

Healthcare Professionals Crossing Borders

Update Briefing 3

April 2006

Introduction

Welcome to the April 2006 Update Briefing for the Health Professionals Crossing Borders initiative. This Briefing includes a piece by Kristina Ireland of the General Dental Council, in the UK, who was actively involved in developing the Edinburgh Agreement. It also provides a summary of several recent meetings held in Brussels, confirms the working methods for initiative, and highlights relevant forthcoming events. In particular a series of meetings have been arranged to re-establish last year's working groups and you are invited to register your attendance.

A View from the General Dental Council

The new EC Directive on the recognition of professional qualifications places an obligation on Member States to “*exchange information regarding disciplinary action or criminal sanctions taken or any serious, specific circumstances which are likely to have consequences for the pursuit of activities under this Directive*”. The HPCB project gives European regulators an opportunity to work together towards giving this obligation practical effect. We, as regulatory bodies, should not only check a healthcare professional's good standing at point of registration but should also proactively exchange information when someone has been found guilty of serious professional misconduct or has been suspended from our registers.

This project is an important step towards better ways of working effectively together and will help identify good practice around fitness to practice information sharing. It will establish an on-going dialogue amongst healthcare regulators and place patient safety on a shared EU agenda. Furthermore, the project will contribute not only to the enhancement of mutual trust and co-operation amongst regulators but will also make the movement of health professionals safer and promote confidence in all the professions.

For more information about the General Dental Council contact: [Kristina Ireland](#)

Commission Working Group on Health Professionals

At the March meeting of the Commission working group on Health Professionals a 2006 work programme was agreed. As part of this, the Healthcare Professionals Crossing Borders project has been included as specific project. This means an update report on the project will be given at each of the Group's forthcoming meetings in 2006 – June, September and November. A goal of implementing the initiative across the EU has also been set out in the work plan for 2007, which reflects the aim of the Edinburgh Agreement.

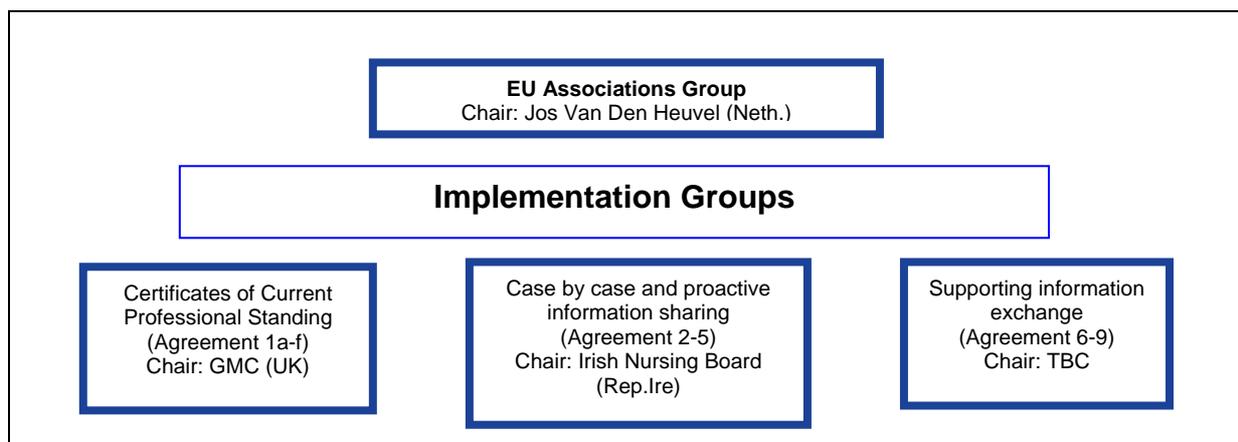
The Working Group is made up of officials from a number of member state health ministries and a small number of representatives from some specific initiatives, such as Crossing Borders. Its purpose is to share information between member states on mobility of professionals; recruitment practises; and continuing professional development. It also feeds into the Commission's High Level Group on Health Services and Medical Care.

The status of the Crossing Borders initiative within this group reflects the importance of the initiative and a continued level of interest across the EU. For more information about the work of the High Level Group and all associated working groups see [HLG on Health Services](#).

A Workable Structure

Over the last few weeks there have been several options considered for the most effective approach to implementing the Edinburgh Agreement. Important factors to emphasise during the implementation phase are undoubtedly: *inclusiveness* – engaging a broad spectrum of healthcare professions and member states in implementing the Agreement at an early stage, *timeliness* - achieving a EU-wide implementation by October 2007; *commitment* – maintaining the spirit of the Edinburgh Agreement through its effective and coherent implementation across Europe.

The options for the implementation structure proposed at the end of the UK Presidency achieved some but not all of these factors. Each possible approach was explored and views taken from a number of competent authorities - with the best way forward being the voluntary approach detailed below.



Each Implementation Group will develop practical national and partnership approaches to the timely implementation of aspects of the Agreement and will be led by different competent authorities. A group of EU level Associations of competent authorities and professional bodies, which met for the first time in February, will focus on the EU level promotion and awareness raising of the initiative.

The results and actions of each of the groups will be shared via this bi-monthly update report, reported to the DG SANCO Working Group of Healthcare Professionals, and at a possible event being proposed for spring 2007. This model of working relies strongly on the voluntary participation and collaboration of each competent authority on the same basis as during the UK Presidency phase.

IMI initiative from DG MARKET

In late 2005 DG Internal Market presented a new information system to a wide range of health and education ministry officials that will enable competent authorities to communicate directly with each other electronically. Known as IMI (Internal Market Information system), it will allow information to be shared in a secure format, such as registration information, between regulators in Europe. At a meeting of national officials responsible for implementing the Recognition of Professional Qualifications Directive, which took place in late March, there was support for focusing the pilot on medical regulators and the regulation of pharmacists. The Commission is currently waiting to confirm this will be the case. There is natural synergy with Crossing Borders as this IT system could become one method of effective communication between competent authorities.

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 March and April 2006:

- March Discussion at Working Group on Health Professionals
- March Meetings with the offices of Arlene McCarthy MEP and Malcolm Harbour MEP in the European Parliament.
- March Presentation to the CEPLIS Health Working Group.

Some forthcoming milestones

- 2pm, 26 May Proactive and case-by-case information: Implementation Group Chaired by Deirdre Hogan at FEPI, 70 Coudenberg, Brussels (to register your attendance at this group <mailto:cherbert@gmc-uk.org> by Friday 12 May 2006)
- 2pm, 2 June Certificates of Current Professional Status: Implementation Group at CPME, 41 Rue de la Science, Brussels (to register your attendance at this group <mailto:cherbert@gmc-uk.org> by Friday 12 May 2006)

Attendance at each of the above meetings may be restricted by available room space so is on a first come first served basis.

- 7 June European Commission Health Professionals Sub-group, of the High-level Group on Health Services and Medical Care, DG SANCO, Brussels
- 2pm, 28 June EU Associations group Chaired by Jos Van Den Heuvel and held at the European Association of Research and Technology Organisations, 3, rue du Luxembourg 1000 Brussels, Belgium (venue provided by CODE)

Keeping informed

Do get in touch if you have any comments or questions relating to the Agreement or the Implementation phase. An Update Briefing will be circulated every two months to all those organisations that attended the Consensus Conference in Edinburgh and other interested organisations and individuals. In addition, details of healthcare regulators in Europe can also be accessed at <http://www.healthregulation.org/>.

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.