Healthcare Professionals Crossing Borders

Update Briefing 5 October 2006

Introduction

Welcome to the October 2006 Update Briefing for the Health Professionals Crossing Borders initiative. This Briefing includes a piece by Richard Marchant of the GMC, the UK regulator of doctors, commenting on how proactive information sharing can contribute to patient safety. It also provides a summary of several meetings, including the recent Helsinki implementation group meetings, and highlights relevant forthcoming events.

Proactive Information Exchange: Making it Happen

Richard Marchant, Head of Regulation, General Medical Council

Proactive information sharing is a difficult issue for regulators. This is when a regulator with information about a practitioner, indicating they might be a risk to patients, shares it with one or more regulators. The Edinburgh Agreement established that competent authorities should proactively exchange information when a healthcare professional's right to practise has been restricted because of a serious performance, conduct, health or criminal issue. As a minimum, a rapid warning should be sent to the practitioner's home country, and to other Member States where the individual has previously been registered, is currently registered, or where there are objective reasons to believe they may move in order to seek registration.

A high proportion of doctors registered to practise medicine in the UK qualified in other countries. The GMC has therefore taken steps to target its information more accurately. When taking action against a doctor's registration, the GMC will specifically notify:

a. The country where the doctor qualified.
b. Any country outside the UK where the doctor is known to have an address.
c. Any other jurisdiction where the doctor is believed to be registered.

This approach to information sharing has recently enabled the GMC to alert regulators in Hungary and France to cases where patient safety was an issue. In both cases the GMC had taken action against a doctors' registration, but they were thought to be continuing to practise in their home states. The GMC has since received assistance in return about other cases that were of concern in the UK.

Healthcare Professionals Crossing Borders also encourages us to learn from good practice taking place outside Europe. Earlier this year, the GMC benefited from the proactive action of the Queensland Medical Board, in Australia, when it notified the GMC that a doctor whose practice was subject to conditions in Australia had declared an intention to return to the UK.

Targeting information in this way to where it is most likely to be useful will involve some additional administrative effort, but it may help reduce the effort needed by others to identify issues of concern. There might be a financial cost, but this is insignificant when compared to the potential benefit for patient safety across Europe.

For more information contact: Richard Marchant at mailto:rmarchant@gmc-uk.org

Helsinki 2006 – Report on Implementation Group meetings

Over 40 representatives from 16 European countries met in Helsinki on the 23 October to discuss the further implementation of the Edinburgh Agreement. The Finnish National Authority for Medicolegal Affairs hosted the meetings that comprised discussions on Certificates of Current Professional Status (CCPS), case by case and proactive information sharing, and an informative session on healthcare regulation in Finland.

Several EU member states have begun to implement the CCPS and interesting presentations were received from both the General Dental Council and National Authority for Medicolegal Affairs about how they had approached implementation. Most participants highlighted that they planned to be using the CCPS by October 2007.

Pirjo Pennanen, Medical Counsellor, of the National Authority for Medicolegal Affairs, who hosted the meeting said: *" We are pleased that so many regulators, from so many countries, have taken the initiative to meet together, in Helsinki during Finland's Presidency of the EU, to discuss patient safety in the European single market".*

Notes of the discussions held in Helsinki can be obtained from:mailto:cherbert@gmc-uk.org

Commission Working Group on Health Professionals

The Commission Working Group on Health Professionals, which feeds into the work of the High Level Group (HLG) on Health Services and Medical Care, met in Brussels in September.

An important topic of discussion was the Annual Report of the High Level Group on Health Services. Within the 2006 Annual Report, Crossing Borders was given reference saying: *"The (health professionals working) group followed closely two projects dealing with the exchange of information between competent authorities; development of a pilot project under the IMIS and progress of the Healthcare Professionals Crossing Borders project. With regard to the latter, to which several members of the health professionals group are also part, the group welcomed that a number of participating countries are already using the certificate of current professional status as developed in the 2005 Edinburgh agreement. It will be extended to further countries in the coming months."*

The working group is co-chaired by Hanna Pava of the Ministry of Health in Hungary, and Liz Kydd of the UK Department of Health. Membership is made up of national health ministry officials and a number of other representatives, including from Crossing Borders, CPME (medical profession) and EPN (nursing profession).

For more information contact the European Commission coordinator of the working group: mailto:Agnes.Ajour@cec.eu.int

Evaluating Crossing Borders

At the June meeting of EU associations and networks on Crossing Borders, led by Jos van den Heuvel, it was suggested that a short and simple evaluation exercise be undertaken to ascertain the extent to which regulators are able to implement the Edinburgh Agreement. A draft evaluation form was considered at the recent EU Associations meeting in Helsinki and will shortly be circulated to all competent authorities and networks participating in the Crossing Borders initiative.
It is hoped that as many participants as possible will complete the very short form in order that the level of activity around Crossing Borders can be accurately identified. It also provides an opportunity to highlight where there are success stories or any barriers and problems in implementing the Agreement.

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Recent Meetings and Presentations

Since the Edinburgh Conference in October 2005 every opportunity has been taken to raise awareness about the Agreement, particularly at EU level. Below is a list of recent relevant meetings or presentations, held during September and October 2006:

September	European Commission Health Professionals Sub-group, of the High-level Group on Health Services and Medical Care
October	European Healthcare Fraud and Corruption Network Annual conference, Madrid
October	Crossing Borders Implementation event National Authority for Medicolegal Affairs Helsinki, Finland

Some forthcoming events

11-14 November	7th International Conference on Medical Regulation (IAMRA), Wellington, New Zealand *including a workshop entitled 'Developing Good Practice in the Exchange of Disciplinary Information'*
24 November	CODE (European dental regulators) meeting Paris *Presentation by the General Dental Council on Crossing Borders*
1 December	CEOM (European medical regulators) meeting in Paris

Keeping informed
Do get in touch if you have any comments, suggestions or questions relating to the Edinburgh Agreement or its implementation. In addition, details of all healthcare regulators in Europe can be accessed at http://www.healthregulation.org/.

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ANNEX

Health Professionals Crossing Borders
Summary of Edinburgh Agreement

Agreement one

a) The European Certificate of Current Professional Status will include all the categories of information detailed in the template. Member States should use this template for their Certificate.

b) The Certificate will be issued on organisational headed paper that displays the name and registered address of the competent authority and that of the addressee. Where the Certificate is issued electronically, this too will display an organisational logo and registered address.

c) The Certificate will contain a date and an original signature when issued in hard copy format. The Certificate will contain an electronic signature when being sent electronically following prior agreement with the recipient organisation.

d) All Certificates transmitted by any means will be designed to reduce of avoid fraudulent production or reproduction.

e) Where recipient competent authorities have further questions relating to a received Certificate, where a Certificate has not been issued, or where there is a need to authenticate its validity, the issuing competent authority will seek to make an effective response to enable the registration process to proceed efficiently and within a timeframe agreed between the host and home authorities.

f) The Certificate will expire after three months of the issue date.

Agreement two

a) The agreed scope of the European Certificate of Current Professional Status does not preclude the sharing of more detailed information within, or in addition to, the Certificate of Current Professional Status at the discretion of the issuing authority.

b) In cases where there is a restriction to practise, including temporary measures (suspension), and on request from a competent authority in a host country, the competent authority of a home country should, as a minimum, respecting personal data protection legislation provided for in Directives 95/46/EC and 2002/58/EC and in the context of implementing Directive 2005/36/EC on the recognition of professional qualifications, communicate the relevant facts of the case.

c) Relevant facts should be sufficient for the host competent authorities to make their own decisions, on a case-by-case basis, in the context of their own national laws and regulatory practices. Relevant facts should include at least the category of the problem, e.g. conduct, criminal activity etc and the sanction, but more details should be given where there is the potential for a different outcome due to a different in national laws or regulatory practice.

d) In the case of total or partial restriction on practise for health reasons, the decisions of one competent authority should not be questioned by another and no further questions should be asked.

Agreement three

Competent authorities should proactively exchange information when:

- A healthcare professional's right to practise has been restricted because of a serious performance, conduct, health or criminal issue; and/or
- The competent authority has objective reasons to believe that identity or document fraud has been used in the past or may be used in the future by the individual concerned, either to avoid restrictions or to falsely register.

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In these serious circumstances, as a minimum, a rapid warning should be sent to:

- the individual's home country; and
- other Member States where the individual has previously been registered, is currently registered or where there are objective reasons to believe they may move in order to seek registration.

Agreement Four

Competent authorities working with their judicial systems should make full use of the Council Decision [Inter-institutional File 2004/238/CNS; COM (2004) 664] on the exchange of information from the criminal record.

Agreement Five

Some Member States' competent authorities have the power to impose urgent and effective interim restrictions on, or removal from, practise pending full and final determination of a case. In these pending cases where the balance is that patients or healthcare systems are at risk, and especially where a temporary or interim sanction has been imposed pending an appeal or final decision, competent authorities should reactively, or proactively, exchange information with other competent authorities on a case-by case basis.

Agreement Six

a) All competent authorities should run a website and this should be signposted and accessed via the 'health Regulation' website (developed and currently managed by the Health Professions Council UK – www.healthregulation.org).

b) Each competent authority's website should contain agreed minimum information, and the competent authority should consider publishing information in more than one language.

Agreement Seven

a) Competent authorities agree to work collaboratively and share best practice in innovation in information exchange. A start should be made by one or more competent authorities on piloting the sharing of electronic information (e.g. smart cards).

b) Support from the European Commission should be sought for this pilot.

Agreement Eight

In the context of exchanging good practice, competent authorities should collaborate at a European level. The establishment of European associations of professional competent authorities should be investigated.

Agreement Nine

The Glossary of terms in Appendix 1 should be updated and expended to reflect the published Directive.

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