



AURE response to the Department of Health consultation on the UK Implementation of the Patients' Rights Directive

May 2013

1. The Alliance of UK Health Regulators on Europe (AURE) brings together 9 of the health and social care regulators (competent authorities) in the United Kingdom to work collaboratively on European issues affecting patient and client safety. As regulators, our purpose is to protect and promote patient safety through effective regulation and ensuring proper standards in the practice of health and social care.
2. We welcome the opportunity to respond to the Department of Health's consultation on the UK implementation of Directive 2011/24 EU on the application of patients' rights in cross border healthcare.
3. Our response focuses primarily on those sections in the consultation paper that impact on our work as regulators. This is in complement to individual responses from AURE members.

Article 6 – National Contact Points for cross-border healthcare

What information, and presented in what format(s), do you think patients need to make an informed decision on receiving treatment in another EU Member State?

4. AURE strongly believes that high-quality and efficient cross-border healthcare requires accessible and good information. This includes information about the different healthcare systems in Europe, the cultural context of the host state, professional standards and guidelines, treatment options and prices, as well as the healthcare providers' registration status and number, and the transfer of responsibility for care when patients return home. This information is crucial to enable patients to make a meaningful choice in seeking healthcare in another Member State.
5. It is also important that patients are 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.



6. In addition, patients need direct 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. This would strengthen patients' rights by improving transparency and certainty for members of the public.

7. This information should be made directly available to patients via electronic and online means. 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 the public, patients and health service contractors to check the registration status of practitioners.

8. AURE considers that 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.

Article 10 – Mutual assistance and cooperation

What information should be shared between competent authorities on treating practitioners, and in what circumstances?

9. 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. To this end, healthcare professional regulators should be legally required to share information about practitioners in the interests of public protection.

10. This includes data to establish the healthcare professional's identity, to ensure the authenticity of documents, and information about his education and practice history. In particular, details should be made available of all final decisions that have an impact on a professional's practice such as notifications of disciplinary hearings and findings.

11. This information should be exchanged:

- Where a healthcare professional's right to practise has been restricted or removed because of serious matters relating to his conduct, health, performance, or matters of a criminal nature; and / or
- Where a competent authority has objective reasons to believe that identity or document fraud has been used, or may be used in the future, by the individual concerned, either to avoid restrictions on his practice or to obtain registration falsely in another member state.

12. At present, the extent to which regulators exchange information about healthcare professionals is variable and there is no requirement for EEA competent authorities to proactively inform their counterparts on disciplinary issues.



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13. Therefore, AURE members support the introduction a legal duty on regulatory authorities in Europe to reactively and proactively share disciplinary information about the health professionals they register. This is necessary and essential to ensure patient safety. It would better protect patients wishing to go cross-borders for healthcare and give greater assurances that the professionals treating them are safe and fit to practise.

14. In this context, AURE supports the proposal to include an alert mechanism in the revised recognition of professional qualifications Directive (new Article 56a) and calls for the same mechanism to be adopted for all professionals benefiting from the recognition regardless of whether they migrated under the automatic recognition or general systems provisions.

15. AURE also calls on the Commission to bring forward proposals to implement the alert as soon as possible after the adoption of the Directive to ensure that patients across Europe are safeguarded against doctors that are not fit to practise.

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