----Original Message----

 $\begin{tabular}{ll} From: Stephen Golding & [$\underline{\tt mailto:stephen.golding@surgery.oxford.ac.uk}$] On Behalf \\ \end{tabular} \label{table:stephen.golding@surgery.oxford.ac.uk} \end{tabular} .$

Of Stephen Golding

Sent: Wednesday, November 22, 2006 11:02 AM

To: SANCO-HEALTH-SERVICES-CONSULT

Subject:

Dear Sir/Madam,

I write with regard to the call for consultation on the press release; patient mobility: Commission launches public consultation regarding EC action on health services.

I support the general principles expressed in the press release. However I wish to express comments relating to cross-border healthcare (section 2.2), particularly relating to telemedicine services, which are developing steadily, though not always satisfactorily.

It is vital that the principle of legal certainty must relate to telemedicine services and I believe the principle of a "local playing field" expressed in 2.3 is also important. It is to be expected that a telemedicine service will maintain the same standard of healthcare as that of the institution which it seeks to support and therefore must be in accordance with the laws and practice of that state (section 1).

As a minimum requirement, therefore, I believe that providers of telemedicine should satisfy the following:

- a. They should be on the specialist register of the state from which they operate.
- b. Their service and their professional qualifications should be registerable in the state to which they are offering services.
- c. The service should only be offered within their own registered specialty.
- d. They should be insured for medicolegal cover in the state to which they are offering service.
- e. They should undergo language testing to ensure capability to deliver a communicable telemedicine service.
- f. They should be demonstrably conversant with the healthcare system of the state to which they are delivering a service.

There is anecdotal evidence that current telemedicine services do not satisfy these basic requirements and concern is rising. However institutions may opt to adopt telemedicine services which are less than competent for reasons of cost pressure. This must be of concern to the Commission, which should do its utmost to ensure that such a service is appropriately regulated to maintain an acceptable standard of healthcare.

Yours faithfully,

Stephen Golding

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