



European Commission  
Health and Consumer Protection Directorate General  
Health services consultation  
B232 8/102  
B-1049 Brussels  
Belgium

2<sup>nd</sup> February 2007

**Postgraduate Medical Education  
and Training Board (PMETB)**

Hercules House  
Hercules Road  
London  
SE1 7DU

Tel: +44 (0)20 7160 6100

Email: [info@pmetb.org.uk](mailto:info@pmetb.org.uk)

Web: [www.pmetb.org.uk](http://www.pmetb.org.uk)

To the European Commission

**RESPONSE TO CONSULTATION DOCUMENT: COMMUNITY ACTION ON  
HEALTH SERVICES**

The Postgraduate Medical Education and Training Board (PMETB) welcomes the opportunity to comment on the Commission's consultation document, *Community action on health services*.

First of all, I should explain that PMETB is the Competent Authority responsible for postgraduate medical education and training in the UK. Our business has two overarching themes: the establishment and maintenance of standards in postgraduate medical education and training and the certification of doctors, who have trained in the UK and overseas, for entry to the Specialist and General Practitioner Registers. PMETB works closely with its sister Competent Authority, the General Medical Council (GMC) which holds the medical registers and which has a duty to ensure doctors' fitness to practise.

The consultation document raises important issues about the structures and mechanisms underpinning the freedom of movement within the EEA in the context of both patient choice and the temporary and permanent movement of health professionals between Member States to provide patient services. There are three themes, related to patient safety, that we would like to highlight in response to the questions posed.

***Question 2 What specific legal clarification and what practical information is required by whom to enable safe, high-quality and efficient cross-border health care?***

In the UK, PMETB and the GMC have a statutory duty to cooperate and do so on a number of levels. For example both organisations have well established arrangements which ensure that the status, probity and fitness to practise details of doctors applying for entry to the Specialist Register can be verified. Clearly, this is an important safeguard for both the service and patients. The exchange of information is, in our view, equally important both on a national and international level, in the context of free movement across Europe and particularly in light of the relaxation of provisions in the European Directive 2005/36/EC which permits doctors to provide temporary or occasional medical services without the requirement for registration with the host member state. To this end, PMETB would like to see enshrined in European legislation, a statutory duty of cooperation applicable to Competent Authorities of all member states, to ensure the exchange of information about doctors where there may, for example, be concerns about competence or fitness to practise.

***Question 3: Which issues (e.g. clinical oversight, financial responsibility) should be the responsibility of the authorities of which country? Are these different from different kinds of cross-border health care?***

As paragraph 3.15 of the consultation document states, the free movement of health professionals is addressed in Community legislation – Directive 2005/36/EC on the recognition of professional qualifications. Essentially, the new Directive provides for EU nationals established in another European State to visit the UK and provide specialist or GP services on a temporary or occasional basis without first being registered with the GMC.

We understand that a doctor intending to do this for the first time must provide the GMC with only basic details: the services to be provided, the period(s) covered, and the indemnity arrangements they have in force. Doctors who comply with this will be entitled to be registered with “automatic temporary registration” as a visiting EEA practitioner for periods to be determined by the GMC. There is no requirement for a test or standards applied for those granted temporary General Practitioner (GP) or Specialist status.

Currently, in the UK, it is a legal requirement for a doctor to be on the Specialist or GP Registers, held by the GMC, before they are eligible for appointment to a substantive or honorary NHS consultant post or can work as a GP. PMETB is concerned that the relaxations reflected in the Directive could undermine the purpose of the GP and Specialist Registers in that the new arrangements may imply that doctors affected by the changes are of a certain standard in their specialty when this might not be the case. We therefore share the concern expressed by other UK regulators (contained in the response from AURE and in earlier representations made through the Department of Health) that the new arrangements, without appropriate registration or authorisation by the authorities in the host state, present an unacceptable risk to patient safety. PMETB and the GMC will ensure that adequate steps are taken to ensure that potential problems presented by the new provisions are minimised. Nevertheless, we remain concerned that the changes, geared to increasing flexibility in the freedom of movement of labour, represent a dilution in the safeguards which have historically underpinned the movement of medical professionals.

***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 legislation?***

In tandem with other Competent Authorities in the UK, PMETB has concerns about the current arrangements in the EU which do not allow the language skills of health professionals, wishing to move from one EEA country to practise in another, to be tested by the host employing country. In our view, this represents a fundamental weakness in the regulatory framework and one which, again, has the potential to undermine patient safety.

To illustrate, one of the prerequisites of any practising doctor must be their ability to communicate effectively with patients and colleagues in the process of diagnosis, seeking consent to and the delivery of treatment and ensuring continuity of care. Misunderstandings attributable to language barriers will inevitably, in certain cases, endanger or delay the effective and safe delivery of care.

Whilst employers have a responsibility for determining the most suitable candidate for a particular job, assessing an individual’s language proficiency should not, as it does currently, fall to them. The issue is more pertinent to the regulatory framework and safe practice. It is our view, therefore, that European legislation should be amended to allow Competent Authorities

across Europe to establish, at the point of registration, that a professional has the level of language proficiency necessary to practise safely. Action in this respect is long overdue.

I hope these comments are helpful.

Yours faithfully

Mark Dexter  
Head of Policy

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.