



## Re Consultation process related to Community Action on Health Services 2006

The MDTA having received the latest report from the European Commission on Health Services and Community Action, is forwarding its proposals which are focused on sections 2.2 and 2.3 of the report.

Our Organisation, represents one of the 18 paramedical or Health Care Professions Complimentary to Medicine. The same Council (CPCM) regulates us all. Dental technologists, as providers of manufacturing custom-made dental devices are mainly concerned with existing complications, in the regulation for cross-border health care providers and their establishment, whether temporary or permanent. This concern does not arise from the fear of competition or over-saturation of professionals but, from the conflicting regulations and interpretations, between EU Directives and a Host Nation's criteria for registration.

When addressing establishment and cross border movement of several of the paramedical services, due to the fact, that many have not establish harmonisation and standardisation of their education and training, unlike those professions in the Selective System, recognition of qualifications to satisfy registration in a host nation can create barriers. Again a few of the paramedical professions, EU wide, vary substantially in the legal recognition and reference as a Health Care Professional from one EU State to another.

In our field of dental technology, we have realised the enormous difficulty of evaluating and comparing qualifications and training course systems throughout the EU States. Presently, therefore all National Dental Technology Organisations have agreed to embark



on the Leonardo Project, coordinated by the FEPPD, to standardise our training and education. Only when finalising this task and implementing its contents, can there be free mobility of professionals and establishment of their Health (Paramedical) services in any EU State. Once this cooperation and coordination of a common mechanism in education and regulation is formulated there will be a smooth and flexible settlement and movement of professions from one State to another.

This process will also guarantee higher quality, a safer and healthier service, to the benefit of the endprovider/patient. Cross border healthcare procedures and conditions will be clarified and the process and authorisation mechanisms should than be provided with 'undue delay'.

Present structures do not correlate with EU directives and although the European Qualification Framework, as proposed by the EU Commission, is expected to provide a common language to classify qualifications, it is still some way off from its implementation, is not legally bound and only serves as a guideline.

Unfortunately, in the present circumstances (Malta), abuse for obtaining work permits for similar or other related activities, is encouraged, stimulating cheap labour employment.

Finally other issues of facilitating cross-border health care services would be the accessibility of European Health Cards for EU citizens together with the inclusion on the data system of all Health Care Professional services. However one has to realise that Health Services, their procedures and requirements have to be somewhat compatible in accessibility, quality and financial sustainability. We believe mechanisms in EU States, after cross border assessment, can ensure an appropriate regulation with common criteria at European Level, resulting in best practice in every sector of Health services.

J.Salomone Reynaud  
President MDTA



This paper represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumer Protection DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.