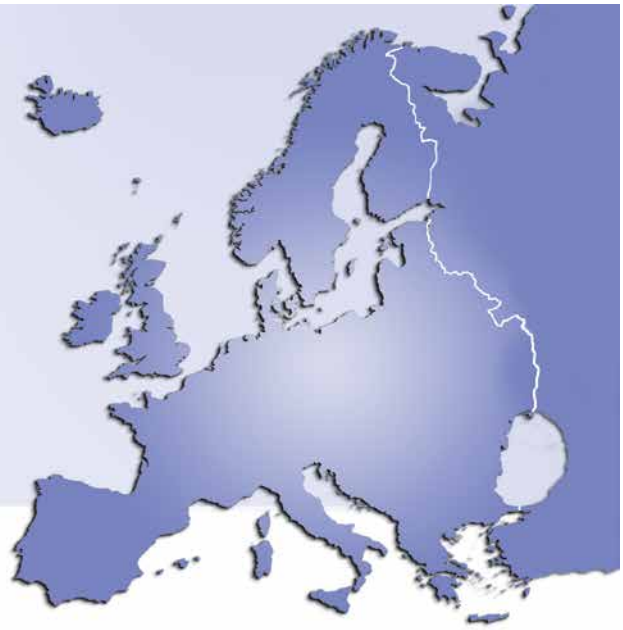
Autumn edition | Issue 39

HPCB

Healthcare Professionals Crossing Borders

Crossing Borders Update



Welcome to the autumn edition of the Healthcare Professionals Crossing Borders (HPCB) update. In this edition the European Commission publishes an updated Annex V to the recognition of professional qualifications Directive, we hear from several different healthcare authorities on their experiences with the internal market information (IMI) system and alert mechanism, and we learn about the Brexit Health Alliance coalition in the UK and their five key post-Brexit "asks".

We also look at the study on European cross-border cooperation on health and hear how the Pharmaceutical Society of Ireland (PSI) and Medical Council of Ireland have joined forces to issue joint guidance on safe prescribing and dispensing of controlled drugs. In addition, European Patients Forum (EPF) are in the final crucial stages of their *Access to Healthcare* campaign and we learn more about *Nursing Now!* a global status campaign.

Lastly readers, we'd like to ask for your opinions and feedback. Please take the time to fill in this short survey to help assist us with future editions, events and activites of HPCB. Any further comments are also appreciated.

CONTENTS

RPQ news – the European Commission publishes updated Annex V

The European Commission has adopted a Delegated Act updating Annex V to the recognition of professional qualifications (RPQ) Directive. The Annex lists evidence of formal qualifications and the titles of training courses for the seven sectoral professions benefitting from automatic recognition, including doctors of medicine, dental practitioners, midwives, nurses responsible for general care, and pharmacists.

Article 21(7) of the Directive requires member states to notify the EC of legislative, regulatory and administrative provisions they adopt with regard to the issuing of evidence of formal qualifications benefiting from automatic recognition. These submissions are then evaluated against agreed minimum training standards. Holders of qualifications found to be in compliance then benefit from automatic recognition of their qualification in all member states. Annex V lists the evidence of formal qualifications in question.

Under article 21.a(3) of the revised RPQ Directive, member states must notify the EC of updates to qualifications via the internal market information (IMI) system. The new Delegated Act consolidates all new and amended professional titles notified by member states since December 2015 and which the EC has approved as meeting agreed harmonised standards.

The updated Annex V, which replaces all previous versions, can be read here.

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EU institutional developments: IMI alert mechanism, Proportionality Directive, Brexit, EU health information study, Professional services

IMI alert mechanism positive impact stories

Following our summer article on the first year anniversary of the operation of the European professional card (EPC) and the alert mechanism we asked for your feedback on a time when the alert mechanism has made a positive impact in your profession or your competent authority. Many thanks to those who responded, a selection of your examples and opinions are below.

The examples highlight the positive impact that the alert mechanism is having on patient safety across the European Union. However there are still opportunities to improve the system even further. In March 2017, HPCB published a series of recommendations on how to improve the operation of the alert mechanism. These can be read here.

THE CIBG register experience with the IMI alert mechanism

CIBG register, the Netherlands

Since the introduction of the IMI alert mechanism the CIBG (Dutch competent authority) has been checking all incoming alerts from foreign authorities on a daily basis. So far, we have discovered 43 matches between the Dutch BIG-register and the IMI-system. The alerts that led to these matches have come from a range of countries. Thirty-five of the alerts that lead to a match were initialised by the UK. We have also received alerts from Lithuania (3), Finland (1), Germany (1), Sweden (2) and Italy (1) which also led to matches.

When we discover a match we always contact the competent authority that initialised the original alert to receive any further information regarding the alert or individual. In most cases we have difficulty receiving the detailed information from the host authority due to the national privacy law and the process is very time consuming.

Despite the difficulties mentioned above we were able to administer and receive the foreign measure of the concerned healthcare professionals. In 14 cases we have adopted the sanction in the BIG-register after receiving and investigating the alert from an abroad authority.

Denmark's experience with the alert mechanism in IMI

Styrelsen for Patientsikkerhed - Danish Patient Safety Authority

Denmark believes that the alert module in the IMI benefits the safety of Danish patients. As evidence of this belief, Denmark has found an example where the Danish Patient Safety Authority was able to act sooner towards a threat against Danish patients.

In August 2016 the Danish Patient Safety Authority received an alert from the United Kingdom regarding a Danish dentist who practiced in England, was erased from the register and imposed an immediate suspension order by the English authorities. The dentist had a severe lack of qualifications regarding his practice as a dentist.

According to Danish law the Danish Patient Safety Authority has the means to take immediate action against a healthcare professional that has had their authorisation revoked or restricted by the authorities in other states. This is possible following two new provisions added in July 2016 to the Danish Authorisation Act 1 that specifies if the authorities in another state revokes or restricts authorisation, the Danish Patient Safety Authority should automatically make a similar sanction without scrutinising the facts of the case in depth. Only if it is clear that the substantial grounds behind the sanction in the other state would not lead to a sanction in Denmark, the Danish Patient Safety Authority cannot give such an automatic sanction.

The Danish Patient Safety Authority used one of these provisions and revoked the Danish authorisation of the dentist.

If it had not been for the alert mechanism, the dentist could have returned to Denmark and started to practice with the risk of him endangering Danish patients.

Denmark has now received more than 30 alerts regarding health professionals that also had a Danish authorisation. This fact contributes to the belief of the Danish Patient Safety Authority that the alert module is a necessary system for the public task to make it safe to be a Danish patient.

European professional card and the alert mechanism in Portugal

Luís Barreira, Vice-President of the Ordem dos Enfermeiros (Portuguese Order of Nurses)

Ana Fonseca, President of the Board of Nursing of the Ordem dos Enfermeiros

Cristina Fernandes, Legal Department of the Ordem dos Enfermeiros

Paula Domingos, International Affairs Department of Enfermeiros

In Portugal, the European professional card (EPC) is an electronic mechanism meant to be used both by professionals and competent authorities. We are going to analyse not only its implementation in Portugal but, as well, that of the alert mechanism, as a tool of the internal market information (IMI) system.

Regarding the EPC, the main advantage it offers for professionals is the possibility of requesting the recognition of their professional qualifications anytime and anywhere in the European Union (EU). Besides that, the professional can follow its request, while monitoring its progress.

For competent authorities, the EPC provides standardised and structured procedures for all member-states of the EU. Its main disadvantage, however, is not only the slowness inherent to the verification and validation of each document, but the administrative requirements and the requested documents. The deadline for decision/emission of the EPC is also too short.

The major advantage of the IMI alert mechanism is the fact that it allows competent authorities in the EU to exchange information fast and safely. This is particularly important in professions, like nursing, that involve activities linked to health and to safety of care. In our view the alert mechanism is a tool that prevents and protects patients and communities.

So far, Portugal has issued three alerts concerning the prohibition of a professional to work as nurse. We receive on a regular basis a large number of alerts issued, the majority of these from the UK. We find it extremely difficult to manage the large amount of alerts received.

Study on European cross-border cooperation on health

The EU Publications Office has released a study on cross-border cooperation on health. The study aims to facilitate the mobility of patients and health professionals living and working in European Territorial Cooperation (ETC) or Interreg border regions, to help improve access to local care as well as developing joint facilities and services.

To mark the 25th anniversary of Interreg, an EU cross-border funding programme, health was identified as an area particularly representative of the building of Europe. The report bears witness to the positive impact of the European unification process through the development of legislation promoting the mobility of workers and the free movement of people, the creation of the internal market and the development of regional cooperation projects for access to care and systems between healthcare systems across Europe. It also offers useful insight into obstacles and success factors in cooperation in different geographical contexts.

Particular focus in the study is put on the advanced cooperation at the Franco-Belgian border, which may serve as a benchmark for others. Thanks to the framework agreement on cross-border health cooperation between Belgium and France in 2005, seven areas of organised access to cross-border healthcare were created.

Sustainable health information systems

The European Commission has funded a study to help the implementation of a sustainable EU health information system. The purpose of the study is to review the costs and the benefits for member state counterparts and beneficiaries of the EU health information system and to compare the current set-up with a new system built on a sustainable ground. The review will suggest further steps for improvements.

DG Health and Food Safety, together with Eurostat, are working together to improve the mechanisms for health reporting and have outlined recommendations and strategies for improving quality, widening access to and improving comparability of health information at EU level. This is based on health information that has relevance at EU level.

In order to improve health reporting, the EU will focus its activities on the European Health Survey System (EHSS), the European Health Examination Survey (EHES) and data collected in EU hospitals.

Updating minimum nursing training standards

On 18 September 2017, the European Commission closed a tender to commission a study that would map and assess developments in the profession of nurses responsible for general care – one of the professions under the recognition of professional qualifications Directive (2005/36/EC).

The study will provide the necessary background information and assessment to assist the EC in taking an informed decision on whether amendments to the minimum training requirements of the RPQ Directive would be appropriate and if so, to what extent. The study will consist of four different tasks:

1. Summarise the state of national requirements in EU countries and EFTA countries for nurses responsible for general care
2. Access whether it would be appropriate to update the minimum training requirements that fit under Annex V and Article 31 (6) of the Directive
3. Establish and maintain contact with national authorities and key stakeholders throughout the study
4. Provide a proposal for amendments to the Directive.

More information on the tender can be accessed via the eTendering platform.

Proportionality Directive

Throughout the summer, European parliamentary committees met to discuss their responses to the European Commission's draft Directive for a proportionality test before adoption of new regulation for professions. The internal market committee (IMCO) is the lead committee with the employment and the public health committees both submitting opinions.

Under the proposed Directive, member states would have an obligation to conduct an ex-ante proportionality assessment, substantiated by qualitative and, wherever possible, quantitative evidence before introducing new or modifying existing provisions restricting access to or pursuit of regulated professions.

The main point of division in the European Parliament appears to be whether or not to include healthcare professions within the scope of the Directive. The S&D Group is against their inclusion whereas EPP and ALDE MEPs have argued for their inclusion. The European Commission included healthcare professions in their original proposal.

The internal market committee is due to vote on its report on 4 December with a full plenary vote to follow.

As part of the Autumn edition, FEDCAR have produced their views on the proposed directive.

Consultation on Transformation Health and Care in the Digital Single Market

The European Commission recently released a public consultation on transformational health and care in the digital single market to help define the need and scope of policy measures that will promote digital innovation, with the aim to improve people's health, and address systemic challenges to health and care systems.

The consultation looked for views on:

- Cross-border access to and management of personal health data
- A joint European exploitation of resources (digital infrastructure, data capacity), to accelerate research and to advance prevention, treatment and personalised medicine
- Measures for widespread uptake of digital innovation, supporting citizen feedback and interaction between patients and health care providers.

The consultation was open until 12 October 2017 and more information can be found here.

Estonian Presidency: ehealth conference

The Estonian Presidency of the Council of the European Union, HIMSS Europe and the European Connected Health Alliance (ECHAlliance) held a high level conference 'Health in the Digital Society. Digital Society for Health' (#ehealthtallinn) on 16–18 October in Tallinn, Estonia.

The conference focused on three primary issues:

1. Citizen, Professional, Society
2. Digital Infrastructure, Data & Technology
3. The Enabling environment

Ain Aaviksoo, the Estonian Deputy Secretary General of eServices Development and Innovation said "Digital solutions provide people better opportunities for taking care of their health and help health professionals to improve the quality of treatment. Each person should have the right to easily access their own personal health data and decide how this data is used, including an option to allow or limit secure sharing for the use of different eServices. To have full control over their health, citizens must have control over their health data too."

The conference covered a number of sessions, including: better access to people's personal health data and control over its use; the cross-border free movement of health data; the use of research and development activities; and conditions for a digital single market in the field of healthcare. The programme for the two day conference can be found here.

Brexit update

The Brexit Health Alliance

Kate Ling, Senior Policy Officer, NHS Confederation European Office

Brexit Health Alliance
Supporting healthcare as the UK leaves the EU

The Brexit Health Alliance is a diverse coalition of UK health sector organisations campaigning to make sure that the interests of UK and EU health service users, and of the health sector more broadly, are addressed in the Brexit negotiations between the United Kingdom and European Union. The Alliance is campaigning on five key post-Brexit "asks":

1 Research

UK universities, hospitals, pharmaceutical companies and charities all benefit from EU programmes funding research into developing new treatments and medicines. In return the UK contributes significant expertise to numerous pan-EU collaborative partnerships. The Alliance's "ask" is for **maximum levels of research and innovation collaboration with the EU, so patients and the public can benefit from EU networks and clinical studies**.

2 Regulation

Currently, pan-EU regulatory systems govern the recognition of professional qualifications, the licensing and marketing of medicines, standards of medical devices, the conduct of multinational clinical trials, and trade rules on the supply of goods. Our "ask" is that post-Brexit there will continue to be **regulatory alignment with the EU to ensure patient safety and access to treatments**.

3 Reciprocal healthcare

The right for EU citizens to receive cross-border healthcare in another EU country covers a range of situations: emergency treatment for people travelling temporarily; routine healthcare for the 3 million EU citizens who have made their homes in in the UK and the 1.2 million British people living elsewhere in the EU; and patients travelling for specialist treatment not available in their own country. The Alliance asks for **straightforward and appropriate access to reciprocal healthcare for UK and EU patients, preferably by preserving current arrangements**.

4 Public health and disease prevention

Cooperation on cross-border health threats, disease prevention, health promotion, and food and environmental standards takes place through EU coordination mechanisms and networks. The Alliance wants the post-Brexit deal to continue **protecting EU and UK citizens from risks to their health through strong EU-UK coordination on pandemics, other threats and health promotion**.

5 Funding

The UK's health service is already financially challenged and the economic impact of Brexit could exacerbate these pressures. The Alliance therefore wants to see a **strong commitment to funding the health and public health sectors, ensuring that any shortfall is offset**.

Over the next few months, as Brexit negotiations progress, the Alliance's members will campaign through both our UK and pan-EU networks. See our website: www.nhsconfed.org/brexithealthalliance

RPQ in the Brexit negotiations

During the latest rounds of EU exit negotiations between the UK and EU, the recognition of professional qualifications featured highly. It appears that agreement was reached on the continued recognition of qualifications obtained pre-Brexit, but that the EU does not agree with the UK positon that legacy RPQ rights should be granted to those in the process of studying towards a qualification at Brexit date. There is also disagreement on the territorial scope of these rights i.e. whether they should they be transferrable across all EU 28 states. A table outlining where agreement was reached can be read here.

Brexit and the future of Ireland: Uniting Ireland and its People in Peace and Prosperity report

The Joint Committee for the Implementation of the Good Friday Agreement has published a report Brexit and the future of Ireland: Uniting Ireland and its People in Peace and Prosperity examining the impact of Brexit in the Republic of Ireland and North Ireland.

Following the Brexit referendum in 2016, the report was commissioned to examine the position that Ireland should adopt as part of the EU and UK and to explore whether the people of Northern Ireland be admitted automatically to the EU inheriting all the benefits that EU membership permits for its citizens and without the necessity of an application process.

The report states that while healthcare systems in EU member states are a matter of national responsibility and health is not an area of major EU competence, over the last 20 years it has become clear that EU law has had a considerable impact on healthcare in the Republic of Ireland and Northern Ireland.

The report outlines potential implications of Brexit on healthcare more broadly and on cross border healthcare, including:

- Mutual recognition of professional qualifications
- Reciprocal access to healthcare
- Unplanned care – European Health Insurance Card (EHIC)
- Planned and unplanned care
- Organ donation.

UK withdrawal from the EU, therefore, has the potential to impact indirectly on mobility of persons across the border through changes to the provision of cross-border health services and the way in which these services are accessible to users. The EU, for example, has supported the development of cross-border projects and provided a legislative basis for cross-border access to services in specific circumstances.

The EU exodus: When doctors and nurses follow the money

POLITICO has released analysis on the ebb and flow of doctors and nurses moving across the European Union. Using data from the European Commission the analysis found the exodus of healthcare professionals was especially pronounced from Eastern and Southern Europe during the period 1997/1998-2016. The article proposes the idea that doctors and nurses follow the money while moving from poorer countries to richer ones.

The data shows that the migration is of mostly young professionals at a time when the average age of a doctor in the EU is rising, with more than one in three doctors older than 55 in 2014. By 2020 it is expected that more than 3.2% of the physician workforce (approx. 60,000) will retire across Europe. The hardest hit countries on doctor and nurse migration are from the EU's newest members, Romania, Poland and Slovakia plus crisis-hit Portugal and Greece.

EC communication on Professional services

In January this year, the European Commission published a communication on the implementation of Directive 2005/36/EC as regards regulation and the need for reform in professional services. The communication follows the mutual evaluation of regulated professions, carried out in the framework of Article 59 of the professional qualifications Directive, which showed large disparities between member states in how they choose to regulate a profession.

The EC communication contains profession-specific guidance for reforms in seven selected professions, including architects, civil engineers, accountants, lawyers, patent agents, real estate agents and tourist guides. These seven groups of professions were selected because they belong to four key economic sectors, the mobility in those professions is relatively high, and the professions are regulated in a majority of member states, albeit with divergent regulation.

The EC has designed an indicator on the restrictiveness of occupational regulation in order to support qualitative analysis of the barriers to access to these professions. It looks at issues such as qualification requirements including mandatory state exams and COD, protected titles, and compulsory registration with a professional body.

A workshop was held in the European Parliament over the summer and Nicola Danti MEP has drafted an own initiative report on the communication which is due to be adopted in the autumn.

Professional services: How does regulation matter?

In Brussels on 9 November 2017 the European Commission's DG GROW is hosting a conference called *Professional services: how does regulation matter?* The conference will focus on the lessons learned from the mutual evaluation of regulated professions (2014-2016), and examine the objectives and results from the Services Package adopted in January 2017.

Stakeholders (including national authorities, professional and consumer organisations) will have the opportunity to discuss initiatives under the Services Package that are related to professional services, i.e. a legislative proposal for a proportionality test and communication on reform recommendations in regulated professions.

The conference registration is open until 30 October 2017 (to access registration the password is *Brussels*). A draft programme for the conference can be found here or seen below.

PROFESSIONAL SERVICES: HOW DOES REGULATION MATTER?

Brussels, 9 November 2017, Thon Hotel
Moderator:
Interpretation: FR-DE-EN
Webstreaming link:
#reformprofessions

09:00 – 10:00 Registration and coffee

10:00 – 10:15 Opening remarks
- *Mr Hubert Gambs*, Director for Modernisation of the Single Market, Directorate-General for Internal Market, Industry, Entrepreneurship and SMEs (DG GROWTH), European Commission
- *Ms Elżbieta Bieńkowska*, Commissioner for Internal Market, Industry, Entrepreneurship and SMEs, European Commission

10:15 – 10:45 Keynote speeches
- *Mr Nicola Danti*, Member of the European Parliament –tbc-
- *Mr Cyril Muller*, Vice-President, Europe and Central Asia, World Bank –tbc-

10:45 – 11:15 Coffee break

11:15 – 13:00 Panel 1: Empirical evidence: recent studies and cases
- *Ms Maria Koumenta*, Queen Mary University of London (with *Mr Mario Pagliero*, University of Turin, and *Mr Davud Rostam-Afschar*, Hohenheim University, Stuttgart)
- *Mr Gilbert Cette*, Director of the Microeconomic and Structural Analysis, Banque de France
- *Mr Alain de Serres*, Counsellor to the Chief Economist - Economics Department, OECD
- *Mr Luca Bertoletti*, European Affairs Manager, Consumer Choice Centre
- *Ms Emmanuelle Maincent*, Head of Unit "Assessment and benchmarking of national reforms", Directorate-General for Economic and Financial Affairs (DG ECFIN), European Commission

13:00 – 14:30 Lunch

14:30 – 14:45 Address by *Ms Lowri Evans*, Director General, DG GROWTH, European Commission

14:45 – 15:00 Keynote speech
- *Mr David Halpern*, Chief Executive, The Behavioural Insights Team

15:00 – 16:45 Panel 2: Modern regulation in professional services
- *Ms Tiia Raudma*, Estonian Presidency of the Council of the European Union
- *Mr Arno Metzler*, Vice-President of Group III, European Economic and Social Committee
- *Ms Thiebaut Weber*, Confederal Secretary, European Trade Union Confederation
- *Mr Jeroen Hardenbol*, Senior Adviser, Internal Market Department, BusinessEurope
- *Ms Anne-Lise Sibony*, Professor in European law, Université catholique de Louvain –tbc-
- *Mr Martin Frohn*, Head of Unit "Professional Qualifications and Skills", DG GROWTH, European Commission

16:45 – 17:00 Closing of the conference by *Ms Irmfried Schwimann*, Deputy-Director General, DG GROWTH, European Commission

State of Union Address

On 13 September 2017, the European Commission President Jean-Claude Juncker delivered his 2017 State of the Union Address, presenting the EU priorities for the year ahead and outlining his vision for how the EU could evolve by 2025. The full speech can be found here.

In the keynote speech, President Juncker announced the creation of a new Subsidiarity and Proportionality Task Force to be established by October 2017. The task force will be led by First Vice-President Timmermans and will aim to evaluate where EU regulation and legislation is best placed, and where national authorities are better suited to handle issues.

Migration and health: REHEALTH 2 projects to test extended use of Personal Health Records

The European Commission (EC) and the International Organisation for Migration's (IOM) Regional Office have signed a Direct Agreement for the implementation of the REHEALTH 2 project which aims to test further use of the Personal Health Record (PHR/e-PHR).

The E-PHR was developed by the Migration Health Division of the International Organisation for Migration and the EC to integrate migrants and refugees in EU health systems. It is a single document which includes health data and information that help health professionals get a comprehensive view of the health status and needs of migrants and refugees. The document is confidential and covered by European and national regulations on data protection.

REHEALTH 2 follows on the PHR/e-PHR project which has been piloted in Greece, Italy, Croatia and Slovenia. REHEALTH 2 will pilot in at least another two countries (to be determined) and will test the feasibility of extending the pilot further, to integrate more newly-arrived migrants and refugees. Specific actions include:

- Developing a revised version of the PHR/e-PHR
- Consolidating the use of the tool and its electronic version
- Producing migrants' health status reports
- Promoting optimal health care provision.

REHEALTH 2 will contribute to the EU Migration Agenda, the New Skills Agenda for Europe, and the Action Plan on the Integration of Third Country Nationals. It will also contribute to the EU Digital Agenda, by consolidating the use of the PHR and the electronic version (e-PHR) as a single tool for refugees' and migrants' health assessments in EU countries.

Updated study on 'Corruption in healthcare'

The European Commission has published an updated study on corruption in the healthcare sector building on the findings of its 2013 report.

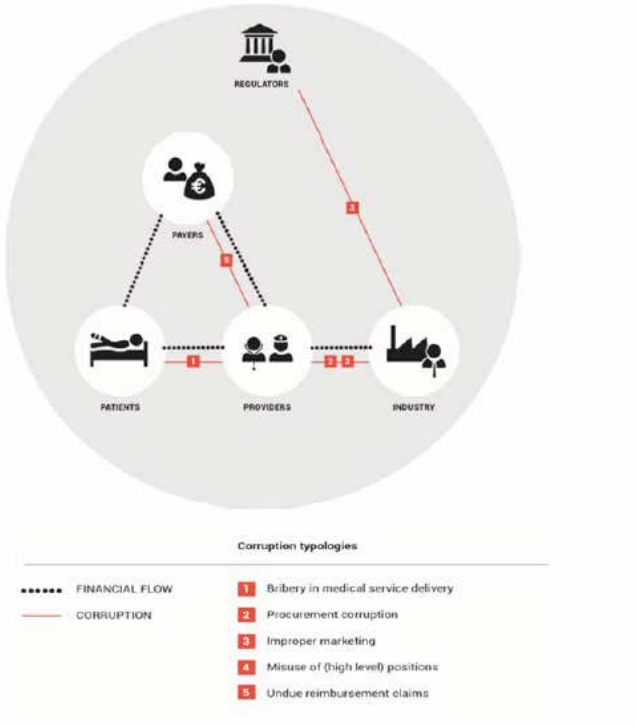
The research carried out by Ecroys and funded by the Commission's DG for Migration and Home Affairs focuses on privileged access to medical services, improper marketing, and potential risks involving "double practice" by doctors in public and private clinics.

The study identified six typologies of corruption:

- bribery in medical service delivery
- procurement corruption
- improper marketing relations
- misuse of level positions
- undue reimbursement claims
- fraud and embezzlement of medicines and medical devices.

The study covers all EU-28 member states, with specific attention focused on six countries: Greece, Croatia, Hungary, Lithuania, Poland and Romania. The research is based on an online survey, fact-finding visits and over 100 thematic interviews. More detailed analysis and examples were used in regards to the six selected countries, as they are among the countries with both the highest levels of perceived general corruption and specific healthcare corruption.

Figure 0.1 Corruption in the healthcare sector typologies



Source: Ecorys, 2013.

European Parliament questions

Inclusion of healthcare professions in Proportionality Directive

Philippe Juvin MEP has questioned the EC on whether it is considering ring-fencing specific regulations in certain fields, most notably health, so that member states can continue to regulate health professions where there are specific essential needs. He cited the example of France where pharmacists are a regulated profession, meaning that every area of the country has at least one. Doctors, however, for whom there are no specific regulations, can set up practice wherever they want, even though many areas in France are suffering from a lack of healthcare. Hence, thanks to the restrictions imposed on pharmacists, as a profession they are spread fairly across the whole of France's territory for the good of the public's health.

In response the EC stated that it is not necessary to ring-fence health professions or any other profession. The specificities of each and every profession can always be taken into account by member states, including the professions referred to.

Read more here.

Necessity of Proportionality Directive

Richard Sulík MEP has questioned on the EC on the need for the draft Proportionality Directive when it could have simply amended the recognition of professional qualifications Directive.

In response the EC stated that the uneven and often insufficient outcome of the mutual evaluation exercise under article 59 of the RPQ Directive made clear that a more structured and transparent approach was needed. Consequently, it was considered more appropriate to introduce these through a separate legal act.

Read more here.

Practising medicine in the EU

Eleftherios Synadinos MEP has asked whether there are standard procedures for obtaining and certifying medical specialisation, on which mutual recognition between member states is based and whether there is a reliable mechanism for notifying disciplinary inspections and penalties among regulatory and supervisory authorities.

This follows an incident where a patient died and the doctor then left to practise in another EU member state.
In response the EC confirmed that the RPQ Directive sets harmonised minimum training conditions and minimum training durations for 54 categories of medical specialisations. These medical specialisations are covered by an automatic recognition regime to the extent that the speciality is listed in the Annex to the Directive both for the home and for the host member states. As to the existence of a warning system, the modernised RPQ Directive introduced a proactive alert mechanism based on the internal market information system (IMI) which obliges member states to alert all competent authorities on professionals who have been prohibited or restricted from practicing their profession in their country.

Read more here.

Recognition of physiotherapist training

Louis Michel MEP has questioned the EC on the lack of harmonisation of physiotherapy degrees or recognition of physiotherapist training at European level and asked what measures the EC will implement to harmonise physiotherapist training in Europe with a view to recognising it at European level. In response the EC stated that the regulation of the level of education or training needed to exercise a professional activity is within the member states' competence and they alone can decide, within the limits of EU law, to introduce a profession into its legal system and how to regulate it.

Read more here.

Recognition of physiotherapy qualification

Damiano Zoffoli MEP has questioned the EC about physiotherapy qualification obtained by six Italian students at a specialised course, delivered in English and held at the Lugano campus of the University L.U. de S in Italy but where the qualification was awarded by the Semmelweis University of Budapest. The students have since been unable to gain recognition of their qualification by the Italian authorities.

In response the EC stated that where a professional qualification grants access to a regulated profession in a member state but the training that is needed to acquire the qualification has been received in the territory of another member state, specific rules on franchised education apply. Article 50 of the directive foresees the possibility for the host member state to verify the validity of the qualification with the home member state in case of justified doubt. The Italian authorities can therefore request further information from the Hungarian competent authorities on the status of the degree in physiotherapy.

The EC went on to say that competent authorities are obliged to use the internal market information system for all correspondence with regard to individual recognition requests. They must examine applications as soon as possible and issue a dully substantiated decision within three months after the date on which the (complete) file was submitted by the applicant.

Read more here.

Electronic medical records

Roberta Metsola MEP has asked the EC whether it has carried out a comparative analysis into member states' laws on electronic health records and how these affect the provision of cross-border eHealth services.

In response the EC has stated that, since the finalisation of a study on national laws on electronic health records in the EU, important progress has been made in the exchange of health data between member states.

An eHealth Digital Service Infrastructure (DSI) is being set up with the financial support of the Connecting Europe Facility. This infrastructure will allow the exchange of patient summaries and ePrescriptions initially between a group of 16 member states.

In the mid-term review on the implementation of the Digital Single Market Strategy, the Commission also announced that it will examine the need and scope for further measures in the area of digital health and care, in particular as regards citizens' secure access to electronic health records and the possibility to share it across borders, and use of ePrescriptions. The Commission envisages adopting a Communication addressing these issues by the end of 2017.

Belgium midwife signs petition on the alleged non-recognition of qualifications

The EC has updated the European Parliament on a petition submitted by a Belgium midwife in 2015 which complained that her midwife diploma obtained in Belgium was refused in France by the professional organisation representing midwives. The midwife is challenged the decision, making reference to the fact that Belgian authorities had issued a paper certifying the fact that the qualifications obtained were in compliance with article 40 of the RPQ Directive. In 2016 the EC decided to open an EU pilot enquiry and sent a letter to French authorities.

In August 2017 the EC informed the Committee on Petitions that the EU pilot enquiry is still ongoing, with further clarifications from the competent authorities needed before it can conclude its assessment on the issue of automatic recognition of the midwifery qualifications in question. For the full petition, follow this link.

FEDCAR on the fragile legal basis of the Proportionality Test Directive

Federation of European Dental Competent Authorities and Regulators

In its position paper adopted on 12 May 2017 in Sarajevo under the Chair of Dr Edin Muhic, FEDCAR has put an emphasis on the fragile legal basis of the proposal of an EU directive for a proportionality test before adoption of new regulation of the professions EU directive.

The Treaty allows the EU legislator to take initiatives to make it easier for professionals to take up and pursue activities as self-employed (Article 53(1) TFEU). However in the case of the medical, allied and pharmaceutical professions the Treaty cautiously provides that the progressive abolition of restrictions shall be dependent upon coordination of the conditions for their exercise in the various member states (Article 53(2) TFEU).

Conditions on these professions have never been coordinated by any EU legal instrument.

Advocate General Sharpston clarified this in preparation of a decision relating to the scope of the application of Directive 2005/36 (para.28 of her opinion in case C-298/14) "Directive 2005/36 does not harmonise the conditions for exercising regulated professions in the member states. Rather, that directive sets up a recognition mechanism for professional qualifications."

The Treaty's condition allowing the legislator to rely on Article 53 is therefore missing in the case of medical, allied and pharmaceutical professions. Aside of any political negotiations, the missing puts the proposal of the directive in a mere legal incapacity to cover health professions.

But obviously this situation does not affect the legislation still in force: unaffected is the proportionality test constantly applied in matter of freedom of circulation by the European judge to the regulations of health professions; unaffected is the proportionality test already organised in Directive 2005/36 and applied by member states to the regulations of those professions. Under this double monitoring, regulated healthcare professions have proved to be the most mobile professions in the single market.

EPF Campaign on Access to Healthcare: Final Crucial Steps

In January 2017, the European Patients' Forum (EPF) launched a patient-led campaign on universal access to healthcare calling on member states and the EU to commit to a long-term vision where equity of access and universal health coverage is a reality for all patients in the EU – a target in line with the third UN Sustainable Development Goal on ensuring healthy lives.

The campaign has now entered its second half, and a broad range of supporters representing different stakeholders have already joined the cause and supported our actions.

Their support and involvement have been fundamental to spread the message across sectors and countries, and to boost the reach of EPF key campaign initiatives. A good example of this is the ongoing online petition – already signed by more than 500 signatories – that will be presented to decision makers to prove the substantial societal weight behind the campaign.

The EPF policy team is currently working with EPF membership and the wider health community on a political roadmap aiming to conclude the campaign by proposing key political steps and actions that EU decision makers and member states need to take in order to achieve universal health coverage.

The document will address, among other points, concerns affecting the health workforce – such as the shortage of healthcare professionals and the underfunded healthcare services –, and challenges related to implementing access to a holistic range of health and social services. In addition, the need to promote patient-centred systems and non-discrimination principles in the training of healthcare professional will also be stressed.

The roadmap will be presented during EPF Access Campaign closing meeting, which will take place on 6 December at the European Parliament in Brussels. The meeting will be attended by the campaign's five champion MEPs as well as representatives of patient organisations and other health stakeholders.

To know more about the campaign- how to get involved, and/or about the closing meeting, please visit EPF website.

#Access2030

Conflicts of interest joint statement

The Chief Executives of the nine statutory regulators of healthcare professionals in the United Kingdom have issued a joint statement on 'conflicts of interest'. The statement sets out expectations of all healthcare professionals in relation to avoiding, declaring and managing conflicts of interest across healthcare settings. This guidance is intended to support existing codes for professionals.

The statement outlines how healthcare professionals should:

- Put the interests of people in their care before their own interests, of those of any colleague, business, organisation, close family member or friend
- Maintain appropriate personal and professional boundaries with the people they provide care to and with others
- Consider carefully where conflicts of interest may arise – or be perceived to arise – and seek advice if they are unsure how to handle this
- Be open about any conflict of interest they face, declaring it formally when appropriate and as early as possible, in line with the policies of their employer or the organisation contracting their services
- Ensure their professional judgement is not compromised by personal, financial or commercial interests, incentives, targets or similar measures
- Refuse all but the most trivial gifts, favours or hospitality if accepting them could be interpreted as an attempt to gain preferential treatment or would contravene your professional code of practice
- Where appropriate, ensure that patients have access to visible and easy-to-understand information on any fees and charging policies for which you are responsible.

General Chiropractic Council

General Dental Council

General Medical Council

General Optical Council

General Osteopathic Council

General Pharmaceutical Council

hcpc health & care professions council

NMC Nursing & Midwifery Council

Pharmaceutical Society Protecting Registering Regulating

HCPC publishes guidance on the use of social media

In response to feedback from professionals, the Health and Care Professions Council (HCPC) has created and published guidance on the use of social media. The guidance explains to registrants how to use social media in a way that meets HCPC standards, including the Standards of conduct performance and ethics (SCPEs).

HCPC Director of Policy and Standards Michael Guthrie said:

"The vast majority of registrants who use social media already do so responsibly, in line with our standards, and without any difficulties at all. However, we know that registrants sometimes have questions or concerns about using social media because they want to make sure that they always meet our standards."

You can download the Guidance, published on the 5 September here.

Romanian patients advised to not replace doctors with online information sources

Marius-Ionuț Ungureanu, Associated Researcher, Babeș-Bolyai University, Cluj-Napoca, Romania and Marius Lițu, Executive Director, Romanian College of Physicians, Bucharest, Romania

The Romanian College of Physicians launched in August a public campaign with the main message "STOP to internet diagnosis! Visit a medical office!" The aim of the campaign is to raise people's awareness of the vulnerabilities that they are exposing to when they are relying exclusively on information found on the Internet for diagnosis or treatment purposes. According to the Romanian College of Physicians, easy access to information has tremendous benefits, but could also lead to unfortunate accidents, when information is not verified by healthcare professionals. And in Romania, a country with low health literacy levels, this could be a serious issue. "We do acknowledge the development of our society in the spirit of personal autonomy, we do appreciate many people's […] wish to take their health in their hands. We do acknowledge that the Internet and its tools are a progress in communication and information sciences. This evolution cannot and should not be stopped", said Dr. Gheorghe Borcean, president of the Romanian College of Physicians, during the campaign launch event in August.

Factsheet for visiting European health and social work professionals

The HCPC has published a new factsheet for visiting European health and social work professionals. This factsheet outlines essential information about practicing on a temporary and occasional basis in the UK and highlights how to apply to the Register as an applicant from the EEA or Switzerland.

You can download the factsheet here.

Pharmacy and medical regulators fostering patient safety through joint guidance

Since early 2016, a joint working group from the Medical Council and Pharmaceutical Society of Ireland has been meeting to advance patient safety matters through collaborative regulation. The initiative is one example of how the regulators are pursuing a shared aim to benefit the health and safety of the public through the oversight of competent professionals in their relevant fields.

Through the creation of joint guidance for both medical doctors and pharmacists, the regulators hope to address matters of mutual concern, with a particular focus on safe prescribing and dispensing. The overall intent is to ensure that pharmacists, doctors and members of the public receive clear information on agreed best practice for both professions, in the interest of patient safety.

This is the case with the first joint guidance, 'Safe Prescribing and Dispensing of Controlled Drugs'. It has been developed after the working group identified this as an area that would benefit from clarification for those in practice, in light of repeated queries and with a need to incorporate recent Irish legislative changes. The guidance is primarily aimed at professionals working in a primary care setting, and the distribution and promotion of the joint guidance is intended to increase understanding of the responsibilities of both medical doctors and pharmacists, raise compliance and ultimately benefit patients with effective, quality and timely care.

It is intended that this joint regulatory approach will improve and enhance the existing collaborative practice between medical doctors and pharmacists, in the shared care of patients.

The guidance is available on both the PSI and Medical Council websites.

Nursing Now!

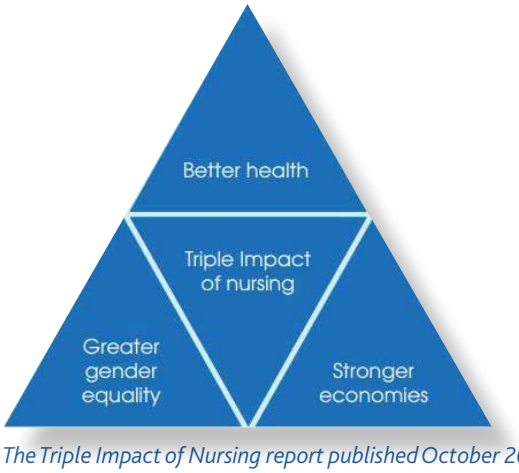
Nursing Now! is a global campaign to be launched in early 2018 that aims to raise the status and profile of nursing globally so that it can make an even greater contribution to improving health and wellbeing. The campaign will seek to:

- Influence policy and decisions makers by demonstrating what nurses can achieve and advocating for specific objectives and goals
- Create a grassroots movement among the global nursing workforce to generate energy, boost morale and encourage recruitment

Based on the report The Triple Impact of Nursing – how developing nursing will improve health, promote gender equality and support economic growth (October 2016) published by the UK All-Party Parliamentary Group on Global Health (APPG) following its review of nursing globally. The report concluded that universal health coverage will not be achieved without developing nursing globally. Nurses are the largest part of the professional health workforce and provide an enormous amount of care and treatment worldwide; however, they are very often under-valued and under-utilised.

The report also noted that the very large shortfall in health workers globally, estimated by the World Health Organisation (WHO) as 7.2 million in 2013 and increasing to 12.9 million by 2035, and maldistribution means low and middle income countries will have far fewer healthcare professionals than higher income countries.

The campaign will work with WHO, UN Women and other bodies to ensure that activities are linked with the global health workforce strategy and conclude with a report on progress in 2020. The work of the campaign will be carried on thereafter at global, national and local levels by the many nursing and other organisations engaged in the campaign. More information on the campaign can be found here and to register your interest in *Nursing Now!* please follow this link.



The Triple Impact of Nursing report published October 2016

Membership of IAMRA (International Association of Medical Regulatory Authorities)

IAMRA's purpose is to encourage best practice among medical regulatory authorities worldwide. IAMRA believes medical regulation exists to protect, promote and maintain the health and safety of the public by making sure there are proper standards for the medical profession.

IAMRA seeks to create a global community of regulators who can share ideas, develop their thinking, exchange information and promote the fact that good regulation really does protect patients. IAMRA does not endorse any particular model of medical regulation, recognising that there are many effective structures and approaches.

IAMRA members have exclusive access to certain resources on IAMRA's website and pay a reduced fee for attending the major international conference which is held every second year. The next conference will be held in Dubai in October 2018.

If you are interested in IAMRA membership, please have a look at the IAMRA website http://iamra.com. It contains a range of useful information including the membership application form. You can also email IAMRA via secretariat@iamra.com for more information.

IAMRA
INTERNATIONAL ASSOCIATION OF MEDICAL REGULATORY AUTHORITIES

21st Annual conference of the Association of Medical Councils of Africa (AMCOA)

Tshepo Seloana, Public Relations and Service Delivery, Health Professions Council of South Africa

The Association of Medical Councils of Africa (AMCOA) held its 21st annual meeting in Stellenbosch, South Africa from the 21 -25 August 2017.

AMCOA meets once a year and brings together nearly 200 representatives from 18 medical regulatory authorities across Africa to discuss key issues relating to the regulation of medical and dental practitioners.

This year's 21st annual conference was hosted by the Health Professions Council of South Africa (HPCSA) and saw more than 150 delegates from more than 20 countries joining hands with the theme "Technology and Medical Regulation in the 21st Century".

The conference focused on the advancement of technology and its future in the medical field with key themes including Medical technology from the stethoscope to the robot doctor, Regulation across jurisdictions, Regulation of electronic or digitised medicine, Telemedicine, Uses of social media in healthcare, Modernisation of regulation in relation to team based delivery care, Technology in chronic care and Litigation – Who is liable? The doctor or the machine?

Keynote addresses were delivered by Health Ministry Director-General, Ms Malebona Precious Matsoso, Dr Humayun Chaudhry, President and CEO of the Federation of State Medical Boards (FSMB) of the United States and Chair-Elect of the International Association of Medical Regulatory Authorities (IAMRA); and Professor Mariba of South Africa.

In their addresses Prof Mariba and Dr Chaudhry spoke about the perspectives on "Technology and Medical Regulation in the 21st Century". Prof Mariba focused on the African perspective, while Dr Chaudhry focused on the international perspective.

Attendees also signed a protocol, on the use of advancement of technology and its future in the medical field.

- *Adolf Macheka, Chair Zimbabwe Medical Council*
- *Daniel Yumbya – Chief Executive, Kenya Medical Practitioners and Dentists Board*
- *Dr Humayun Chaudhry - President and CEO of the Federation of State Medical Boards and Chair of the International Association of Medical Regulatory Authorities*
- *Dr Tebogo Kgosietsile Solomon Letlape - President, Health Professions Council of South Africa*
- *Ms P Matsoso, Director General Ministry of Health South Africa*
- *Professor George Magoha - President, Association of Medical Councils of Africa*
- *Gregory Snyder, Federal State Medical Boards*
- *Representative from AMCOA Member State*

Upcoming events

09 November 2017
DG GROW professional services conference
Brussels, Belgium

13–17 November 2017
WHO fourth Global Forum on Human Resources for Health
Dublin, Ireland

16–17 November
5th CLEAR International Congress
Melbourne, Australia

17 November 2017
OSE - Regulating health professions in a European perspective conference
Brussels, Belgium

20 November 2017
18th ENMCA meeting
The Hague, Netherlands

06 December 2017
EPF closing meeting on EPF Access campaign
Brussels, Belgium

08 December 2017
CEOM meeting
Paris, France

06 February 2018
HiAP 2018 a strategy for improving population health
London, UK

Newsletters

Health and Care Professions Council (UK)

Nursing and Midwifery Council (UK)

European Federation of Nurses

European Federation of Dental Regulators eNews

General Dental Council (UK)

General Chiropractic Council

European Commission DG GROW

Health-EU e-newsletter

IAMRA newsletter

European Parliament internal market committee newsletter

Professional Standards Authority (UK) newsletter

General Pharmaceutical Council (UK)

European Social Network

Association for Dental Education in Europe (ADEE)

French Order of Doctors

General Medical Council (UK)

CORU (Ireland)

PSI newsletter

If you would like to contribute a piece to the next Crossing Borders Update please contact the **HPCB secretariat**.