



27 October 2010

**Draft Directive on the application of patients' rights in cross-border healthcare
Consideration of amendments by the ENVI Committee**

The Alliance of UK Health Regulators in Europe (AURE) brings together the 10 health and social care regulators in the United Kingdom to work collaboratively on European issues affecting patient and client safety. Our purpose is to protect and promote patient safety through effective regulation and ensuring proper standards in the practice of health and social care.

This briefing paper sets out AURE's position on amendments to the draft directive on the application of patients' rights in cross border healthcare as proposed by the rapporteur, Françoise Grossetête, in her [draft recommendation for second reading](#). We believe that amendment 73 will contribute to effective regulation of healthcare professionals and help to ensure patient safety in Europe. We also support amendments 34 and 72, although we encourage ENVI to strengthen these amendments during triologue meetings with the Commission and the Council, to ensure that registers in which healthcare professionals are listed are available to patients directly.

The European single market and existing EC legislation enables EEA health professionals to move freely around Europe to pursue their profession. AURE believes that this free movement is good for health services in Europe and good for maintaining the health of European citizens.

However, as it stands, the proposed Directive could be improved to provide for patients' right to effective regulation of healthcare professionals. We have for some time emphasised that European policy should balance free movement of professionals and patients with the maintenance of public protection and patient safety. As well as having a right to receive healthcare anywhere in the EU, patients have a right to be confident that they will be treated by safe health professionals who are properly regulated.

AURE strongly believes that high-quality and efficient cross-border healthcare, whether it involves patient or professional mobility, requires accessible information on a wide range of issues such as registration, professional indemnity, complaints mechanisms, professional standards and scope of practice. The European Commission, Parliament and the Council, should support regulators and others in making this information available and accessible to the public, to patients, to other regulators and healthcare providers.

As currently drafted amendments 34 and 72 restrict the information to national contact points and members states and would be available to the public only on request and through the national contact points. AURE believes that this creates an unnecessary bureaucracy for patients and is inconsistent with the European Parliament's aim to strengthen patients' rights by improving transparency and certainty for members of the public who have a right to know that the healthcare professionals that treat them are appropriately qualified, licensed to work and have not been disqualified from practising their profession.



Information sharing between regulators – Proposal for a Legal Duty

| Amendment 73 to Common Position, Article 10 – paragraph 2 c (new) | |
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| Council position | Amendment |
| | <i>2.c. Member states shall immediately and proactively inform each other about health providers or health professionals when regulatory action is taken against their registration or their right to provide services.</i> |

It is essential that healthcare regulators across Europe have access to information that provides assurances that all health professionals registered in their jurisdiction, or seeking registration from another EEA country, are fit and safe to practise. It is also vital for patient safety that regulators exchange information, particularly when a professional's suitability to practise is in question. If this information is lacking some professionals may be mistakenly considered safe and suitable to practise by a host member state, when in fact they have a history of poor practice, complaints or disciplinary action that may put patients in Europe at risk.

At present, the extent to which regulators exchange information is variable and the EU could play a vital role in supporting regulatory authorities to do this more reliably and consistently. AURE believes that this directive provides a valuable opportunity to include a legal duty on competent authorities to exchange registration and disciplinary information, and to act on it, in the interests of the public and patient safety. The amendment we support is particularly relevant in terms of continuity of care according to which patients will be potentially receiving care by two professionals providing services in two different Member States.

Information to patients and the public

Patients can only exercise a meaningful choice in seeking healthcare in other Member States if they have good information. This includes information about healthcare systems, the cultural context of the host state, and the transfer of responsibility for care when they return home. In the context of regulation, patients need access to information about professional standards, assurance about the professional indemnity of those treating them, and information about complaints and redress if things should go wrong. At the most basic level, patients have a right to access information about the registration status and any disciplinary record of their healthcare professionals. At present some regulators are more transparent than others in making information from their registers publicly available and easily accessible.

We believe that amendments 34 and 72 should be strengthened to improve the information available to patients:



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| Amendment 34 to Common Position, Article 4 – paragraph 2 – point a | | |
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| Council position | ENVI Amendment | AURE suggested amendments (in red) |
| (a) patients receive upon request relevant information on the standards and guidelines referred to in paragraph 1, including provisions on supervision and assessment of healthcare providers, and information on which healthcare providers are subject to these standards and | (a) patients receive by the national contact point upon request relevant information, inter alia via electronic means , on the standards and guidelines referred to in paragraph 1 point (b) , including provisions on supervision and assessment of healthcare providers, and information on which healthcare providers are subject to these standards and guidelines and on treatment options, clear information on prices, on accessibility for persons with disabilities as well as on the healthcare provider's registration status and number, and insurance cover or other means of personal or collective protection with regard to their professional liability and any restrictions on their practice; | (a) patients have direct access to receive by the national contact point upon request relevant information, inter alia via electronic and online means , on the standards and guidelines referred to in paragraph 1 point (b) , including provisions on supervision and assessment of healthcare providers, and information on which healthcare providers are subject to these standards and guidelines and on treatment options, clear information on prices, on accessibility for persons with disabilities as well as on the healthcare provider's registration status and number, and insurance cover or other means of personal or collective protection with regard to their professional liability and any restrictions on their practice; |



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| Amendment 72 to Common Position, Article 10 – paragraph 2 b (new) | | |
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| Council position | ENVI Amendment | AURE suggested amendments (in red) |
| | <i>2b. Member States shall guarantee that registers in which health professionals are listed are available to relevant authorities of other Member States.</i> | <i>2b. Member States shall guarantee that registers in which health professionals are listed are available to the public and to relevant authorities of other Member States via electronic and online means.</i> |

AURE member organisations, for example, have publicly accessible and searchable web based lists of registered practitioners. This makes an important contribution to making regulation transparent and provides an easy way for members of the public, patients and health service contractors to check the registration status of practitioners. All health regulators in Europe should be required to make up-to-date information about their registrants available to the public in this or a similar way.

This is important if, for example, a patient obtains medical treatment outside their home state, but requires ongoing care and medication once they return home. When they subsequently request that a pharmacist in their home state dispense a prescription for medication written in another Member State, the pharmacist should check the status of the prescribing physician. That is only possible if basic registration information for the physician is readily accessible from the state where the physician is practising.

As well as requiring information about the status of regulated professionals, patients also need to be made aware that regulation varies across the EU. Professionals such as chiropractors and osteopaths are regulated in some Member States (such as the UK), but they are not regulated in others. This has significant implications for patient safety in terms of professional education, maintenance of professional standards, registration, complaints and redress. Where a profession is regulated in one country but not another it is vital that regulators and patients are clear who they can approach in that country for information about the practitioner’s education, training, professional standards and work history, and any other information relevant to professional mobility.

Information is also required to ensure that patients clearly understand that there may be differences in the way that healthcare is practiced in different conditions and in the roles and responsibilities of healthcare practitioners. There may also be differences in the scope of practice within the same profession from one Member State to another. The scope of practice carried out by opticians and midwives in the UK, for example, is wider than that undertaken by those professions in a number of other EU countries. Similarly, the type of treatment provided in the UK by chiropractors or nurses can, in some countries, only be undertaken by doctors.



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Patients need to be made aware of where differences lie before they access healthcare in other Member States as the type of care they receive may differ from their expectations.

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