Revision of the Professional Qualifications Directive
EPF position

Ensuring that healthcare professionals have the right training, and are fit to practice when they move from one EU Member State to another, is of crucial importance for patient safety and quality of care. Mobility of the health workforce is an opportunity for healthcare professionals to gain valuable experience and learn from different health systems. It can lead to exchange of good practices, and improve the quality of care across Europe. But there is also a potential risk to patient safety and increased health inequalities if standards of quality of healthcare are not assured.

The EU "Professional Qualifications Directive" (Directive 2005/36/EC) establishes the rules for mutual recognition of qualifications for certain groups of professionals (including health professionals) when they provide their services or establish themselves in another EU Member State. It also sets minimum training requirements for five professional categories: general care nurses, doctors, midwives dentists and pharmacists, in order to allow them to benefit from automatic recognition of their qualifications.

Below we set out the position of the European Patients' Forum regarding the proposed review of the Professional Qualifications Directive. EPF's position is based on consultation of our European-wide membership, and on previous feedback given to the European Commission on the Green Paper on the European Workforce for Health (March 2009). EPF's position is also endorsed by our global sister organisation, the International Alliance of Patients' Organizations (IAPO).

EPF's comments below focus on specific areas of the Directive that are of direct concern to patients. The comments are listed in the order in which the topics appear in the Commission consultation document.

1. Proposal for a European Professional Card – Section 3.1, pp. 10-12

The Commission proposes that a European Professional Card could be given to professionals who ask for it, in order to help them to prove their qualifications when they move to, or return from a stay in another Member State.

<u>The proposed objectives for this card are:</u>

- to increase transparency for consumers or employers;
- to enhance confidence and forge closer cooperation between the home and the host Member State:
- to speed up the recognition process.

Proposed features of the card:

- It would be voluntary, not compulsory for a health professional to obtain such a card. However, once issued, the card should be binding on competent authorities;
- The card would be available to all interested professionals, even if they come from a Member State where the profession is not regulated and wish to move to a Member State where it is.
- It would be issued by the competent authority in the home Member State of the professional, i.e. the Member State of establishment, or the Member State awarding the qualifications. This authority is best placed to assess and certify the qualifications of the professional. This could even be applied in situations where the home Member State does not regulate a profession but the host Member State does.
- The card could facilitate the temporary mobility of health professionals under the freedom to provide services, replacing the current cumbersome declaration regime.
- It could also further simplify the recognition procedure in the context of establishment. For certain professions, it could speed up the automatic recognition process, bringing the current 3-month period for assessing qualifications down to one month or two weeks. It could also speed up the case-by-case recognition process (under the so-called "general system"), notably by facilitating the transmission and translation of documents.
- It could be supported by electronic exchange of information between Member States, for example using the already existing Internal Market Information System (IMI) . A competent authority could hence only issue such a card if it is registered with IMI and could fully engage in a continuous information exchange with a competent authority in another Member State.

Question 11: What are your views about the objectives of a European professional card? Should such a card speed up the recognition process? Should it increase transparency for consumers and employers? Should it enhance confidence and forge closer cooperation between a home and a host Member State?

Question 12: Do you agree with the proposed features of the card?

Question 13: What information would be essential on the card? How could a timely update of such information be organised?

EPF response:

From a patients' perspective, EPF welcomes increased transparency on fitness to practice of health professionals. We are concerned that it is not clear how the objective of transparency would be fulfilled. Who should have access to the information on the card? What sort of information should be included? Many patients would be uncomfortable having to ask to see a health professional's card when they have a consultation.

Furthermore, as the proposed Professional Card would be voluntary, some healthcare professionals would have it and other would not, leading to more uncertainties for the patients. A card would also be subject to the risk of falsification, and patients may not be able to check its authenticity.

Under the new Directive on the application of patients' rights in cross-border healthcare, patients will be able to request from national contact points information on specific healthcare providers' right to practice. In EPF's view, this is a positive step, but greater transparency would mean patients should be able to have ready access to a source of accurate information. Transparency could therefore be better achieved through different means, such as a publicly accessible online database of health professionals eligible to practice.

The implications of the different options, both for health professionals and for patients, should be explored in depth with the active involvement of patients' organisations.

2. Temporary mobility of healthcare professionals – Section 3.4, pp.13-15

When healthcare professionals want to provide services temporarily in another EU Member State, they have to do an annual prior declaration. Healthcare professionals who cannot benefit from automatic recognition can be subject to a prior check by the host Member State.

Question 18: How could the current declaration regime be simplified, in order to reduce unnecessary burdens? Is it necessary to require a declaration where the essential part of the services is provided online without declaration? Is it necessary to clarify the terms "temporary or occasional" or should the conditions for professionals to seek recognition of qualifications on a permanent basis be simplified?

Question 19: Is there a need for retaining a pro-forma registration system?

Question 20: Should Member States reduce the current scope for prior checks of qualifications and accordingly the scope for derogating from the declaration regime?

EPF response:
Simplification of procedures and free movement of health professionals is welcome, and may contribute to the easing of shortages of certain categories of professionals in some EU Member States. But this must not be at the expense of patient safety or the quality of care.

For safety reasons, EPF believes it is important to keep some form of prior declaration, so that the competent authorities in the host Member State have information on the qualifications of the health professionals providing services temporarily. This also helps avoid misuse of the right to provide services by professionals who are not allowed to practice within their home Member State.

3. Minimum training requirements – section 4.1, pp.15-17 and section 4.2, p.18

In order to allow for automatic recognition of professional qualification of nurses, doctors, midwives, dentists and pharmacists, the directive sets minimum training requirements which consist of a minimum duration of training, minimum professional experience and a list of training subjects.

Question 22: Do you see a need to modernise the minimum training requirements? Should these requirements also include a limited set of competences? If so what kind of competences should be considered?

Question 25: Do you see a need for modernising this regime on automatic recognition, notably the list of activities listed in Annex IV?

Question 26: Do you see a need for shortening the number of years of professional experience necessary to qualify for automatic recognition?

Question 27: Do you see a need for taking more account of continuing professional development at EU level? If yes, how could this need be reflected in the Directive?

EPF response:

Education and training of healthcare professionals are essential for quality and safety of healthcare. The revision of this Directive is an opportunity to assess training needs, and to share good practices on training across Europe.

In our response to the Consultation of the Commission on the Green Paper on health workforce, we supported the proposal of the Commission to put in place an EU Observatory to foster cooperation between Member States to help plan future capacity, training needs and implementation of technological development. Furthermore, in December 2010, the Council adopted conclusions that invite Member States and the Commission to adopt an action plan to provide support for Member States' health workforce policies, including the areas of assessment of competence profiles and continuing professional development.

Solutions proposed by the Commission include updating the list of training subjects, the duration of training, and the possibility to add a limited set of competences. From a patients' perspective, EPF considers that at least the following competences should be included in health professionals' training:

- Communication skills*. EPF considers that it is absolutely essential to develop training and communication courses for health professionals to support them to provide clearer and more complete information to patients. Patients' ability to understand health and medical issues and directions is closely related to the clarity of the communication. Despite various initiatives to improve the quality and availability of health information, studies[1] indicate that patients want more information than they currently receive and that health professionals tend to overestimate the amount of information they supply.*

  The role of patients is changing, from passive recipients to health literate patients who are responsible and empowered actors in health care. Patients want health professionals to provide them with clear and quality information about their disease, treatment options available, rehabilitation services, etc. This will help them to

[1] Coulter, A. et al (1998) Informing patients: an assessment of the quality of patient information materials. London: King's Fund; Coulter, A. et al (1999) 'Sharing decisions with patients: is the information good enough?'. British Medical Journal, 318: 318-322.

understand their condition, comply with the treatment, ask the right questions and make informed decisions about best disease management. And finally this will contribute to making the best use of health professionals' time and to a better quality of life of both patients and health professionals.

EPF suggests that the core quality principles agreed during the Pharmaceutical Forum process, and the strategy document on accessing information in different health settings should be used to underpin European efforts in this direction. We feel strongly that there is a need at EU level for a comprehensive information strategy that embraces health literacy as a concept, and to promote health literacy as a policy and programmatic priority at Member State level.

- ICT and eHealth*. Innovation in healthcare leads to new training needs for ICT and eHealth, highlighting also the need for lifelong learning and continuing professional development (CPD). EPF and its members call for proper training for health workforce to acquire the necessary skills in order to use the ehealth solutions with confidence.*
- A gender perspective*. Training of the health workforce should go beyond bio medical differences between men and women by developing their understanding of gender based attitudes, behaviours and therefore expectations from the health care delivery process.*
- *EPF would also draw attention to the importance of* training specialist nurses *in specific disease areas. Specialist nurses often play a key role in ensuring access to medications, advocating for patients' rights, and coordinating the overall care of patients with chronic conditions. One example is the Parkinson's Disease Nurse Specialist programme in the UK. Similar initiatives exist in Multiple Sclerosis, and other chronic disease-areas in some countries. These schemes have great potential for sharing and mutual learning, as well as the establishment of standards for the quality care.*

Regarding CPD*, it is important for patient safety to ensure the currency of knowledge of health professionals. Currently, there is divergent practice across Member States, and when health professionals move to other MS it may not be easy to include them in the CPD scheme of the country. EPF would welcome more cooperation at EU level on this topic to ensure patient safety. ICT applications for example could be further explored to support health professionals who need to update their skills for applicability in a cross-border context .*

EPF fully supports a more effective use of EU Structural Funds *to improve skills and competences of the health force, including communication skills to interact with patients.*

Finally, EPF considers that the definition *of "standards of education and training, including future minimum training requirements at EU level" for different healthcare professionals should be reviewed and developed in cooperation with patients' organisations, tailored to meet patients' needs. Organisations representing patients with chronic diseases, if adequately supported and resourced, can play a powerful role in this context.*

4. Proactive alert system – section 4.3, p.19

The Commission consults on the possibility to develop a proactive alert system between competent authorities for recognition of qualifications in cases of malpractice by healthcare professionals. (Consultation paper section 4.3, page 19) The Commission proposes that this alert should be triggered in the following cases:

- A professional presents a fake diploma to a competent authority or gives false declarations/evidence;
- S/he is subject to sanctions and is no longer allowed to practice in her/his country of origin;
- S/he is subject to investigations possibly leading to a withdrawal of her/his licence.

Question 28: Would the extension of IMI to the professions outside the scope of the Services Directive create more confidence between Member States? Should the extension of the mandatory use of IMI include a proactive alert mechanism for cases where such a mechanism currently does not apply, notably health professions?

Question 29: In which cases should an alert obligation be triggered?

EPF response:
From a patient's perspective, the inclusion of a proactive alert mechanism on health professionals could be an important step forward for patient safety and quality of care. Co-operation between Member States is essential to ensure the flow of information. The Directive on patients' right in cross-border healthcare already contains provisions on mutual information through the IMI system, and this Directive could take these provisions a step further, including proactive exchange of information.

5. Language requirements for health professionals moving abroad – section 4.4, pp.19-20

The Directive sets language requirements for professionals moving abroad, but it currently forbids any systematic testing of language. (Consultation paper section 4.4, pages 19-20) The directive currently requires that Professionals benefiting from recognition have the knowledge of languages necessary for practising the profession in the host Member State, but forbids systematic language testing. Annex VII of the Code of Conduct specifies as best practice that "In case of doubt about the accuracy of the qualification or of the document supporting linguistics knowledge, the host Member State competent authority may require from the competent authority of the home Member State confirmation of the accuracy of the qualification or of the document … using administrative cooperation [and IMI]." Imposing systematic language testing is considered unacceptable practice, as is making recognition of qualifications subject to language knowledge "unless it belongs to the qualification (e.g. speech therapists)".

Question 30: Have you encountered any major problems with the current language regime as foreseen in the Directive?

EPF response:
Adequate knowledge of language is crucial to effective communication with patients and colleagues, and therefore to patient safety and quality of care. Some competent authorities have reported issues related to language. Patients' concerns around communication with health professionals also encompass language issues.

One example is the much publicised case of Dr Daniel Urbani, who administered 10 times the recommended daily dose of a medicinal product, killing a patient. While several factors led to this negligence, it was also found that Dr Urbani had failed a NHS language test.[2]

While the approach chosen should be proportionate, in view of increasing cross-border mobility of health professionals the language skills of healthcare professionals should be assessed carefully. The language provisions in the Directive should be clear as to the required level for practising the profession. A higher level of language proficiency is indispensable for those professionals who are in direct contact with patients, to allow for an efficient dialogue between the patients and health practitioners.

Conclusion

The main objective of the proposed review of the Directive from a patients' perspective is that healthcare professionals moving from one EU Member State to another have the right training, and are fit to practice.

Preserving and improving patient safety and quality of care across Europe should be at the core of the revision of the Directive. Simplification of procedures for recognition of qualification shouldn't be at the expense of these two principles.

EPF will submit its feedback to the European Commission by 15 March 2011 and our position will be published on our website, www.eu-patient.eu

EPF is committed to playing a proactive role as partner to the EU Institutions and other stakeholder organisations in the review process, to ensure that the revised Directive reflects patients' needs and contributes to safe, high-quality, accessible care.

The European Patients' Forum (EPF) was founded in 2003 to become the collective patients' voice at EU level, manifesting the solidarity, power and unity of the EU patients' movement. EPF currently represents 47 member organisations, which are national coalitions of patient organisations and disease-specific patient organisations active at European level. Collectively they reflect the voice of over 150 million patients affected by chronic diseases in the European Union.

EPF's vision for the future is high-quality, patient-centred, equitable healthcare for all patients throughout the European Union.

[2] Sam Lister, "Death at hands of German locum Daniel Urbani prompts out-of-hours shake up" ,the Times, 5th of February 2010.
http://www.timesonline.co.uk/tol/news/uk/health/article7014781.ece?token=null&offset=12&page=1