

## Crossing Borders Update



This update includes information on the Single Market Forum, the European Commission's conference on the professional qualifications Directive and the European Parliament implementation report into Directive 2005/36/EC. It also features articles on the European Patient Forum response to the Green Paper, the European regulators meetings of midwives, nurses, and doctors and the new registration requirement for pharmacy technicians in UK.

### European Commission conference on recognition Directive

On 7 November the European Commission will host a public conference in Brussels on the review of the recognition of Professional Qualifications Directive.

The event provides the European Commission with an opportunity to present the main findings of its **Green Paper** on *Modernising the Professional Qualifications Directive*. The consultation, which was published shortly after the publication of the last edition of *Crossing Borders Update*, provides an indication of the issues the Commission is likely to address in a revised Directive.

The Green Paper suggests the development of a proactive alert mechanism to enable competent authorities to exchange fitness to practise information between each other. It also highlights the importance of language skills for healthcare

professionals and proposes that the Directive could be amended to include provisions for health professionals who have direct contact with patients. It also suggests that the principle of partial access should be inserted in the Directive. HPCB understands that the inclusion of this principle has been widely rejected by respondents from the healthcare sector.

The Commission has indicated that 400 respondents have submitted views. The conference on 7 November will provide the Commission with an opportunity to present the main findings from the consultation in advance of the proposals expected in December.

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# Single Market Forum considers the professional card

Over 1,000 citizens, business people, consumers, politicians and stakeholders took part in the Single Market Forum held in Krakow (Poland) on 2-4 October.

The event was organised jointly by the EP, the Polish Government, which is holding the Presidency of the EU Council of Ministers, and the European Commission. Participants discussed a number of areas during the two day event and concluded that the single market brought “enormous benefits” to European citizens.

During the first day, a workshop was held on the proposal for a professional card and provided an opportunity for key participants in the steering group on cards to present the outcome of their work. They included: Marian Grubben, European Commission Unit on the Internal Market Information System; Marek Haber and Beata Cholewka, Polish Ministry of Health; Angelo Caragiuli, European Centre of Employers and Enterprises providing public services; Efstathios Tsekos, European Council of Engineers’ Chamber; and Birgit Beger, Standing Committee of European Doctors.

In preparation for the Single Market Forum the steering group on the professional card prepared **case studies** for nurses, doctors, pharmacists and physiotherapists. Opening the workshop, Malcolm Harbour MEP (ECR, UK), Chair of the Internal Market and Consumer Protection Committee in the EP, highlighted the need for a system that supported the exchange of information between competent

authorities in Europe and access to the electronic records held by regulators. He questioned whether a card was the required tool to overcome the existing challenges with the recognition system and praised those regulators that already provide live electronic registers of professionals. He called for the development of a system that meets the needs of all those involved in the recognition process.

Several participants intervened and called for the development of a mobility tool that is both safe and flexible enough to accommodate the requirements of all the 800 professions covered by the Directive. Some also supported the launching of a pilot project involving IMI and member states to take forward the work of the steering group. On day two, the outcome of the discussions was presented to the Forum by the rapporteur for the workshop, Bernadette Vergnaud (S&D/ France) MEP.

The Forum led to the publication of the **Krakow declaration** which was presented to the EP, the European Commission and the Council. The declaration called for EU law to be correctly implemented and applied across member states and for the exchange of best practices in Europe. It also stressed the need for both businesses and citizens to be involved. It highlights Europeans’ fundamental right to free movement and the need to speed up the professional recognition system and suggests that a professional card could promote mobility.



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## Council Decision on recognition of Swiss qualifications

The European Council **Decision** on the mutual recognition of Swiss specialist medical qualifications was published in the Official Journal of the EU. The Decision was adopted on 19 July 2011.

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## Update on European Parliament activities

The European Parliament (EP) is continuing its work on a non-legislative report on the implementation and review of Directive 2005/36/EC which will feed into the Commission's new proposal expected in December. The EP's Internal Market and Consumer Protection Committee is the lead on the report, with opinions sought from the Environment, Public Health and Food Safety committee and Employment and Social Affairs committee.

Many MEPs have acknowledged the importance of safeguarding patient and consumer safety in the free movement of professionals and have highlighted the need to improve proactive information sharing through the introduction of an 'alert mechanism'. The idea of a professional card received a mixed response. Several committees have called for a thorough impact-assessment to evaluate the costs, benefits and added-value of any card before its introduction. MEPs have also highlighted the importance of language knowledge for healthcare professionals.

The EP is expected to adopt the report at its plenary session in November.

## EC evaluation report on Directive 2005/36/EC

In July 2011, the European Commission published its final **evaluation report** on the functioning of Directive 2005/36/EC. The report considers the effectiveness, efficiency, relevance, consistency and acceptability of the existing legislation and identifies the remaining obstacles to the mobility of professionals.

The report highlights that around 85,000 professionals have been able to benefit from the provisions of the Directive since 2007 and identifies health professions as the most mobile group, accounting for 44% of all recognition decisions.

It suggests that competent authorities and professionals have found recognition under the general and automatic recognition systems effective but confidence needs to be improved. Stakeholders expressed concern over the lack of transparency about the contents of training programmes in the health sector and the report suggests that all the minimum training requirements were in need of revision to better reflect current practice.

The evaluation also highlights the importance of language skills in the health sector. Many authorities have called for the language provisions in the Directive to be strengthened for professionals treating patients.

The report represents the final formal evaluation of the existing Directive, ahead of the publication of new legislation.

## Activities of the Network of European Midwifery Regulators

*Charlotte Creiser, Conseil National de l'Ordre des Sages-femmes*

On 2 September 2011, the Policy Working Group of the Network of European Midwifery Regulators (NEMIR) held a meeting at the NMC's offices in London. The group prepared **NEMIR's response** to the Green Paper on *Modernising the Professional Qualifications Directive* before circulating it to all NEMIR's partners for agreement. NEMIR underlines that the core problem regarding the mobility of the professionals is not how competent authorities share responsibilities in the recognition process but rather how to increase trust in the validation of national training requirements of the Directive 2005/36/EC.

Therefore, NEMIR would support an obligation for member states to submit a report to the Commission on the compliance of each programme of education and training leading to the acquisition of a title notified to the Commission with the Directive. The report should be monitored by the European Commission and complete and detailed information should be given to the member states.

NEMIR also suggests that the European Commission is assisted by an informal peer review committee, composed of competent authorities, to monitor the report submitted by member states.

Furthermore, NEMIR's Policy Working Group has decided to work on midwifery European standards by scoping and reporting the competencies and activities of the midwife in each Member State.

On 8 September 2011, some of NEMIR's partners met the MEP Emma McClarkin (ECR, UK) to discuss her opinion report on the Directive. They underlined that compensation measures are really important for the healthcare sector and not applied in a disproportionate manner when considering public safety and health.

The next Summit of NEMIR has been scheduled for March 2012 and will take place in Brussels.

More information: [www.nemir.eu](http://www.nemir.eu)

# Network of Medical Competent Authorities: Joint Green Paper response

The sixth meeting of the Network of Medical Competent Authorities was held in Tallinn on 6 September 2011. The session was hosted by the Estonian Board of Health and provided participants with an opportunity to discuss in detail the proposals contained in the Commission's Green Paper on *Modernising the Professional Qualifications Directive*.

The meeting led to the development of a **joint response** to the EC's Green Paper. The statement received support from competent authorities in 22 EEA countries.

The submission reflects participants' doubts that a professional card would add value in facilitating the recognition of medical qualifications and the mobility of doctors. It also highlights concerns about the Commission's proposal for a shift in responsibility for recognition from the host competent authority to the home competent authority.

The joint statement reiterates the Networks' support for Internal Market Information system (IMI) to remain a method for exchange of information and supports the Commission's suggestion that a proactive alert mechanism should be incorporated into the revised Directive.

Participants agreed that partially qualified professionals should not be allowed access to the medical profession and drew attention to the helpful exemptions included in the European Court of Justice ruling. On language, the Network



restated its concerns and called for the Directive to include a derogation to allow medical competent authorities to assess the language of migrating doctors as part of the recognition process.

All participants agreed that the Network should play a key role in the future review of the Directive's minimum training requirements and reiterated their desire to be involved in developing the criteria for automatic recognition.

## UK Inquiry into Mobility of Healthcare Professionals

Following the UK's House of Lords' decision to launch an inquiry into the mobility of healthcare professionals, representatives from UK healthcare professional regulators and patient groups have appeared before the Committee to give evidence.

The committee has gathered **written and oral evidence** from stakeholders, with the aim of producing a report to respond to the Green Paper and input into the deliberations of the European institutions on the review.

In its oral evidence to the Committee, the Nursing and Midwifery Council expressed concerns over granting partial access to the profession for some workers as it may affect the 'integrity' of the nursing and midwifery register.

The General Medical Council expressed similar views and discussed the need to balance patient safety with the right of doctors to move across Europe.

Representatives from the General Dental Council, General Pharmaceutical Council, and Health Professions Council also appeared before the Committee to provide their experiences on the registration of healthcare professionals from Europe. Jonathon Faull, Director-General for Internal Market and Services, also spoke at the inquiry and emphasised the benefits of the mobility of healthcare professionals across Europe.

The Committee is likely to publish its inquiry report before the end of October 2011.

# European Patient Forum's response to the Green Paper on Directive 2005/36/EC

*Kaisa Immonen-Charalambous, Senior Policy Officer, European Patient Forum*



europeanpatients'forum

Ensuring that healthcare professionals have the right training and are fit to practise when they move within the EU is of crucial importance for patient safety and quality of care. European Patient Forum (EPF) therefore welcomes the proposal to modernise Directive 2005/36/EC, but stresses that the principles of quality and safety need to be at the core of the revision.

Free movement of professionals and services within the Single Market can boost the European economy, create more jobs and help tackle workforce shortages in the healthcare sector. But measures to boost healthcare professionals' mobility should never compromise the quality of services provided to patients.

EPF calls for a system of training and verification of qualifications that is effective and robust and that patients can trust. Language skills in particular present a continuing safety concern, and EPF is in favour of improving the controls on language skills of health professionals who move across borders.

The patient's role has changed enormously in recent years, and patient-centeredness is now recognised as a key feature for the provision of high-quality, equitable and sustainable

healthcare. Patients and their representative organisations hold a great deal of expertise in identifying training needs for the health workforce from an end-user's perspective.

EPF hopes that this patient expertise will be included in the future development of core competences for different health professionals.

EPF is committed to playing an active and constructive role in the modernisation process of Directive 36, in close liaison with the European organisations representing healthcare professionals. We hope this process will ultimately lead not only to easier mobility for professionals, but crucially to safer and better quality healthcare for European patients.

For more information please contact **Kaisa Immonen-Charalambous**.



The European Patients' Forum (EPF) is a not-for-profit, independent umbrella organisation of patient organisations at EU level, with currently 51 member organisations. EPF represents the collective voice of over 150 million patients living with chronic conditions across the EU. Our vision is high-quality, patient-centred, equitable healthcare for all patients. For more information please visit the [EPF website](#).

# GMC publishes first State of medical education and practice

Niall Dickson, Chief Executive, General Medical Council



In September the General Medical Council (UK) published *The state of medical education and practice in the UK: 2011*.

One of the main recommendations in the report is the need to provide better support to doctors entering the UK health service for the first time so that they can practise safely.

The GMC is responsible for overseeing the entirety of a UK registered doctor's career, from the first day at medical school, through to specialist training and ongoing

practice. Our data reflects this and we are keen to share with the profession, educators, employers and patients the insights we have gained and the questions they raise. This new report uses GMC data and that of others to provide a picture of the medical profession in the UK today and some of the challenges it faces.

Every year, around 12,000 doctors from the UK, Europe and countries around the world, start working in the UK for the first time. While there are some good local schemes for supporting doctors who are new to practice, there is evidence of new doctors undertaking clinical practice with little or no preparation for working in the UK, or locum doctors taking on duties for which they have not been appropriately trained. The report recommends the introduction of a basic induction programme for all doctors new to the UK health service. This would ensure that they get an early understanding of the ethical and professional standards they will be expected to meet, and become familiar with how medicine is practised across England, Wales, Scotland and Northern Ireland.

We hope this report will contribute to a better understanding of the challenges the profession faces as well as challenging us and those we work with to redouble our efforts to improve standards and protect patients.

The challenges identified include:

- An ageing population with more complex health needs and co-morbidities, who will increasingly be cared for by multi-professional teams in primary and community settings.

- The tension between a health service that must deliver care with constrained funding and within European working time rules and the need to protect time for education and training.
- Common and consistent areas of complaints about doctors remain: clinical investigations or treatment; respect for patients; and communication with patients.

Other major areas identified in this report include:

- Professionalism and leadership are crucial to good medical practice. Revalidation, which will be introduced in 2012, will help to embed professional standards.
- Regulatory bodies need to redefine how they work; professional regulators such as the GMC and systems regulators such as the Care Quality Commission in England need to be proactive and work more closely together.
- In parts of the system there needs to be a culture change to encourage doctors to raise concerns; the GMC, professional bodies and employers all have a role to play to make this happen.
- Doctors need to be equipped to deal with changing healthcare needs. Postgraduate training should be flexible enough to allow doctors to be able to move between specialties.
- More information is needed on the outcomes of medical education to make sure medical students have the right skills and knowledge when they start work.

This is the first time the GMC has attempted to pull together its data in this way – we hope it will be widely read by front line clinicians, policy makers and everyone committed to driving up standards of medical practice in the UK.

The GMC plans to publish the report annually to provide an evolving picture of medicine in the UK.

You can download a copy of the report [here](#).

# Health Professions Council launches a free iPhone app

The Health Professions Council (HPC) is the first UK health and care regulator to launch a free iPhone application aimed at the public and its stakeholders to extend its digital reach.

The new **application** provides an extension to the online Register making it available to the public anywhere and at any point. It works in the same way as the online Register but is designed to deliver a high quality experience allowing the users to easily check that their professional is registered.

The app also allows members of the public, stakeholders, registrants, health and care professionals, students and employers to keep abreast of the latest news from the HPC and access to media releases through integrated RSS feeds. In addition, it also provides information on how to raise a concern, enabling a user to communicate directly with the HPC about their concern and access to video content including the recently launched 'understanding the fitness to practise hearings'.

Chief Executive, Marc Seale said:

"It is essential that the HPC communicates effectively with its key audiences, particularly given the level of change taking place across the health and care sector. With this app, the public can check that their practitioner is registered, keep up to-date with the latest news or access information on how to raise a concern, no matter where they are."

"At the HPC, we are constantly developing how we interact with our Registrants and more widely with the public. We launched our social media pages earlier on in the year and continue to receive positive feedback."

The HPC worked with Mubaloo, a mobile application company to develop the mobile app with the aim of delivering quick and easy on the go access to the Register, HPC news and information on how to raise a concern.

In addition, it also allows easy access to video content including the recently launched fitness to practise process and links to the website for further info.

Tony Glazier, Web Manager for HPC said: 'Modern mobile devices like the iPhone are changing the way people access and share information.'

'The key to building a successful mobile app is to focus it around a specific audience, the best apps that I have used tend to focus on a specific utility and perform it very well.'

'With the public and stakeholders as our primary audience, the challenge for HPC was to design a mobile interface that made searching the Register easy and clear and to provide information on who we are, what we do and how to raise a concern about a HPC registered professional. Already we have had a great response to the app with a significant number of downloads from the App Store.'

Download the free app from iTunes and the online app store now so you can:

- Check the online HPC Register on-the-go
- Learn more about how to raise a concern about a professional
- Keep up-to-date with HPC news



# New UK registration requirement for pharmacy technicians

*Martha Pawluczyk, Registration and International Policy Manager, General Pharmaceutical Council*

The General Pharmaceutical Council is the competent authority in Great Britain for the purposes of Directive 2005/36/EC for both pharmacists and pharmacy technicians. Our role is to protect patients and ensure the safe and effective practice of pharmacy in Great Britain.

Pharmacy technicians play an important part in the provision of pharmacy services. On 1 July 2011 registration as a pharmacy technician became a compulsory requirement to practise in Great Britain.

Compulsory registration will improve protection for patients and means that patients can be assured that pharmacy technicians:

- Are trained and qualified
- Uphold and follow GPhC standards of conduct, ethics and performance
- Keep up to date by following GPhC standards for continuing professional development
- Are accountable for their actions
- Are indemnified, so if something should go wrong patients are covered and

- Have a focus on patient safety expected of a registered healthcare professional.

Employers can assure themselves that those who are registered meet the qualification and fitness to practise standards set by us.

Compulsory registration means that an EEA qualified pharmacy technicians must first be registered with the GPhC before they can work as a pharmacy technician in Great Britain.

Applicants for registration as a pharmacy technician must hold a qualification in pharmacy as defined by Article 11 (c) that is equivalent to S/NVQ level 3 and which entitles them to practise as a pharmacy professional in a member state. An application for registration will be processed in line with the general system provisions. The applicant's knowledge and skills will be assessed against nationally recognised knowledge and competency pharmacy technician qualifications.

Application packs for EEA qualified pharmacy technicians together with comprehensive guidance notes are available on the [GPhC website](#).

## Transparency on unqualified healthcare professionals in the Netherlands

*Désirée Hoefnagel, Ministry of Health, Welfare and Sport, Bastiaan van den Berg, Ministry of Health, Welfare and Sport*

In the Netherlands there is a public register (BIG register) for qualified healthcare professionals regulated by the Dutch Individual Health Care Professions Act (BIG Act). Registration in the BIG register is mandatory for doctors, nurses, dentists, pharmacists, midwives, psychologists and physiotherapists in order to practice their profession and use their professional title. The BIG register is accessible on the [website](#) so everyone – employer or patient – is able to check whether a certain professional is qualified and entitled to pursue a profession.

In 2009 the Netherlands set up a publicly [accessible 'blacklist' of healthcare professionals](#) who have been suspended or struck off the BIG register as a result of a disciplinary penalty. The BIG Act is currently being revised and the Dutch 'blacklist' will be enlarged: not only will it cover healthcare professionals who have been struck off the BIG register or have other imposed restrictions because of a disciplinary penalty, it will also cover details of any criminal penalty or a judgment received abroad.

Transparency on the quality of healthcare and healthcare professionals is one of the key aims of the Dutch healthcare policy. Because of increased cross-border mobility of healthcare professionals, the Dutch Minister of Health launched the idea of a Europe-wide 'blacklist' in April this year. A European version of such a list could enable every EU citizen to check whether a particular professional is qualified, not only in their own country, but also in another EU member state.

Considering the differences in registration and transparency between the member states, a European 'blacklist' will be quite a challenge. However, to guarantee patient safety all over Europe, several member states and the European Commission are prepared to explore the idea of a European 'blacklist'. As a first step they will hold an informal session in October in Brussels to exchange their views on preventing unqualified healthcare professionals continuing their malpractice in other countries.

# Dutch information request on malpractising health physicians

*Bastiaan van den Berg, Ministry of Health, Welfare and Sport*

In July this year, through the HPCB network, the Netherlands sought information on malpractising health professionals in Europe. We received fourteen responses from nine countries. Competent authorities and Ministries replied and provided a short insight into their systems.

What surfaced was that almost all respondents have some sort of register that contains information about (un)authorised health professionals and their possible restrictions. But the level of transparency or openness to the public varies. Some have public websites, with searchable registers to check whether a health professional is authorised to work or has any restrictions. Others only have internal registers that are not publicly available.

The Dutch version of a register and a 'blacklist' (compilation of all professionals that are struck off the register or have any restrictions imposed) did not appear to be replicated in other countries.

The sharing of information about malpractising health professionals between competent authorities is widely regarded as a weak link. Most of the respondents also see obstacles in the sharing of information. The most frequent

obstacle mentioned is national data protection laws which prevent them from proactively exchanging the relevant information. So, even where national legal frameworks allow a country to exclude a professional with restrictions imposed in another jurisdiction, it is still possible for that professional to start working in healthcare abroad if the information about the restriction imposed elsewhere is not forwarded to the host competent authority.

Generally speaking, the recognition process for a health professional is fast, but the sanctions procedure at a national level is slow. This can leave health professionals relatively free to move from country to country even when concerns exist. The sharing of information could make the recognition process more transparent and effective.

For more information please contact:

**Bastiaan van den Berg.**

## GMC publishes research into the impact of EWTD

*Paul Myatt, Education Policy Manager, General Medical Council, UK*

The European Working Time Directive had a mixed reception among doctors, not least in the UK. A common theme is its impact on training.

In April 2011, the GMC published a report into '**The impact of the implementation of the European Working Time Directive (EWTD)**'. We had commissioned Ipsos MORI to do the research, to look at how other EU countries had implemented the EWTD.

Ipsos MORI conducted telephone interviews with European regulators, European speciality societies, and non-European speciality societies. They also held an online discussion group with medical trainees across the EU.

The report concluded:

- EWTD impacts are varied, eg from lower morale to lower quality of training.
- These impacts vary by specialism, with more practical roles such as anaesthesia and surgery most affected

- Mindset and attitudes shape how keenly these impacts are felt; positivity can in part (though not entirely) help smooth the transition
- Even among those most negative towards the EWTD there is an acceptance that its principles are worthy and should be pursued.

We recently commissioned Durham University to conduct further research into the impact of both the working time regulations (WTR, the translation into UK law of the EWTD) and steps taken to comply with them on the quality training in the UK. It will start with a literature review to establish the consequences that WTR compliant rotas have for trainees, with respect to the impact of new ways of working on the quality of training that they receive.

This will be followed by a primary research study to identify cases where trainees are working beyond the limits of the WTR and cases where trainees are working in compliance with the WTR, and assess the relative impact on the quality of their training.

# 'Around the World'

## Medical Education in Poland

In recent years, the Polish Ministry of Health have reformed medical education to address the shortage of medical staff. The **changes** mainly concern teaching standards and have been created according to the Polish qualification framework, in line with the Bologna process guidelines. From 2016, the last year of teaching medicine and dentistry will be focused on practice. The Ministry of Health is planning further reforms for postgraduate education by introducing a modular system, which will allow access to common modules of training for various specialities.

## New IAPO Chair

Durhan Wong-Rieger has succeeded Hussian Jafri as the new chair of the **International Alliance for Patients Organisations** (IAPO). Members of IAPO include patients' organisations working at international, regional and local levels to represent and support patients. The organisation campaigns internationally on relevant patient issues, with the aim of influencing health agendas and policies.

## Upcoming dates and events



### 7 November 2011

EC Conference:  
**Modernisation of the Professional Qualifications Directive**  
Brussels, Belgium

### 14 November 2011

Plenary vote on non-legislative report on *Professional Qualifications Directive 2005/36/EC*

### 14-15 November 2011

5th European **Equality Summit**  
Poznan, Poland

### 25 November 2011

'Mobile Doctors, Mobile Patients –  
How Does Patient Safety Travel in Europe?'  
CPME conference  
Warsaw, Poland

### 13 December 2011

Expected publication of revised *Professional Qualifications Directive 2005/36/EC*

### December 2011

Expected publication of revised *Data Protection Directive 95/46/EC*

## Recently published regulator newsletters

General Pharmaceutical Council: [Update](#)

Nursing and Midwifery Council: [Review](#)

General Dental Council: [Gazette](#)

General Chiropractic Council: [newsletter](#)

French Order of Doctors: [newsletter](#)

French Order of Doctors: [bulletin](#)

General Medical Council: [e-bulletin](#)

DG MARKT: [newsletter](#)



# 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](http://www.healthregulation.org)** website and/or **[http://ec.europa.eu/internal\\_market/qualifications/compauth\\_en.htm](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.