, UK

On 1 April 2010, the General Medical Council became responsible for regulating every stage of medical education in the UK. This means that for the first time, one organisation now sets standards for education and practice, oversees medical education and training, operates the register of doctors, and ensures they are competent and fit to practise.

The new arrangements follow the merger of the Postgraduate Medical Education and Training Board (PMETB) with the GMC which should create a simpler and more co-ordinated system of regulation that seeks to raise standards and spread good practice.

For now, the GMC will maintain the existing structures and standards for post graduate medical education including the national requirements for specialty and GP training as well as the quality assurance of training and of the routes and processes for certification.

We believe this is a great opportunity to ensure every stage of education and training successfully prepares the doctor for the next one, where standards are constantly rising and where all doctors are treated fairly, regardless of where they come from or at what stage they are in their careers. Working with everyone involved in medical education, we can create a system of regulation that is robust, fair and proportionate, a system that helps drive improvement without imposing unnecessary burdens on employers, educators or doctors.

For further information about the merger, please visit www.gmc-uk.org/education/postgraduate/merger.asp.

Irish Medical Council pilot study on MSF

William Kennedy, Legal Advisor and Head of Professional Standards, Medical Council, Ireland

As part of the development of Professional Competence Schemes, the Medical Council (Ireland) is conducting a pilot study on Multi-Source Feedback (MSF) among hospital-based consultants in Ireland. For the purposes of the pilot study, the most important objective is in testing the feasibility of MSF as part of a broader professional competence scheme which will include other elements such as continuing professional development (CPD) and clinical audit (CA).

Why MSF?

MSF is a quality assessment method used internationally as part of a broader assessment of a doctor's performance. It aims to explore the 'non-cognitive' elements of professional practice and is gaining in international acceptance as an element of Professional Competence.

MSF is a process of gathering information about a doctor from a variety of sources such as peers, other health care professionals and patients. The questionnaires used in MSF measure different competencies. Medical colleagues are asked to assess skills of the volunteer doctor, such as clinical competencies, as well as communications with colleagues and patients. Non-medical colleagues are asked to assess communication skills, as well as the volunteer doctors' interactions with them as colleagues and with patients. Patients are asked about the volunteer doctors' communication and interaction with them. The study is being conducted in conjunction with an independent provider of online MSF systems, 360° Clinical Limited.

How does the MSF pilot study work?

The volunteer doctor completes an online self-assessment (answering no more than 10 questions). The volunteer doctor nominates 15 assessors/raters who in-turn complete an on-line assessment of the doctor (answering no-more than 10 questions). The 15 assessors ideally consist of a roughly equal number of medical and non-medical colleagues.

The volunteer doctor arranges for a batch of 30 patient questionnaires to be distributed to patients for completion. Participation in the study takes no more than 10-15 minutes and all nominated colleague and patient assessors remain anonymous. All volunteers receive a report based on all of the completed questionnaires.

Future role of MSF

This is the second pilot on MSF to be undertaken by the Medical Council, the previous pilot focused on General Practitioners (completed in 2008). It is expected that pooled data from both pilots will be available by mid-2010 and should help in clarifying the future role of MSF in the Professional Competence Schemes being implemented by the Medical Council.

Polish Conference on Laboratory Medicine

Arleta Zaremba and Aneta Mrózek, Department of Science and Higher Education , Ministry of Health, Poland

The conference organised by the Polish Ministry of Health and National Chamber of Laboratory Diagnosticians, under the auspices of the International Federation of Clinical Chemistry and Laboratory Medicine (IFCC), was held on 25-27 March in Warsaw, Poland. We had the honor and pleasure to host almost 150 participants from all over the world.

The conference was divided into four sessions during which participants had an opportunity to listen to presentations given by invited speakers from 14 European countries.

During the first session entitled Teaching and Training of Laboratory Professionals, chaired by Prof Victor Blaton (Belgium) and Prof Grazyna Sypniewska (Poland), the speakers presented and discussed the pre – and postgraduate teaching and training curricula in laboratory medicine in Belgium, the Czech Republic, Italy, Poland, Serbia, Spain and Slovakia. The second and third sessions were dedicated to different specialisations in the field of laboratory medicine for Medical Doctors and Laboratory Diagnosticians in Poland. E-learning platforms and public sources on laboratory medicine on the internet (the **Labtestonline project**) were also discussed.

The last session, chaired by Associate Prof Roman Danielewicz, Director of Department of Science and Higher Education in the Polish Ministry of Health, focused on the recognition of professional qualifications. It included presentations from delegates from Croatia, France, Ireland, Norway, Sweden, Serbia, Portugal, Poland and the UK and was followed by lively discussion.

Participants at the conference shared their experiences and discussed the most pressing issues concerning the recognition of professional qualifications. This included the Commission's Code of Conduct for Directive 2005/36/EC, difficulties arising from the implementation of the Directive, and concerns over the language ability of some healthcare professionals practicing in host countries in Europe. It was emphasised by all participants that in the context of free movement of professionals in Europe, the main aim of European countries is to ensure a high quality of professional standards and practice in the field of laboratory medicine. Hosts and participants of the conference expressed hope that the conference will become a trigger for future cooperation.

Forthcoming Dates and Events

22 – 23 April 2010
EHFCN General Assembly
The European Healthcare Fraud and Corruption Network (EHFCN) will hold its 2010 General Assembly in Lisbon. Elections will take place for the posts of Director-General and Treasurer and EHFCN. The General Assembly will coincide with two open house days sponsored by the Portuguese General Inspectorate for Health.

6 May 2010
AEMH Conference
The European Association of Senior Hospital Physicians (AEMH) 2010 Conference in Lisbon will focus on doctors' involvement in hospital management.

16 – 20 May 2010
14th Ottawa Conference, Miami
The 14th Ottawa Conference on the assessment of competence in medicine will review the progress made with the assessment of healthcare professionals over the past 25 years, highlight good practice, and showcase the latest development in assessment, including simulation, teamwork, patient safety, and multi-professionalism.

17-21 May 2010
Karolinska Institutet / BMJ health professional education event
The Karolinska Institutet, Stockholm and the British Medical Journal are hosting a conference on health professionals' education. The aim of the conference is to create a network of international medical educators and directors of healthcare services to transform future health professional education.

7-8 June 2010
EU health ministers meeting
European Union health ministers will meet in Luxembourg to discuss the proposal for a Directive on patients' rights in cross-border healthcare and the information to patients proposals in the Pharmaceuticals package.

16-18 June 2010
CESI Conference on mobility of health workers
The European Confederation of Independent Trade Unions (CESI), in partnership with the European Hospital and Healthcare Federation (HOPE), will host a conference in Riga, Latvia on the mobility of health workers in the EU and the need for a greater level of quality of care and patient safety.

26-29 September 2010
IAMRA Conference on Medical Regulation
The International Association of Medical Regulatory Authorities (IAMRA) will hold its 2010 Conference on Medical Regulation in Philadelphia, Pennsylvania. The conference will focus on best practices in medical regulation and will include discussion on registration and licensing, complaints and resolutions, and quality assurance.

September 2010
EU ministerial conference on health workforce
The Belgian Presidency is planning a ministerial conference on the health workforce sometime in September 2010.

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.