



HPCB
Healthcare Professionals Crossing Borders

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**Free movement of health professionals:
The Current Situation**



Health Professionals mobility

Increasing professional mobility of regulated health professionals in Europe

Since 2003:

- over 19,500 EEA doctors registered to practise in UK
- over 2,100 EEA doctors, nurses & dentists registered in Finland.
- 16,844 EEA doctors registered to practise in Germany (2004–2005)
- Over 9,400 German doctors registered in 16 other European countries between 2001-2005
- Over 3000 practitioners registered in Netherlands from other parts of the EEA in 2003-6*

*Figure only includes dentists, doctors, pharmacists, midwives and nurses

Patient mobility



No comprehensive data about patient mobility

Cross-border healthcare represents around 1% of public expenditure on healthcare (Commission estimate)

EU-wide survey: majority expect that travelling long distances for healthcare services will be normal in 2020 (yes: 57%, it depends: 28%, no: 14%; do not know: 1%)

Rising trend for cross border healthcare but no data

Patient safety in Europe



- Most healthcare practitioners are very safe and highly competent professionals.
- EU healthcare benefits immensely from movement of skills and expertise.
- European Single Market can positively contribute high quality health care in the EU.

But

- Anecdotal evidence - about 5% of doctors may have impaired practice*
- A very small minority of practitioners are known to move jurisdictions to attempt to avoid home state regulatory control.

* UK Department of Health 2002 - Health Check on the state of public health

European health services – the regulatory perspective



The regulatory dimension



Safe and high quality healthcare in Europe

- High quality health care in Europe needs safe and competent health practitioners.
- Good healthcare regulation can contribute to high quality healthcare.
- Patients crossing borders for health care need assurance that practitioners are safe and of a high quality.
- Patients need clarity of regulatory redress.
- Regulators need assurance of professionals' fitness to practise.
- Professionals must not exploit European Single Market to avoid regulatory control and disciplinary action.

The HPCB initiative



WHO? Regulatory Authorities of all regulated health professions from across the EEA.

WHAT? Collaborate and coordinate activity of information exchange and regulatory issues on an informal basis

HOW? Delivering a range of collaborative approaches to information exchange – Edinburgh & Portugal Agreement.

WHEN? Established in 2005 by the UK Government during EU Presidency – Today led on behalf of all European regulators by the UK General Medical Council and AURE.

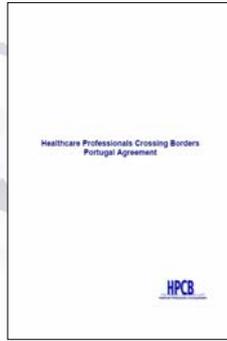
WHY? Contribute to patient safety in Europe.

Objective



- **Facilitate easier professional mobility:** closer collaboration & better information exchange between competent authorities.
- **Contribute to patient safety:** enabling host regulators to obtain assurance of registrants' fitness to practise by improved information exchange.
- **Good practice and coordination:** closer collaboration and cooperation between competent authorities on health regulatory issues.

Agreements – Edinburgh & Portugal



MoU on information sharing



The 2007 Portugal Agreement



Main pillars of draft Portugal Agreement:

- Identifying shared principles of regulation
- Transparent and accessible healthcare regulation
- Competence assurance of European healthcare professionals

From Dublin to Brussels



- HPCB Dublin meeting in March 2009
- Consensus emerged: take stock of compliance with voluntary agreements



- HPCB steering group - survey to assess progress on the implementation of the Portugal agreement and information sharing

Survey demographics



- 41 responses from 22 European countries
- Broad spectrum of healthcare professionals responded but some underrepresented
- Variation in remit - national regulatory / regional / local
- Variation in aims – regulatory / semi-regulatory. Some responsible for initial registration / specialist registration / inspection or accreditation / disciplinary procedures

Main outcomes



Significant progress and findings on the:

- Sharing of reactive (on request) information
- Use of Certificate of Current Professional Status template
- Significant support for IMI and suggestions for development
- Good availability online of professional standards

Risk areas to patient safety:

- Many respondents cannot share proactively*
- Some respondents cannot consider evidence and findings about a healthcare professional's fitness to practise provided by another competent authority*

* This is a complex legal area – data protection / privacy laws

Registers of healthcare professionals

The Portugal Agreement encourages competent authorities to have a website, develop real-time web-based publicly searchable lists of registered professionals

Wide variation in the information contained in public lists/registers of healthcare professionals.

Encouraging to see that:

- The registration status is available on most of the lists that are available to the public
- Most of the lists are searchable

In many cases it is possible for members of the public, patients, employers and other competent authorities to ensure themselves quickly and easily of a practitioner's right to practise ensuring transparency and contributing to patient safety. But not always!

CCPS – reactive information sharing

The Portugal Agreement encourages competent authorities to adopt and implement the Certificate of Current Professional Status (CCPS) template

The development of the CCPS has been successful in providing a framework template for the reactive exchange of information

Even though the survey revealed some discrepancies with regards to the template fields in use, key areas for the identification of the professional and their fitness to practise.

None of the respondents felt that the CCPS format should be revisited to include any additional information

Information sharing

The Portugal Agreement encourages competent authorities to work towards adopting the HPCB MoU on case-by-case and proactive information exchange

The HPCB Memorandum of Understanding on proactive and case-by-case information exchange encourages signatories to share information about healthcare professionals

Information sharing (2)



Encouraging to see many respondents sharing information reactively in some form

Proactive sharing of information remains problematic for some competent authorities due to domestic privacy legislation.

For cases of erasure and suspensions (more serious) respondents more likely to share information.

Hearings & Decisions



The Portugal Agreement encourages competent authorities to work towards making all notifications of disciplinary hearings and decisions public, where legally possible

Higher number of respondents makes information publicly available once a decision has been made about a healthcare professional's right to practise, but not fully transparent

Respondents have less difficulty with publishing information when a decision has been taken.

But in many cases decisions published on website do not contain the name of the healthcare professionals

Information received



The survey asked detailed questions about what competent authorities can do when they receive disciplinary information about healthcare professionals

Wide variation in approach to dealing with information about suspensions, erasures, investigations and evidence received from other competent authorities.

Many do not have the legal powers to take action and some need to reinvestigate the case from the beginning.

Complex legal area where further sharing of practise may be helpful

Internal Market Information System



The Portugal Agreement encourages competent authorities to support the development and use of the Internal Market Information system

Respondent suggestions for further developments of IMI:

- Compulsory for all professional regulators in Europe, not just competent authorities
- Include organisations, like training providers (medical schools), organisations with disciplinary powers, systems regulators (?)
- More flexibility i.e. free text questions and answers
- Functionality that would allow proactive information exchange – i.e. alert mechanism in the Services Directive

Future workprogramme



- Encourage regulators to be accountability, transparency, proportionality, consistency, targeting
- Continue to encourage regulators in member states to share disciplinary information (the HPCB MoU and use the CCPS template)
- Gain institutional support for a legal duty on competent authorities to share ftp information both proactively and effectively
- Encourage regulators to engage with the European Commission revision of Directive 2005/36/EC (new proposal possible in 2012)

Further information



Healthcare Professionals Crossing Borders

Healthcare Professionals Crossing Borders (HPCB) is an informal partnership of professional healthcare regulators from within Europe that works collaboratively on a range of regulatory issues.

The purpose is to contribute to patient safety in Europe through the effective regulatory collaboration in the context of cross-border healthcare and free movement of healthcare professionals.

LATEST NEWS
For the latest news about Healthcare Professionals Crossing Borders, see [Latest News](#).

CONTACT US
To get in touch with the Healthcare Professionals Crossing Borders initiative see [Contact Us](#).

PORTUGAL AGREEMENT
The Portugal Agreement is the initiative's collaborative work programme for professional healthcare regulators in Europe. See [Enlighten Agreement](#).

www.hpcb.eu
