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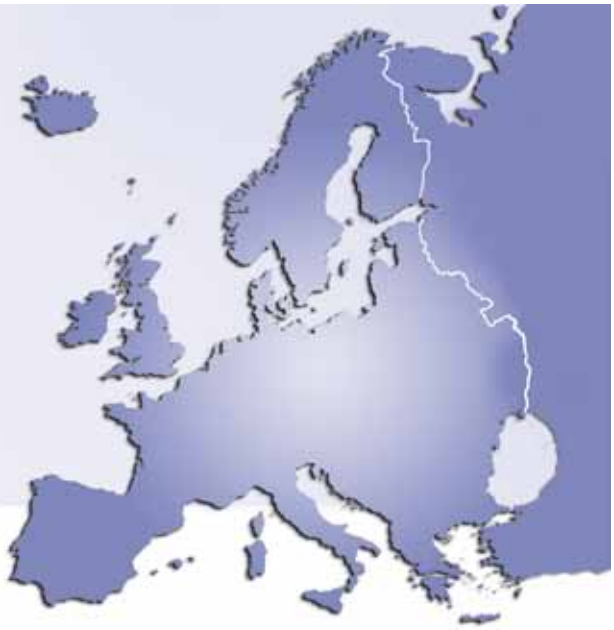
HPCB
Healthcare Professionals Crossing Borders

Crossing Borders Update



This update includes information on the European Parliament's second reading vote on the Patients' rights Directive, the HPCB meeting in Budapest, and the European Commission's public consultation on the review of Directive 2005/36/EC on the mutual recognition of professional qualifications. It also features articles on new registration rules in Ireland, Slovenia and Denmark, proposed fitness to practise reforms by the UK medical regulator, an international revalidation symposium and Council of Europe deliberations on medical treatment in end of life situations.

Please contact us if you would like to contribute to future editions or promote forthcoming events to other European competent authorities for healthcare professionals. For more information, please visit the HPCB website at www.hpcb.eu.

Content

HPCB meeting on the Future of Professional Qualifications

On 29 November 2010, HPCB held a meeting in Budapest, hosted by the Hungarian Office of Health Authorisation and Administrative Procedures. It brought together over 70 participants from professional healthcare regulators from across Europe to discuss the evaluation and future revision of the recognition of professional qualifications Directive. GMC Council member, Lord Archy Kirkwood, chaired the event and speakers included coordinators from the informal networks of competent authorities, for doctors, nurses, midwives, pharmacists and dentists; the European Commission lead on the recognition of professional qualifications, Jürgen Tiedje; and Emma McClarkin MEP.

Participants were invited to respond to the public consultation on the review of the Directive. The Commission also confirmed that competent authorities will be involved in the steering group on professional cards.

For further information and to view the presentations given at the event click here.

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European Parliament backs Patients' rights Directive at second reading

The European Parliament backed the patients' rights Directive at its January plenary session in Strasbourg.

The Directive, which will apply across the EU in about two years' time, is aimed at making it easier for EU citizens to receive medical treatment in another EU member state. An amendment tabled by the EP at first and second reading, which would have introduced a legal duty on regulators to exchange fitness to practise information, was not supported by member states and was not included in the final agreement between the institutions. Instead, the Directive provides that "Member States of treatment shall ensure that information on the right to practise of health professionals listed in national or local registers established on its territory is, upon request, made available to the authorities of other Member States, for the purpose of cross-border healthcare, in accordance with chapters II and III and with national measures implementing Union provisions on the protection of personal data, in particular Directives 95/46/EC and 2002/58/EC, and the principle of presumption of innocence. The exchange of information shall take place via the Internal Market Information system established pursuant to Commission Decision 2008/49/EC of 12 December 2007 concerning the implementation of the Internal Market Information System (IMI) as regards the protection of personal data." (Article 10.4).

Commenting at the European Parliament's debate on the Directive, shadow rapporteur Antonyia Parvanova MEP (Alliance of Liberals and Democrats for Europe, Bulgaria), said that the EP would have liked to see a more ambitious Directive if member states had been more supportive. She explained that Ministers had been inconsistent in their approach and although they *'were keen on establishing quality and safety as criteria for the refusal of prior authorisation, they had been reluctant to accept, and opposed, any system for the sharing of information'*. Richard Howitt MEP (Group of the Progressive Alliance of Socialists and Democrats, UK) also highlighted his disappointment that the amendment *'to require medical regulators in one country to tell their EU counterparts when a health professional is facing* disciplinary or criminal proceedings…will not be put to the final vote..."

The proposal will now be considered by the EU Council of Ministers in March, before it is officially adopted.

European Commission consultation on Directive 2005/36/EC

The European Commission has published its **consultation** on the review of the recognition of professional qualifications Directive. It asks stakeholders to highlight the areas which could be simplified and modernised and asks for their views on updating minimum training requirements, facilitating temporary and occasional mobility, simplifying recognition procedures, rolling-out a European professional card, the sharing of fitness to practise information and the language provisions in the Directive.

Stakeholders are invited to respond by 15 March 2011 and to attend a public hearing in Brussels on 21 February. The results of the consultation will feed into an evaluation report and Green paper due in autumn 2011.

European Parliament supports reform of Directive 2005/36/EC

The European Parliament's Internal Market and Consumer Protection (IMCO) Committee has adopted an opinion report on **Reducing health inequalities**, which also calls on the European Commission to address some of the regulatory gaps with Directive 2005/36/EC on the mutual recognition of professional qualifications. The non-legislative text, drafted by Emma McClarkin MEP (ECR, UK), calls on the Commission to consider whether to make *'registration with the IMI system mandatory for competent authorities and improve the extent to which competent authorities can proactively share disciplinary information about healthcare professionals by creating an alert mechanism'.*

The IMCO opinion received support from the Parliament's lead for the report, the Committee on the Environment, Public Health and Food Safety, and will be considered for adoption by the EP at its plenary session in March.

First meeting of the steering group on professional cards

Tanja Schubert, Healthcare Professionals Crossing Borders

On 10 January, the European Commission held the first meeting of its steering group on professional cards in Brussels. The group, which is composed of 36 representatives from member states, competent authorities and professional organisations, will meet until July 2010 to discuss the added value of a card, consider existing projects and, at a future meeting, reflect on the responses to section 3.1 of the Commission consultation on the mutual recognition Directive.

At the end of the first meeting, Michel Barnier, Commissioner for the internal market, addressed participants and indicated that the card could become a tangible tool to help European professionals move. He also underlined the need for a genuine debate about the added value that a professional card will bring for professionals. The Commission stressed that any card proposal will need to enable competent authorities to check information quickly, facilitate mobility, remove bureaucracy and be optional for the professional. The next meeting of the steering group will take place on 25 February.

EP questions on recognition of professional qualifications

The European Commission recently answered written questions tabled by two MEPs on the recognition of Professional Qualifications.

Gerban-Jan Gebrandy MEP (Alliance of Liberals and Democrats for Europe, the Netherlands) asked whether the European Commission intends to propose a European blacklist of doctors. He suggested that a list of banned medical practitioners would give better assurances to patients, employers and regulators that doctors registered in their jurisdiction are safe and fit to practise.

In its response the Commission stated that Directive 2005/36/EC on the recognition of professional qualifications does not provide for blacklists but allows administrative cooperation on a case-by-case basis in accordance with the rules provided for in Directives 95/46/EC on data protection and 2002/58/EC on privacy and electronic communications. According to the Commission these Directives do not allow the proactive exchange of information between all member states. The answer does not refer to the exemption provided in Article 13(d) 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'. However the Commission did confirm that the Green Paper on the professional qualifications Directive in autumn 2011 will examine these questions further.

In response to a question tabled by Jim Higgins MEP (European People's Party, Ireland) about member states' right to assess a doctor's language before registration, the Commission explained that professionals can be assessed for their language knowledge but that this cannot constitute part of the admission criteria to the profession and must be proportionate to the type of activity pursued. A doctor meeting the conditions for mutual recognition must be listed in the register of the receiving member state and any action to remedy insufficient knowledge of language is the responsibility of a competent authority post-registration.

On the issue of clinical competence, the Commission explained that if a doctor meets the conditions for automatic recognition, they are considered to be sufficiently qualified to exercise the corresponding professional activity and the host member state cannot check the doctor's training or clinical skills. In case of general systems, the doctor's training must be compared with national requirements and if there are substantial differences, the host member state may impose an adaptation period or an aptitude test, according to the choice of the migrant. The Commission also stated once registered it will 'it will depend on Irish disciplinary rules whether the competent authorities can take any action against' if a doctor does not seem to have 'sufficient clinical skills to exercise medical activities'.

European Parliament response to Single Market Act

The European Parliament's Internal Market and Consumer Protection Committee will respond the European Commission's Single Market Act through three opinion reports: *The Single Market for Europeans; The Single Market for Enterprises and Growth; and Governance and Partnership in the Single Market*.

The committee's draft reports have already been published and make reference to the recognition of professional qualifications as a key priority in the Single Market Act. MEPs will now debate the non-legislative reports and have an opportunity to propose amendments before the responses are formally adopted in the Parliament's plenary session at the end of March 2011.

CHRE International Observatory

Tom Foubister, Coordinator, CHRE Observatory, LSE Health, UK

In January, the CHRE Observatory sent a questionnaire to Observatory members (currently around 76 regulatory bodies from 28 countries, including 9 countries from the EU) to gather information for reports describing how health professionals are regulated in different jurisdictions.

If you are not yet a member of the Observatory and would like to join, please send an email to the Observatory's coordinator Tom Foubister (t.foubister@lse.ac.uk). Membership is free, and participation in the questionnaire is voluntary. For further information on the Observatory please consult the April 2010 edition of Crossing Borders.

Journal on free movement of workers

The European Commission has published its first bi-annual journal on the free movement of workers within the European Union. The publication gives an overview of European case law for recognition of professional qualifications and posting of workers and includes an in-depth analysis of partial access to the profession, language requirements and equal treatment of foreign workers. The online journal will be produced twice yearly by a network of experts on the free movement of works, under the supervision of the European Commission. Its aim is to develop academic interest and stimulate debate on this fundamental area of European law.

New European project on cross border care aims to address professional standards and quality

Professor Martin McKee, Dr Cécile Knai and Dr Helena Legido-Quigley, London School of Hygiene & Tropical Medicine, London, UK

A new European research project, Evaluating Care across Borders (ECAB), has been set up under the European Commission's FP7 programme on cross-border health care. The three-year project aims to facilitate a process whereby Europe's citizens can make informed choices about whether to seek health care in another member state and, if they so choose, to ensure that the administrative and clinical processes are straightforward and ensure continuity of care.

The project looks at the whole range of cross-border care, from collaborations between hospitals in border regions, through international telemedicine projects, to long term care for Northern Europeans retiring to the Mediterranean. Readers of this newsletter will be especially interested in the component that looks at the medical profession. We hope to describe the different regulatory bodies, clarifying what they are responsible for, their legal basis, and their ways of working. This is an area that many people, whether patients or doctors who cross borders, find remarkably confusing. If you are a patient who is unlucky and something goes wrong, where do you go to get redress? How do you present your case? What if you don't speak the language? Will the doctor in the other country adhere to the same guidelines as your doctor at home? What if you are given a prescription in one country and want to have it dispensed in another? If you are a doctor, you may already know that some actions that would result in disciplinary action in your own country may not in another, or vice versa, but how do you find out? What if you are working remotely, perhaps as a radiologist reporting images from patients in another country, what do you have to do to comply with the law?

The project employs a wide range of approaches, such as legal analysis, analysis of routine data, and case studies (how do systems work in practice, what are the threats and opportunities, do laws and regulations help or hinder?).

We hope that the information we gather will be of value to Europe's regulatory bodies, in understanding what it means to be a doctor in different parts of Europe. We hope that you will join us in taking this research forward.

The results of the projects will be made available during the second half of 2012. For further information regarding ECAB's work on professional standards and quality, please contact Dr Helena Legido-Quigley at **Helena.Legido-Quigley@lshtm.ac.uk**.

Medical treatment in end of life situations: a Europe-wide debate

Sharon Burton, Senior Policy Advisor, Standards, General Medical Council, UK

On 30 November 2010, the Council of Europe Steering Committee on Bioethics (CDBI) hosted a symposium to explore the ethical and legal frameworks emerging across Europe to underpin practice in end of life decision making.

Over 100 delegates from more than 30 European countries met in Strasbourg to share information about developments in national laws and professional codes. They explored differences and similarities in the principles that guide decisions about withdrawing or withholding life-sustaining treatments; the use of advance directives and continuing powers of attorney; the role of patients, the healthcare team and family members in decision making; and current approaches to pain management and other palliative care for dying patients.

This was a multi-disciplinary meeting where experts from medical, nursing and legal perspectives came together with leading ethicists, Government health officials, representatives of European patient groups (e.g. Alzheimer Europe) and faith groups (e.g. the Conference of European Churches) and a small number of regulatory bodies and professional associations. A wide range of challenging issues were addressed during the symposium, and the debate was enriched by insights from Canadian practice – the programme and speaker presentations are available **here**.

CDBI propose to use information from the symposium, about points of convergence in national frameworks and examples of good practice, to elaborate a European framework for decision making in end of life situations. This would build on principles set out in the Bioethics Convention (Oviedo 1997) and Committee of Ministers' Recommendations CM/REC (1999)4 concerning the legal protection of incapable adults; CM/REC (2003)24 concerning the organisation of palliative care; and CM/REC (2009)11 concerning continuing powers of attorney and advance directives.

Irish Medical Council approves new Registration Rules

Philip Brady, Head of Registration, Medical Council, Ireland

The Medical Council (Ireland) has approved new Rules governing the Registration of medical practitioners, which came into force from 1 January 2011.

The way in which medical practitioners become eligible for internship, trainee specialist, specialist or visiting EEA registration has not changed significantly. However, the new Rules significantly transform the eligibility requirements for entry into the General Division of the Register and enable the Medical Council to use its recently-published new criteria for issuing a Certificate of Experience in Ireland as a benchmark against which medical graduates, who cannot benefit from recognition of their professional qualifications under, EU legislation will have their internship training measured. Under these criteria, medical practitioners who qualified outside the European Economic Area (EEA) will be required to either prove to the satisfaction of the Council that they have been trained to that standard or higher. Doctors who cannot provide satisfactory evidence that they meet this standard will be required to pass a pre-registration examination (PRES).

On passing the new Rules the Council expressed its concern regarding assessment of the English language skills of doctors seeking to work in Ireland. Under EU freedom of movement legislation, the Medical Council is not entitled to require evidence of English language proficiency from EU citizens, moving to Ireland to practise medicine. Employers should satisfy themselves that all medical practitioners employed by them have sufficient English language skills to perform their duties and communicate effectively with patients and colleagues. If an employer finds that a registered medical practitioner does not have sufficient English language skills to practise medicine, they should make a formal complaint to the Medical Council. It may be considered professional misconduct if a medical practitioner is unable to communicate effectively with their patients and colleagues.

GMC fitness to practise reforms

Anna Rowland, Assistant Director, Fitness to Practise, General Medical Council, UK

The General Medical Council (UK), has launched a public consultation on proposed changes to the way it handles cases involving concerns about doctors. The proposals recommend that doctors could accept sanctions, including suspension and erasure, without their cases going to a hearing. The aim is to deliver a quicker system while still maintaining fairness to doctors and patients.

Patient protection would be the driving force behind the new system but where possible it would avoid subjecting doctors and patients to long, stressful and sometimes harrowing public hearings. It would also be transparent – even when a case did not end with a hearing, the concerns and any sanctions would still be published on the GMC website.

Niall Dickson, the Chief Executive of the General Medical Council said: *'We are here to protect patients and that means making sure that only doctors who are fit to practise are allowed to do so. However, it is not our role to punish doctors or even to provide redress to patients - there are other ways to achieve that.*

These changes would represent a major reform of our procedures and we are keen to ensure that all those with an interest in our work have the opportunity to contribute and respond'.

The consultation closes on 11 April 2011 and the GMC would welcome responses from overseas healthcare professional regulators. For further information, visit the **GMC website**.

New registration rules in Slovenia

Tina Šapec, legal adviser, Medical Chamber of Slovenia
Tina Jamšek, legal adviser, Ministry of Health

At the end of December 2010 Slovenia passed a new bill to ease administrative procedures for the academic recognition and recognition of internships and specialisation obtained outside Europe, in a bid to tackle a chronic lack of qualified medical personnel in our country. The new rules came into force on 14 January 2011.

The law on recognition of professional qualification for doctors, medical specialists, dentists and specialist dentists speeds-up the procedure of recognition for individuals who have obtained professional qualifications in non EU countries and already have a job offer from a Slovenian health provider. The requirement of employment will make the influx of overseas doctors more manageable and prevent instability to the health service.

The procedure is similar to the EU system for general recognition of professional qualifications. It is with the competency of the Ministry of Health which, in cooperation with responsible bodies (Medical Chamber of Slovenia and medical faculties), will make decisions about applications. The Ministry can impose compensation measures, such as adaptation periods of up to 12 months (in this case the health service provider offering the job would pay the candidate's salary), an aptitude test or a combination of the two. Candidates will also be required to submit a certificate of good standing.

Although the procedure will need to be completed in Slovenian (as will all compensation measures), knowledge of Slovenian language is not officially checked during the procedure. The law in our country requires that a candidate, who has already been granted recognition, must provide evidence of their knowledge of Slovenian to their employer before taking up a post. It is for the employer to determine the level of language proficiency required.

The new law has already increased demand for employment in our country and applications have already been requested under the new procedures.

New Danish Registration Framework

Karin Scavenius, Head of Section, National Board of Health
Birte Obel, M.D., MSc., Head of Department, National Board of Health

On 1 January 2011, the competent health authority in Denmark, The National Board of Health, introduced a new system for the registration of medical doctors trained outside the EEA member states (third countries). The change was called for in spring 2010, following public concerns about patient safety and whether the checks conducted by the Board were sufficient.

The new system aims to ensure that medical doctors from third countries are on the same professional level as Danish trained professionals and that they are capable of communicating in Danish before being issued with a licence to practise in the Danish health service.

In order to be fully registered with a licence to practise, applicants from third countries must pass a Danish language test and subsequently a written test and an oral/practical test in general medical knowledge. In addition, the applicant must take part in a three day course about Danish health care legislation. Having passed the tests, the doctor must apply for and take up a period of employment for adaptation and training purposes where the doctor's clinical skills and his/her ability to communicate in Danish with patients, colleagues, etc, are assessed.

Doctors with a third country specialist qualification must work for six months in a training department of their respective speciality. All other doctors must work twelve months in departments that train Danish medical graduates – thus undergoing the same clinical training as Danish graduates. During the assessment period, the department supervises the doctor and shares their clinical and communicative skills with the National Board of Health.

For further information, click **here**.

International revalidation symposium

Dr. Kirstyn Shaw, Head of Revalidation Policy, General Medical Council, UK

In December 2010, in collaboration with the Health Foundation and Federation of State Medical Boards in the US, the GMC hosted an international revalidation symposium to share experiences of different revalidation systems that are either in place, or being developed, around the world.

Representatives from the United States, Canada, New Zealand and the Netherlands, as well as senior representatives from UK healthcare organisations such as the British Medical Association, the Council for Healthcare Regulatory Excellence and Picker Institute Europe, discussed ways to increase understanding and build the evidence base for systems for revalidation.

Medical regulators around the world have begun to look at ways of ensuring that doctors are able to demonstrate that they are competent and fit to practise, not only when they first qualify or receive a licence to practise, but throughout their careers. The symposium was one way to share good practice and learn from the expertise, research, evidence and experiences of professional regulators and others from around the world.

The symposium covered topics including professional medical regulation in different countries and across a range of regulators, information linked to revalidation including patient and public involvement, the effectiveness of continuing professional development, colleague questionnaires and the benefits of evaluating good clinical governance.

The group proposed further work for the development of the evidence base for revalidation including research to increase the rigour, validity and reliability of instruments and data used to evaluate doctor's practice; research to better understand why doctors seem resistant to some evaluation methods and to the principle of revalidation/relicensure; exploring the link between the systems and professional regulation; and what are the measures of success for revalidation/relicensure.

Feedback from delegates was very positive with many suggesting that there should be a follow up event in a couple of years to review progress and continue to share good practice, developing methods, evidence and experience.

Update on Irish health and social care professional regulator

Sarah Gahan, Communications Manager, and Ginny Hanrahan, Chief Executive, CORU, Ireland

CORU (Ireland) is a new regulator that will be responsible for the statutory regulation of health and social care professionals in Ireland.

The name CORU originates from an Irish word, 'cóir' meaning fair, just and proper. These are values that resonate deeply within CORU, and perfectly reflect its commitment to protecting the public by regulating health and social care professionals.

CORU's role is to achieve this, by promoting high standards of professional conduct, education, training and competence across the following 12 health and social care professions: clinical biochemists, dietitians, medical scientists, occupational therapists, orthoptists, physiotherapists, podiatrists, psychologists, radiographers, social care workers, social workers and speech and language therapists.

Many significant steps have already been taken by this fledgling organisation, including the approval of framework policies for Monitoring and Review of Education Programmes, and Codes of Professional Conduct and Ethics for all professions, the appointment of the first of 12 registration boards, the Social Workers Registration Board in August 2010, and the preparation for the opening of the Social Workers register this year. Much of the work currently being done by CORU to establish this first register relates to the development of organisational policies, procedures and systems that will lay the groundwork for the opening of all of the registers. CORU will shortly announce the launch of the Social Workers register.

The role of competent authority for recognition of EU applicants' qualifications, as well as non EU applicants for Social Workers, which currently is carried out by the National Social Work Qualifications Board (NSWQB) will transfer to Coru on 10 March 2011. As each register opens there will be a 2 year grandparenting period to deal with practitioners who may not have the appropriate qualifications but have been working for some time in the profession, to ensure that they are being dealt with fairly.

These important developments have taken place against a backdrop of unprecedented economic difficulty for Ireland and despite limited resources. In this environment, CORU has benefited greatly from working in collaboration with and learning from our European partners, especially from the support of the Health Professions Council in the UK, the Northern Ireland Social Care Council as well as the Health regulators in Ireland namely, the Medical Council, an Bord Altranais (the Nursing Board) the Pharmaceutical Society of Ireland and the Dental Council. Thanks to all.

For further information please contact Ginny Hanraham at ginny.hanrahan@coru.ie or visit the CORU website.

Online help for UK medical students on real-life dilemmas

Clare Owen, Education Policy Analyst, General Medical Council, UK

Medical students can 'spot the mistake' in medical cartoon strips to help them to improve their understanding of professionalism and good practice before they start work.

The GMC has created an interactive site, **Medical students: Professional Values in Action** to bring its guidance to life and help medical students understand how it would be applied in day-to-day situations.

Medical students can also test their knowledge through several quiz questions and case study dilemmas. They can take on the role of either a medical student or the medical school and face a variety of challenging situations encountered on clinical placements or during their time at medical school. All of the activities reinforce good practice in line with the GMC guidance.

In one scenario, medical students will have to decide how best to respond to the receptionist of a busy GP surgery, who has asked if they can perform a cervical smear on a patient. In another situation, they will have to choose whether or not to declare a previous caution for shoplifting when applying for registration with the GMC.

The site is the latest in a series of interactive tools on the GMC website, which also include the Virtual Hearing Room and *Good Medical Practice in Action*.

Review of UK guidance for doctors

Ian Hicks, Standards Policy Officer, General Medical Council, UK

The General Medical Council undertakes a rolling program to review its ethical guidance for doctors to ensure that it is up to date and relevant to current practice. To this end, work is well underway to review the GMC's guidance, *Management for Doctors* and supplementary guidance Raising concerns about patient safety.

A Working Group, chaired by Professor Dame Joan Higgins and with representation of both GMC Council members and those from outside the GMC, agreed that the review would broaden the guidance beyond its current scope to look at issues affecting all doctors in the workplace, whether or not they hold formal management roles.

The revised draft, *Good Management Practice: guidance for all doctors*, sets out the wider responsibilities in relation to employment issues, planning, using and managing resources, raising and acting on concerns and participating in service improvement and development. The guidance will apply to all doctors – regardless of whether they are inside or outside the NHS, whether they work directly with patients or outside of clinical care, or whether they have a formal managerial role or responsibility.

During the scoping exercise for the review, one of the main issues that emerged related to whistleblowing and raising and acting on concerns. Due to the importance of these, the Working Group has revised the supplementary guidance Raising concerns about patient safety.

On 17 February 2011, the GMC Council will be asked to formally approve the draft guidance for consultation. The 12 week consultation is scheduled to start in the week beginning 28 February 2011 and we invite European regulators to share their views. For further information, email standards@gmc-uk.org or visit www.gmc-uk.org once the consultation goes live.

Forthcoming Dates and Events

8 February 2011
European Commission conference, Single Market: Time to Act
Brussels, Belgium

21 February 2011
European Commission public hearing, Evaluation of the Professional Qualifications Directive
Brussels, Belgium

11 March 2011
Centre for Higher Education Policy Studies (CHEPS) conference,
The Reform of Higher Education and Research in Europe
Enschede, Netherlands

15 March 2011
Deadline: Public consultation on the recognition of professional qualifications Directive

March
Council adoption, patients' rights in cross-border healthcare Directive

27 May 2011
Meeting of Network of European Midwifery Regulators,
Brussels, Belgium

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.