

Health Professionals Crossing Borders

Update Briefing 2

February 2006

Introduction

Welcome to the February 2006 Update Briefing for the Health Professionals Crossing Borders initiative. This Briefing includes a piece by Tiia Raudma, of the Estonian Ministry of Education and Research, who has taken a lead in beginning to implement the Edinburgh Agreement in Estonia. It also provides a summary of the recent project steering group meeting held in Brussels, considers the funding options for the implementation phase, and highlights relevant forthcoming and events.

Estonia's experience of implementing the Edinburgh Agreement

Tiia Raudma of the Estonian Ministry of Social affairs writes: "It is relatively straightforward to implement new systems in Estonia because of its small size and administrative centralisation. This means that the good ideas that the Estonian delegation picked up at the Edinburgh Conference sessions and informal contacts are in the process of being implemented through a cooperative effort. We are working closely with the Health Care Board, as the competent authority for all the regulated health care professions, the Ministry of Social Affairs as the responsible ministry for health care, and the Ministry of Education and Research as the coordinator of all regulated professions. The European Certificate of Current Professional Status, as finalised at the Edinburgh Conference, has proved to be a valuable tool in the everyday work of the Health Care Board. The clearly highlighted sections help to present the information available on the applicant in a structured way, making it more simple for the receiving competent authority to interpret."

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EU level associations

A number of EU level associations of competent authorities and professional bodies met in Brussels on the 8th February 2006 to consider approaches to the implementation phase of the Crossing Borders project. The meeting was chaired by Jos Van Den Heuvel, the former Chief Dental Officer of the Netherlands, and focused on how all competent authorities may continue to collaborate to implement the Edinburgh Agreement. The discussion focused in particular on how to ensure all competent authorities might continue to participate in the initiative, how the project could be resourced in the future and how to promote the initiative to national officials responsible for implementing the Recognition of Professional Qualifications Directive. (see: notes of meeting for more information)

European Commission funding

On 22 February the European Commission will hold a one-day information event introducing the 2006 funding round for the 2003-8 Public Health Programme. This will be the last call for project proposals, which will be replaced by the 2007-2013 Programme in due course, and may be one mechanism for resourcing the Crossing Borders initiative into the immediate future. For more information on last year's

application process see:

http://www.europa.eu.int/comm/health/ph_programme/programme_en.htm

****Partner Search****

There is an opportunity for a number of competent authorities, that took part in developing the Edinburgh Agreement, to work together to develop an EU funding bid to the European Commission for funding to continue the Crossing Borders Initiative. The focus of the bid would include furthering the EU level collaboration between all healthcare competent authorities already achieved, practically testing aspects of the Agreement, support the implementation of the Agreement across the European Union, and hosting a European conference in 2007. Due to the nature of EU funding it would also require a small amount of match-funding by each directly participating organisation, to an absolute maximum of 6,000 euros/£4,000 each over approximately 18 months (the greater number of partner organisations the lower the match-funding contribution). If you represent a competent authority and would like to take part in a potential EU funded project please contact <mailto:cherbert@gmc-uk.org> (without obligation) by **Friday 3rd March 2006**.

Recent Meetings and Presentations

Since the Edinburgh Conference every opportunity has been taken to raise awareness about the Agreement, particularly at EU level. Below of recent relevant meetings or presentations, during January and February 2006:

- 2 February Open Forum presentation at the General Dental Council in London.
Presentation to Directors of the GDC in London introducing the HPCB Project since the Edinburgh Conference.
- 8 February Project steering group, Brussels
2nd meeting of the project steering group including discussions on project resources.
- 22 February Public Health Programme 2003-2008: Information Day, Luxembourg
European Commission organised information session on making applications to the forthcoming call for proposals under the current Public Health programme.
- 24 February Presentation to joint meeting of England Department of Education and Skills, and Department of Health
Presentation of project in the light of its applicability across other, non-healthcare, professions in the social care sphere.

Some forthcoming milestones

- March Recognition of Professional Qualification Directive, Implementation Group, Brussels*

- March European Commission Sub-group of the High-level Group on Healthcare Professionals*
- March European Commission decision on pilot sectors for the IMI System. (IT system to facilitate communication between competent authorities)*
- June Project steering group, Brussels*

Keeping informed

An Update Briefing will be circulated every two months to all those organisations that attended the Consensus Conference in Edinburgh. As well as updating on the progress of funding and the European level developments it will be an opportunity to share information about how different competent authorities are progressing on implementing the Edinburgh Agreement and best practice in general. Do also let me know if you have any comments or questions relating to the Agreement or the Implementation phase.

Claire Herbert
Health Professionals Crossing Borders

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 or 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 difference 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.

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

- 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).
- 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

- 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).
- 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.