Brussels, 31 January 2007

Comments from the European Region of the World Confederation for Physical Therapy (ER-WCPT) on the Consultation document regarding Community Action on health services.

The European Region of the World Confederation for Physical Therapy (ER-WCPT) welcomes the opportunity to contribute to this consultation and supports the EU Commission's efforts to improve legal clarity in respect of cross border services and quality and standards of care within and between Member States. The ER-WCPT emphasises that exchange of information and co-operation is essential to improve health care and to ensure high standards and quality of services.

The Region supports the work of the EU Commission for improved co-operation and for ensuring legal certainty both for patients and the health providers.

The ER-WCPT is recognised as the representative professional organisation of physiotherapists in Europe. The Organisation has a membership of 33 physiotherapy associations from the European countries, including all the EU countries except Malta and Slovakia and all the EEA countries. It is mandated through its charter to facilitate the free migration of physiotherapists within the EU and affords this objective a high priority.

Physiotherapy is an autonomous health care profession regulated in the majority of the countries of the EU and in all the EEA countries. The practice of physiotherapy is regulated directly by state legislation or regulation or by self-regulation by the profession.

Regulated heath professionals, including physiotherapists, must operate within Directive 2005/ 36/ EC, their national legislation and rules of professional conduct of their respective professional bodies. The Directive makes provision for regulatory bodies to deal with migrant health professionals working temporarily or permanently in a host Member State. Migrants must obtain registration and continue to practice under the rules of that host Member State.

The European Region of WCPT recognises that the organisation of health care systems in Europe varies considerably. Despite these different systems it is generally accepted that the health care systems are based on some common principles like solidarity, equity, accessibility and quality.

Even though physiotherapy education is a minimum of three years´ duration at University level within the EU, there is not harmonisation of education of physiotherapists within the EU. Mutual recognition of professional qualification by individual evaluation according to the Directive 2005/36 EC is essential for migration and cross-border health services.

Comments on specific questions

Question 1: What is the current impact (local, regional, national) of cross-border healthcare on accessibility, quality and financial sustainability of healthcare systems, and how might this evolve?

The impact of cross border services is dependent not only on geographical distribution of services but also on patient choice and it is this aspect that is likely to grow as more information about health care systems and services becomes available across the EU. Although the level of patient mobility is currently low, patient choice is an increasingly important aspect of health policy in some Member States and a competition for best health care may evolve, especially for elective surgery, leaving disabled and older people at the bottom.

It is essential that patients are confident that the quality of health services in a host Member State or provided by a migrant health professional in the patient´s home Member State is of high quality thus ensuring the safety of the patient.

It is essential to ensure that the Directive 2005/ 36/ EC on the recognition of professional qualifications is functioning well and that the procedures of recognition are clear and transparent. Only this way can the competencies of the health professional and the quality of services be ensured.

The ER-WCPT believes that the main drivers for change will be cost, sustainability and standards. Countries with lower operating costs may not necessarily have the capacity to deal effectively with patients from other Member States. Cheaper care may be a false economy if standards are not adequate.

Question 2: What specific legal clarifications and what practical information is required by whom (e.g; authorities, purchasers, providers, patients) to enable safe, high-quality and efficient cross-border healthcare?

Relevant good information about health services must be ensured so that the patient would be able to make an informed decision about the choice of health services.

Health care providers need to ensure patients are eligible for health care services.

Communication between the patient and the health providers must be clear as language problems might create a barrier to cross-border health services. It must be clear who should be responsible and bear the cost of interpretation in cases of lack of language skills. Such costs could create barriers for vulnerable groups if not provided for by the Member States.

It is important to clarify the understanding of “undue delay” as a criteria and condition of providing cross-border healthcare. Currently the understanding of “undue delay” can vary considerably between Member States.

Providers, such as physiotherapists and other allied health professionals, need to be involved in discussions with their authorities on the components of any care packages commissioned from another Member State.

Whether care is provided outside the patient's own country, or within in it by an alternative provider, it is essential that there is continuity of care, sharing of information and appropriate provision of physiotherapy and other services.

It is also important to note that prevention of diseases and promotion of health are an integral and essential part of health services

Legal certainty on responsibility must be ensured and patients must be informed of the route for complaints at hospital and government level and the routes for complaints must be clear and transparent. Complaints generated by patients about the quality of services provided by individual health professionals would be forwarded to the respective regulatory authority in the country where the service was provided.

Patient data could be stored on the European Health card but in the interests of civil liberty this should be restricted to key information.

The ER-WCPT agrees that a framework and guidelines on healthcare and improved efficiency and effectiveness of all European health systems are important.

Core standards of practice at European level are important to ensure high-quality and efficient cross-border care. A minimum set of standards, however, could create a false security if they are set too low and might actually lower current standards in some Member States.

The aims and objectives of the European Region of WCPT, according to its Charter, are to improve the quality of physiotherapy education and practice in Europe and to promote physiotherapy in Europe. The ER-WCPT has adopted several policy documents to ensure high standards of physiotherapy education and practice.

Among these documents are:

- *A European Benchmark Statement on physiotherapy education outcomes*· The document describes the nature and standards of programmes of study in physiotherapy that lead to awards granted by higher education institutions in Europe in the subject of physiotherapy.

- *European Core Standards* of physiotherapy practice and *An Audit Tool* to measure these standards. The Core Standards provide clear statements about expected quality of interaction required to apply the ethical principles outlined by the World Confederation for Physical Therapy (WCPT).. There are clear criteria on how the standards will be achieved. The criteria are measurable so that patients, physiotherapists and others can assess the quality of interaction.

- *European Physiotherapy Service Standards* to ensure the quality of physiotherapy services in Europe.

- *Framework for Clinical Guideline Development.*

It would be helpful if information on similar initiatives within other professions could be accessed in one place.

Question 3: Which issues (e.g: clinical oversight, financial responsibility) should be the responsibility of the authorities of which country? Are these different for the different kinds of cross-border healthcare described in section 2.2. above?)

1. Cross-border provision of services. As a general rule, the responsibility of cross-border healthcare should be the clinical responsibility of the country where the health service is provided.

However some kinds of health services such as telemedicine might be a co-responsibility of the countries involved both clinically and financially. The insurance of the health provider must be clear.

2. Patient mobility, e.g. use of services abroad. The clinical responsibility should be of the country where the health service is provided and the home Member State would be financially responsible for the health services provided in another Member State.

It is likely that the EU would need comprehensive set of guidelines on financial responsibility covering situations where:

- The care is in a location chosen by the patient for convenience, e.g; they live close by. This kind of situation is likely to be ongoing and demand heavy in border areas. The host country should have financial support from their neighbouring Member State.

- The cross border provider is chosen and commissioned by the health system authorities in the host Member State to deal with waiting lists, costs or other issues with joint responsibility.

- The patient needs emergency treatment across borders.

The EU citizens using cross-border care would need to have an EU Health Card.

3. Permanent presence of a service provider in a host Member State.

The health services of the health providers should operate according to the rules of the host Member State it is located in, or at a higher level if its standards are at a higher level. In this way standards are raised.

4. Temporary presence of persons, i.e. Mobility of health professionals to a Member State of the patient to provide services.

As stated previously in the document, regulated health professionals, including physiotherapists, must operate within Directive 2005/ 36/ EC, their national legislation and rules of professional conduct of their respective professional bodies. Migrants must obtain registration and continue to practice under the rules of that host Member State. The ER-WCPT finds no lack of clarity here.

There is a need for clear public information about the process and the relevant contacts, particularly in Member States where the current level of litigation is low. Health care professionals may come to another Member State to provide a temporary package of services. The purchaser has a responsibility to ensure they secure services of an adequate standard and the provider to meet the agreed standards which are required in the host Member State

Question 4: Who should be responsible for ensuring safety in the case of cross-border healthcare? If patients suffer harm, how should redress for patients be ensured?

There is a need for clear legal clarity on who is responsible in case of harm or medical errors. There must be clear information about the legal rights of the patients.

This can vary from country to country and it would be necessary to make rules and protocols at EU level on procedures regarding harm in cross-border health care as it might be difficult for the patient himself to claim his rights in the host country.

The responsibility would lie with the country where the services were provided and should be the same as for nationals of that country as regards both patients and health professionals. An EU protocol on this issue that all Member States must adhere to must be developed.

Question 5: What action is needed to ensure that treating the patients from the Member States is compatible with the provision of balanced medical and hospital services accessible to all (for example, by means of financial compensation for their treatment in “receiving” countries?)

As stated earlier, it is recognised that the organisation of health care systems in Europe varies considerably and it is very important to sustain the generally agreed common principle like solidarity, equity, accessibility and quality.

It is important that countries with lower resources for health care would not offer services to patients from other Member States to improve their financial situation. This might lead to inequalities in health service between patients where vulnerable patient groups such as elderly and disabled persons as well as patients that are in need of expensive comprehensive care might not have the same access to services as patients.that would be more financially rewarding. (I have taken out the sentene about the private sector – I agree with you but I think we would have to make more explanations if we add it)

There might be a possibility of joint agreement between Member States of the provision of certain health services where the host Member State would receive financial compensation but it is essential that the provision of services is of high-quality and is compatible with the services that the patient would receive in his home Member State and that this would not lead to inequalities for other patient groups of the country where the health service is provided.

Question 6: Are there further issues to be addressed in the specific context of health services regarding movement of health professionals or establishment of healthcare providers not already addressed by Community law?

The ER-WCPT endorses the recommendations of the European Health Policy Forum (EHPF) on the mobility of health professionals where it is recommended that:

"it is particularly important to implement clear and transparent procedures for the recognition of professional qualifications"

and

"Short-term mobility should be subject to the rules of the host Member State in order to protect patients´ interests and rights".

The EHPF also recommended that "a system of continuous exchange of information between the Member States, in collaboration with the professional bodies and regulatory authorities should be established to allow quality control of migrant health professionals, in order that mobility may not be used by disqualified/under-qualified professionals to avoid consequences of malpractice in their home country".

The new IMI project for Recognition of Professional Qualifications as a result of the new Directive 2005/ 36/ EC might be a step in this direction.

The ER-WCPT also endorses the EHPF recommendation that "an EU system for the collection of good quality, comparable data on the consequences of free movement of healthcare workers from the perspective of the quality of health services in the EU should be developed". This should cover both public and private sectors. Information on the extent of patient mobility is also needed, before legislative proposals can be formulated. The expanding activity of profit-based health care companies should be monitored as there is the potential for undermining public health care systems and the EU value of solidarity.

It is important that mobility of health professionals would not lead to "drainage" of highly qualified professionals from Member States where resources are scarce. More information is needed on the reasons for mobility as this may reflect failure to invest in staff in their home Member States in terms of pay and training opportunities.

Ethical guidelines for recruitment agencies are necessary.

Question 7: Are there other issues where legal certainty should also be improved in the context of each specific health or social protection system? In particular, what improvements to stakeholders directly involved in receiving patients from other Member States - such as healthcare providers and social security institutions - suggest to facilitate cross-border care?

The ER-WCPT emphasises that all legal aspects at EU level should ensure the patients rights and fulfil the requirement on common principles of solidarity, equity, accessibility and quality. The reimbursement system must also be clear as there is currently great diversity within the different health systems in the EU as regards reimbursement and insurance systems for the patients.

Question 8: In what ways should European action help support the health systems of the Member States and the different actors within them? Are there areas not identified above?

The ER-WCPT endorses the emphasis of the EU Commission related to Support to Member States.

The ER-WCPT has in its own Health Policy emphasised the importance of European Networking between physiotherapists and the need to provide high-quality and cost-effective service. In the policy, physiotherapists are encouraged to develop and use evidence-based physiotherapy practice.

Physiotherapists are especially encouraged to take environmental factors into account in their provision of services both in treatment of patients and in prevention of diseases and promotion of health as environmental factors interact with all aspects of health conditions and quality of life of individuals. This is an important factor for all actors within the health systems.

The European Region of the WCPT emphasises that a system for Continuous Professional Development and specialisation for physiotherapists should be developed to improve physiotherapy practice and the quality of services. This is also important for other health professionals at European level.

Co-operation and exchange of information will enhance good physiotherapy practice as well as other health services in the European Union,

Question 9: What tools would be appropriate to tackle the different issues related to health services at EU level? What issues should be addressed through Community legislation and what through non-legislative means?

It is the opinion of the ER-WCPT that the responsibility of health services should continue to be the responsibility of the Member States but there is a great need to have some consensus framework of guidelines to ensure that the quality of services meets the requirements of the European Union. Only by some common guidelines will it be possible to bridge the inequalities of the current situation regarding health care in the European Union.

Whilst taking account of subsidiarity, it is necessary to explore what is similar and what is different and work toward raising standards and harmonising processes at European level.

The establishment of Common Platforms between regulated health professionals and the Bologna process are tools that could have impact on ensuring the competencies of health professionals and the quality of their education.

Closing remarks

The European Region of WCPT emphasises that all legal aspects on health services should emphasise the right of the patients and respect the common values of the European Union of solidarity, equity, accessibility and quality. It is important to share information about best practice and new knowledge. Research in the field of health services is essential to ensure high-quality, efficient and effective health care.

Key element is sharing of information and co-operation.

The European Region of WCPT hopes that these comments and recommendations will be given consideration in the further work on Community action on health services.

On behalf of the European Region of WCPT

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