

Healthcare Professionals Crossing Borders

Update Briefing 4

June 2006

Introduction

Welcome to the June 2006 Update Briefing for the Health Professionals Crossing Borders initiative. This Briefing includes a piece by Jos van den Heuvel, former Chief Dental Officer of the Netherlands and currently chair of the Crossing Borders EU Associations Group, who reflects on the progress made since the Amsterdam Conference in 2004. It also provides a summary of several meetings held in Brussels, including recent meetings of the implementation groups, and highlights relevant forthcoming events. In particular, a one-day meeting is planned for competent authorities to meet together in Finland, in October. Further details about this can be found below.

Eighteen months of Crossing Borders

By Jos van den Heuvel, former Chief Dental Officer of the Netherlands

It is a little over 18 months since a conference in Amsterdam brought healthcare competent authorities together to discuss information sharing issues. Since then there have been a number of important milestones for the project and it is useful to see where we are today. The implementation of the Edinburgh Agreement is progressing steadily. Representatives of competent authorities, national regulatory bodies and European organisations of healthcare professionals are working hard on building an effective system of the exchange of relevant information about migrating professionals. It is really heart-warming to notice, during recent meetings, the active involvement of all these individuals and competent authorities.

Dr. Hanna Pava, of the Office for Health Authorisation and Administrative Procedures in Hungary, says: *"The Healthcare Professionals Crossing Borders project is the first one which promotes cooperation among the relevant competent authorities operating in the Member States. The meetings help a lot in order to share information and problems as well as find solutions. It is also important mentioning that the personal meeting with the representatives of other competent authorities improves the relationship among these organisations and assists in settling the actual cases too. On behalf of the Hungarian competent authority I strongly support this project."*

This is creating a fertile soil for on-going collaboration on this subject between the member states of the European Union. In addition, the European Commission has shown its interest in the project in various ways. These are good conditions for the fruitful contribution to the safety of patients, in a Europe of free of movement.

For more information contact: Jos van den Heuvel <mailto:j.vandenheuvel@nivel.nl> or Dr. Páva Hanna <mailto:pava.hanna@eum.hu>

Implementation Case-by-Case and Proactive Information Sharing

A group of regulators met in Brussels in late May, under the chairmanship of Mrs Dierdre Hogan, Deputy Chief Executive of the Irish Nursing Board. The Group agreed to work together on producing a good practice guide to proactive information exchange during the summer. This should be available in draft by September. It is also hoped that a number of bilateral or multi-lateral agreements can be arranged swiftly between member states that are able and willing to share information proactively in the next few months. For more information <mailto:dhogan@nursingboard.ie> or for a copy of the notes of the meeting <mailto:cherbert@gmc-uk.org>. The next meeting will take place in Finland in October, see below.

Implementing the Certificate of Current Professional Status

In early June, 20 representatives of competent authorities met in Brussels to take forward the implementation of the Certificate of Current Professional Status. Discussion focused on early 'pilot' implementation by a number of authorities set for November 2006. This is intended to pave the way for a greater number of regulators beginning implementation in subsequent months. At the meeting there continued to be a consensus that all member states should implement the Certificate by October 2007.

Member States already implementing the Certificate:

- Portugal (pharmacists)
- Cyprus
- Estonia

Member States due to participate in the November 2006 'pilot' in full or in part:

- UK (doctors, dentists, nurses)
- Hungary
- Finland

For a copy of the notes of the meeting <mailto:cherbert@gmc-uk.org>. The next meeting will take place in Finland in October, see below.

Commission Working Group on Health Professionals

The Commission Working Group, which feeds into the work of the High Level Group (HLG) on Health Services and Medical Care, met in Brussels in June. As mentioned previously (see Update 3), Crossing Borders is incorporated in to the 2006 work programme of the Working Group, including the objective of implementing the Edinburgh Agreement by October 2007. At the June meeting, Crossing Borders was again included on the agenda and provided the opportunity to report to the range of health ministry officials, who make up the group, on the latest project developments. These developments were in turn reported to the HLG that met subsequently and is made up of senior government health officials from across the EU. In particular, the Working Group is currently identifying contributions for the HLG Annual Report and one possibility is to include Healthcare Professionals Crossing Borders, as was the case in 2005. If the project is included details of our work will pass to Ministers at a Health Council meeting later in the year. The Working Group meets again in September.

EU Associations Meeting

This group, chaired by Jos van den Heuvel (see above), met in Brussels in late June. The discussion focused on the activities of the Implementation Groups and how the delivery of the Edinburgh Agreement can be effectively promoted EU wide. EU level associations are an important mechanism for this and Crossing Borders is to be discussed at the forthcoming meetings of PGEU, CODE, FEPI and the Council of European Dentists (formally DLC). In particular, a small sub-group was set up to work on the planning of an EU wide event in 2007. This grouping will become the basis for the 3rd Implementation Group as detailed in the project structure (Update 3). For more information <mailto:j.vandenheuvel@nivel.nl> or for a copy of the forthcoming notes <mailto:cherbert@gmc-uk.org>.

Recent Meetings and Presentations

Since the Edinburgh Conference 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, during May and June 2006:

May	Proactive and case-by-case information: Implementation Group To take part in the continuing work of this group contact: mailto:cherbert@gmc-uk.org
June	Certificates of Current Professional Status: Implementation Group. To take part in the continuing work of this group contact: mailto:cherbert@gmc-uk.org
June	European Commission Health Professionals Sub-group, of the High-level Group on Health Services and Medical Care
June	CEOM (European medical regulators), presentation on Crossing Borders, Paris.
June	CEPLIS Health Working Group, held in London
June	EU Associations Group

Advance notification:

****Forthcoming event****

23 October 2006 (provisional date)

Crossing Borders Implementation Meetings
National Authority for Medicolegal Affairs
Helsinki, Finland

This one-day session is open to all competent authorities and EU level associations.
To reserve a place <mailto:cherbert@gmc-uk.org> marked 'Finland Event'

Some forthcoming events

Contact: *Claire Herbert, Project Lead, Health Professionals Crossing Borders Initiative, General Medical Council, 350 Euston Road, London, UK, NW1 3JN. Tel: 00 44 20 7189 5042. Fax: 00 44 20 7189 5009. Email: cherbert@gmc-uk.org.* 3

14 September	European Commission Health Professionals Sub-group, of the High-level Group on Health Services and Medical Care
23 October *provisional*	Crossing Borders Implementation event National Authority for Medicolegal Affairs Helsinki, Finland <i>This meeting, aimed at competent authorities, will bring together both Implementation Groups and a possible wider discussion with the European Commission on Healthcare Services in Europe (to register a place mailto:cherbert@gmc-uk.org)</i>
November	1st round implementation of Certificate of Current Professional Status

Keeping informed

Do get in touch if you have any comments, suggestions or questions relating to the Agreement or the Implementation phase. In addition, details of all healthcare regulators in Europe can also be accessed at <http://www.healthregulation.org/>.

Claire Herbert
Healthcare Professionals Crossing Borders

ANNEX

Contact: Claire Herbert, Project Lead, Health Professionals Crossing Borders Initiative, General Medical Council, 350 Euston Road, London, UK, NW1 3JN. Tel: 00 44 20 7189 5042.
Fax: 00 44 20 7189 5009. Email: cherbert@gmc-uk.org.

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

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.