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Recommendations on
**MOBILITY OF
HEALTH
PROFESSIONALS**

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<p style="text-align: center;">EU HEALTH POLICY FORUM</p> <p style="text-align: center;">RECOMMENDATIONS ON MOBILITY OF HEALTH PROFESSIONALS</p>
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ABSTRACT

This paper focuses on how the professions are organised to meet the challenges of mobility, and on the possible ways to optimise the mobility of health professionals in order to respond better to the needs of citizens and patients.

Quality needs to be insured in the recognition of professional qualifications through a stronger legal basis for public health combined with a reinforcement of the role of Health and Consumer protection Directorate General in all health issues. Clear and transparent procedures should be established for the recognition of professional qualifications, and lifelong learning should be used to facilitate the mobility of professionals.

Good quality data, seen from the perspective of the quality of healthcare, on the consequences of free movement of health professionals need to be collected. An EU system of proof of good conduct should be created. Liability rules should be based on a non-fault system as well as should patient insurance, so patients will in any case receive adequate compensation. Guidelines of best practice recruitment shall secure against unethical recruitment practices. Finally health information should be included in the health card to facilitate inter-professional cooperation.

Keywords

Professional qualifications
Organisation of health care professionals
Quality
Data
Health information

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EU FORUM ZUR GESUNDHEITSPOLITIK
EMPFEHLUNGEN ZUR MOBILITÄT VON ANGEHÖRIGEN DER
GESUNDHEITSBERUFE

AUSZUG

In diesem Text geht es um die Art und Weise, wie die Berufe des Gesundheitswesens organisiert werden sollten, um die anstehenden Herausforderungen in puncto Mobilität zu bewältigen, sowie um Möglichkeiten zur Optimierung der Mobilität von Angehörigen der Gesundheitsberufe, um den Bedürfnissen der Bürger und Patienten besser gerecht zu werden.

Bei der Anerkennung von Berufsqualifikationen muss auf eine bessere Qualitätssicherung geachtet werden. Dies erfordert eine wirksamere Rechtsgrundlage für das Gesundheitswesen in Verbindung mit einer Stärkung der Rolle der Generaldirektion Gesundheit und Verbraucherschutz in allen Gesundheitsbelangen. Es sollten klare und transparente Verfahren zur Anerkennung beruflicher Qualifikationen eingerichtet werden, und die Mobilität der Arbeitnehmer sollte durch lebenslanges Lernen erleichtert werden.

Es werden aussagekräftige Daten benötigt, denen zu entnehmen ist, inwieweit sich die Freizügigkeit der Angehörigen der Gesundheitsberufe auf die Qualität der Gesundheitsfürsorge auswirkt. Zudem sollte ein EU-System für Führungszeugnisse geschaffen werden. Die Haftung und die Patientenversicherung sollten verschuldensunabhängig geregelt werden, um zu gewährleisten, dass die Patienten in jedem Fall angemessene Entschädigungen erhalten. Um unmoralischen Einstellungspraktiken vorzubeugen, sollten Leitlinien für gute Einstellungspraxis aufgestellt werden. Zudem sollten auf der Krankenversicherungskarte Gesundheitsdaten gespeichert werden, um die fachübergreifende Zusammenarbeit zu erleichtern.

Schlagwörter

Berufsqualifikationen
Organisation der Angehörigen der Gesundheitsberufe
Qualitäten
Daten
Gesundheitsdaten

<p style="text-align: center;">FORUM UE SUR LA POLITIQUE DE LA SANTÉ</p> <p style="text-align: center;">RECOMMANDATIONS SUR LA MOBILITÉ DES PROFESSIONNELS DE LA SANTÉ</p>
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RÉSUMÉ

Le présent document porte sur la manière d'organiser les professions pour relever les défis de la mobilité, et sur les moyens qui permettraient d'optimiser la mobilité des professionnels de la santé afin de mieux répondre aux besoins des citoyens et des patients.

Dans le cadre de la reconnaissance des qualifications professionnelles, il convient de garantir la qualité par une base juridique plus solide dans le domaine de la santé publique et par le renforcement du rôle de la direction générale de la protection des consommateurs et de leur santé dans toutes les questions relatives à la santé. Il faudrait établir des procédures claires et transparentes de reconnaissance des qualifications professionnelles et recourir à l'éducation et à la formation tout au long de la vie pour favoriser la mobilité des professionnels.

Il faudrait collecter des données fiables permettant de déterminer l'incidence de la libre circulation des professionnels de la santé sur la qualité des soins de santé. Un système communautaire de preuve de moralité professionnelle devrait être créé. Les régimes de responsabilité ainsi que les assurances des patients devraient reposer sur un système de responsabilité sans faute afin que les patients soient assurés de recevoir une indemnité adéquate. Des guides de bonnes pratiques de recrutement protégeront contre des pratiques de recrutement contraire à l'éthique. Enfin, il faudrait inclure dans la carte de santé des informations de santé afin de faciliter la coopération interprofessionnelle.

Mots clés

Qualifications professionnelles
Organisation des professionnels de la santé
Qualité
Données
Informations de santé

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Introductory remarks

At the first full session of the EU Health Policy Forum in November 2001 it was decided that the mobility of health professionals and the quality of healthcare and prevention should be one of the key priorities to be addressed. It was selected as the main topic for discussion for the June 2003 session, which led to the development of this background document for discussion between the Forum stakeholders. This document has been coordinated by the Standing Committee of European Doctors (CPME) in collaboration with the Dental Liaison Committee of the EU (DLC), the European Midwives Association (EMA), the European Region of World Confederation of Physical Therapy (WCPT), the Standing Committee of Nurses of the EU (PCN), the Pharmaceutical Group of the European Union (PGEU), the European Union of Medical Specialists (UEMS), the European Health Management Association (EHMA) and the European Federation of Public Service Unions (EPSU), and proposes recommendations which will be subject to a consultation process involving all Forum members.

Health professionals are key players in the provision of health services across the range of the healthcare spectrum in the EU. Since its inception, the European Community, now the European Union, has always promoted the freedom of movement of workers, the freedom of establishment and the freedom to provide services as one of the cornerstones of the EU structure.

The aim of this paper is to focus on how the professions are organised to meet the challenges of mobility, and on the possible ways to optimise the mobility of health professionals in order to better respond to the needs of citizens/patients.

This paper intends to look at the current situation of the mobility of health professionals in light of the application of the principles of the Treaty of the European Union and EU legislation relating to health professionals, to highlight any problems and to provide political recommendations on the best ways to improve mobility in the interest of patients who should receive health services of the highest quality.

Preamble

The European Community Treaty lays down in Article 3 that the “internal market [is] characterised by the abolition, as between Member States, of obstacles to the free movement of goods, persons, services and capital”. In addition, Article 152 lays down that “A high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities”.

Mobility means the geographical movement of a health professional from one country to another in order to provide services or to establish himself/herself in a host Member State. New forms of health service like e-health solutions (for example Telemedicine, Telenursing etc.) are not dealt with in this document even though they should be subject to the same stringent rules of quality as the more “traditional” healthcare solutions.

- Mobility of highly qualified health professionals contributes to the achievements of the two objectives underlined above.
- It is essential that the mobility of health professionals is facilitated so that there is free movement to exchange skills and knowledge and on-going professional and scientific education.
- Thus, mobility is being used in training, in practice and for scientific purposes. The individual decision to move could also be based on personal/economical reasons.

In recent years, professional mobility has been high on the European political agenda. In 2000, the Lisbon European Council set as a target that the Union should become the most competitive and dynamic knowledge-based society in the world by the year 2010. Efforts to promote quality education and training, optimising human resources and developing flexible labour markets will play key roles in achieving the Lisbon objective. The EU institutions regard occupational mobility as one of the means to reach a high level of employment and to adapt to a competitive global economy¹. However, in the health sector, competitiveness should never be at the expense of quality and patient care.

Health should be governed by considerations other than purely financial ones even though aspects of healthcare are subject to economical definition at EU level². The European Commission³ has defined the necessary combination of different considerations for health policy, namely:

1. access to care for everyone
2. a high level of quality in the care provided
3. the financial viability of health systems

Quality should govern the recognition of professional qualifications

Health professionals are regulated at the level of Member States and, to a certain extent, at European level to ensure that only properly qualified professionals provide health services.

In order to facilitate free movement, the EU legislation has established different systems of recognition of professional qualifications that should enable the migration of high-quality professionals. These systems should ensure that citizens obtain health care and health protection of the same quality as that provided by their national health professionals. This element is crucial in order to maintain citizens' confidence, which is an essential aspect in the provision of health services and contributes to a successful outcome. As recently revealed in a

¹ Action plan for skills and mobility, European Commission, COM (2002) 072, Council Resolution on 3 June 2002 on skills and mobility and report of the European Parliament on the EC's communication of 19 September 2002

² See case-law of the European Court of Justice on the free movement of patients: Kohll (C-158/96), Decker (C-120/95), Smits and Peerbooms (C-157/99), Vanbraekel (C-368/98) and Müller-Fauré (C-385/99)

³ The future of healthcare and care for the elderly: guaranteeing accessibility, quality and financial sustainability, European Commission, COM (2001) 723 Final

Eurobarometer survey⁴, medical and health organisations are the most trusted sources of information about health. This trust should be reaffirmed by high-quality standards.

The set of rules for the recognition of professional qualifications laid down at EU level take into account the level of qualification and harmonisation reached in training to access the particular profession.

The legal framework established at European level distinguishes two different regimes which facilitate the mobility of professions:

- The so-called “general system”, which may require a case by case evaluation, of the diploma by national authorities with the option to impose compensation measures. In the general system, ad hoc evaluation is a key obligation to allow recognition in Member States other than the one in which the diploma was awarded.
- The sectorial system, based on common minimum training standards⁵ defined in the relevant sectorial directives⁶. The minimum common criteria lead to the automatic recognition of the diploma, without any need for ad hoc evaluations, for diplomas meeting the minimum requirements.

Dentists, medical doctors, midwives, nurses, pharmacists and veterinarians are covered by the sectorial system; all other health professionals are covered by the general system.

The new Commission proposal for a Directive on mutual recognition of professional qualifications is intended to simplify access to the market (right of establishment) and to facilitate the cross-border provision of services for all types of professions. However, we feel that this new Directive does not sufficiently cover the inherent problems of health services in taking account of issues such as quality and safety. Furthermore, a drastic reduction of the scope of automatic recognition as proposed could be counterproductive for quality and lead to two-tier regimes within the same profession, one tier covered by automatic recognition, the other coming under the general system⁷.

⁴ Eurobarometer 58.0 “European citizens and sources of information about health”, March 2003

⁵ i.e. Requirements on the duration of training, the number of hours of courses, the balance between theory and training periods, the main subjects to be covered in the course of study etc

⁶ Council Directives 77/452/EEC, 77/453/EEC, 78/686/EEC, 78/687/EEC, 78/1026/EEC, 78/1027/EEC, 80/154/EEC, 80/155/EEC, 85/384/EEC, 85/432/EEC, 85/433/EEC and 93/16/EEC concerning nurses responsible for general care, dental practitioners, veterinary surgeons, midwives, architects, pharmacists and doctors

⁷ Currently 52 medical specialities are automatically recognised, the proposal intends to reduce this number to 17

Recommendations:

- **A stronger legal basis for public health should be created to better implement a high level of health protection as a key objective of the European Union in all Community policies. With this in mind, we suggest that the role of DG Health and Consumer protection as the reference point for health issues should be reinforced. Every effort should be made to ensure that DG Health and Consumer protection is closely associated with the work of other DG's which impacts upon a high level of health protection in the European Union from the earliest stages.**
- **The mobility of health professionals has an important health impact, which should be adequately addressed and evaluated, from a health perspective. It therefore appears particularly important to implement clear and transparent procedures for the recognition of professional qualifications. In particular the following should be noted:**
 - **Short-term mobility (free provision of services) should be subject to the rules of the host Member State in order to protect patients' interests and rights**
 - **Collaboration between national authorities should be improved**
 - **Efficient updating procedures should be put in place to reflect scientific progress, with the official involvement of the professions, to ensure that any update or any issue linked to education and training that requires change meets the needs of professionals and patients**
 - **The scope of automatic recognition should be guaranteed to maintain high quality standards. The application of automatic recognition should be extended in recognition of ongoing scientific progress.**
- **Life-long learning, continuous formal education and continuous professional development (CPD procedures) should be used to facilitate the mobility of professionals. Networks and best practices on such life-long learning should be strengthened.**

Implementation of quality requirements in the organisation of the healthcare professions

A system of continuous exchange of information, in collaboration with the professional bodies and regulatory authorities, between the host Member States 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 the consequences of malpractice in their home country.

a) Compilation of comparable data at EU level

Despite the growing concern across Europe about the shortage in the health professions workforce, the continually increasing international mobility and the ensuing difficulties in healthcare planning and workforce determination, there is a lack of proper data on the resources of the health professions, their age profile, and the turnover of health professions at national, European and international level. This remains the greatest difficulty in predicting workforce requirements and in planning for the provision of the most effective and efficient use of these resources, which is also dependent on national policies and systems.

Workforce data on health professionals are collected from professional registers in most countries. These registers indicate that a professional is registered as such in that country, but will not indicate if that person is in active full-time employment⁸.

However, the data are not currently comparable at EU level.

Therefore, guidelines on the aggregation of data should be developed and Member States should be assisted / encouraged to collect and compile comparable quality data at local, national and European level based on an adequate registration system. The collection of both quantitative and qualitative data would enhance the quality of the decisions, financial performance including cost effectiveness, and result in better quality of care.

There is an urgent need to gather accurate and reliable data about the mobility of health professionals within Europe in order to make predictions for future trends.

b) Exchange of information on disqualified health professionals

Citizens should be confident about the quality level of health and health services provided. Existing rules on the free provision of services and free establishment stipulate checking of qualifications and checking of existing registrations, especially in the case of the provision of services. However, the system is based on mutual recognition and there is no systematic checking of the situation of the migrant health professional.

⁸ For instance, the Nurses' Register in Ireland is a case in point. There are 61,309 nurses on the Register (50,940 on the "active register" and 10,389 on the inactive register), which would indicate that Ireland has a surplus of registered nurses. However, the Irish Nursing Association estimates that only approximately 35,000 nurses are actively working in the Irish health services.

A network of European databases should be set-up in order to exchange appropriate data between national authorities: proof of the good conduct of professionals should be available to professional organisations so that recorded incidents of malpractice (that is to say professionals who have been prosecuted) should be exchanged between Member States.

c) Workforce planning

Free movement is also used by Member States or private undertakings in cases of specific shortages of qualified staff at specific times.

Free movement brings the necessary adaptability to the workforce market.

However:

- Aggressive and inappropriate mass recruitment is damaging for the home Member States,
- Migrant professionals must benefit from the same working conditions and professional obligations as nationals so that fair and identical working conditions are applied to all, regardless of the country in which they qualified,
- Member States can be faced with a 'brain drain' situation.

Within a single market, professional organisations are concerned about unethical practices in recruitment, while looking for the most experienced resources, which may lead to a deterioration of the health service in their home country. Furthermore, the health professions are concerned about the possible exploitation of migrant workers.

The problems associated with international recruitment could lead to the adoption of guidelines for best practice recruitment of health professionals. A fair balance must be found between sustainability of health services and the fundamental right to move.

This is where DG Health and Consumer Protection and DG Internal Market can assist Member States in collaboration in good recruitment practices. Sharing good practices in recruitment and retention at national and European level is essential.

d) Retention of the health professions workforce

A well-motivated, well-educated and adequately resourced workforce will be the key to the success of the European social model, based on accessibility, affordability and universal access to health services and on cooperation between the different parties active in health services delivery. The greatest influencing factor in decreasing the attractiveness of a career in health services is low pay, working conditions, stress, excessive workload, poor image of the profession, lack of career progression (particularly for women) and shift work.

Governments should focus their strategies on the growing needs of domestic health professions. This includes implementation of strategies to attract returnees to the professions and back-to-practice courses, as well as family-friendly initiatives, adequately staffed childcare and crèche facilities and flexibility during working hours.

Recommendations:

- **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**
- **Governments should focus their strategies on the growing needs of domestic health professions**
- **Recruitment guidelines should be developed and action taken to exclude aggressive recruitment of health professionals**
- **An EU system of proof of good conduct should be created**
- **Sectoral social dialogue should be recognised as a valuable tool in addressing the issues about recruitment retention, the ageing workforce and the identification of skills needed**

Impact of the mobility of healthcare professionals on patients

When treated by a health professional who received his/her qualifications in another EU country, patients should be confident that the professional offers at least the same level of competency as professionals qualified in the host Member States. The quality control provided by the system of recognition of qualifications, the requirement to register in the host Member State and the exchange of information between the national authorities are essential to ensure this level of quality.

One issue is however essential: the question of liability, especially in the case of provision of services. Inappropriate health provision could have lethal consequences or consequences that would be difficult to compensate. A simple non-fault liability system should be promoted so that patients are not penalised when treated by a migrant health professional.

Recommendation:

- **Clear and simple rules on liability exclusively based on a non-fault system should be established. Patients should have insurance to receive adequate compensation**

Wider issues

Many issues, such as patient information, health cards and reimbursement are important for quality health care. Although important, these issues are not directly connected to the mobility of health professionals but can be seen as the other side of the coin.

The current health card plan should be further developed in order to facilitate inter-professional cooperation. A more integrative approach to patients could then be achieved among the various professions concerned (card used by the doctor/nurse/pharmacist) in different countries. However, as health data are very sensitive, a high level of confidentiality must be maintained. Rules on sharing data on a need-to-know basis should be developed in the context of EU wide movement.

Recommendation:

- **Health information should be included on the health card while guaranteeing a high level of confidentiality to ensure the best interests of the citizen.**

In the context of the debate and the recommendations of this paper, it is important to support and facilitate qualitative and equitable health services within the European Union with a strategic contribution to the development of a sufficient, effective, competent and motivated workforce of healthcare professionals. This workforce, their competences and their mobility are essential within a single market but need to be linked to the quality of care and safety of all patients and citizens.