

# HPCB

Healthcare Professionals Crossing Borders




## 2009 HPCB survey results

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### From Dublin to Brussels

**HPCB**  
Healthcare Professionals Crossing Borders

- HPCB Dublin meeting at the PSI in March 2009
  - Participants discussed achievements to date (Portugal and Edinburgh Agreements, MoU)
  - Consensus emerged: take stock of compliance with voluntary agreements
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- HPCB steering group set up to draft a survey to assess progress on the implementation of the Portugal agreement and information sharing

## From Dublin to Brussels (2)

Survey launched in August and responses invited by end of September

Survey circulated to:

- over HPCB 280 contacts on the Secretariat's database
- EU member states through the European Commission's Coordinators Group and Implementation Committee for Directive 2005/36/EC

## Survey demographics

• 41 responses from 22 European countries

• Broad spectrum of healthcare professionals responded but some underrepresented

• Most have a national regulatory remit; one has a regional remit and one a local regulatory remit

• 37 respondents responsible for initial registration, 28 for specialist registration, 18 for inspection or accreditation and 32 for disciplinary procedures

The infographic displays 22 European flags: Portugal, Poland, Norway, Netherlands, Slovakia, Czechia, Italy, Spain, Sweden, United Kingdom, Croatia, Ireland, Hungary, Germany, France, Finland, Estonia, and Denmark. A map of the European Union is also shown.

To be drafted in the new year by the Steering Group



To be circulated for comment to all HPCB participants

## Main outcomes

### Significant progress and findings on the:

- Sharing of reactive (on request) information
- Use of Certificate of Current Professional Status template
- Significant support for IMI and suggestions for development
- Good availability online of professional standards

### Risk areas to patient safety:

- Some respondents cannot share proactively\*
- Some respondents cannot consider evidence and findings about a healthcare professional's fitness to practise provided by another competent authority\*

\* *This is a complex legal area*

**The Portugal Agreement encourages competent authorities to have a website, develop real-time web-based publicly searchable lists of registered professionals**

**39 of the 41 respondent organisations have a website**

**29 make available a list of registered healthcare professionals and 2 are constructing this facility.** Of these:

- 20 list the registration status of the healthcare professional
- 26 publish a searchable list by the name of the healthcare professional
- For erasures, 16 update their lists automatically on a daily basis

**Wide variation in the information contained in public lists/registers of healthcare professionals.**

**Encouraging to see that:**

- **The registration status is available on most of the lists that are available to the public**
- **Most of the lists are searchable**

**In many cases it is possible for members of the public, patients, employers and other competent authorities to ensure themselves quickly and easily of a practitioner's right to practise ensuring transparency and contributing to patient safety.**

## CCPS

**The Portugal Agreement encourages competent authorities to adopt and implement the Certificate of Current Professional Status (CCPS) template**

**20 respondents have implemented the CCPS template**

**7 respondents are in the process of implementing the CCPS template**

**7 respondents indicated that although they had not implemented the CCPS their equivalent certificate contained most of the fields in the CCPS template**

**7 respondents either do not share data or did not submit a response on the CCPS section of the survey**

## CCPS (2)

**The development of the CCPS has been successful in providing a framework template for the reactive exchange of information**

**Even though the survey revealed some discrepancies with regards to the template fields in use, key areas for the identification of the professional and their fitness to practise.**

**None of the respondents felt that the CCPS format should be revisited to include any additional information**

## Information sharing

**The Portugal Agreement encourages competent authorities to work towards adopting the HPCB MoU on case-by-case and proactive information exchange**

**38 respondents reactively (on request) share information, of these:**

- 29 would disclose if a healthcare professional has been removed from their register

**21 respondents proactively share information, of these:**

- 16 routinely notify the jurisdictions where a healthcare professional has been known to have worked previously or is currently working
- Only 7 respondents produce a decision circular circulated to a range of European regulators

## MoU on information exchange

**The HPCB Memorandum of Understanding on proactive and case-by-case information exchange encourages signatories to share information about healthcare professionals**

**9 respondents have signed the MoU for both proactive and reactive information sharing, and:**

- 3 more respondents have signed the MoU for reactive information sharing only
- 11 further respondents indicated they intended to sign the MoU for both proactive and reactive information exchange

**29 respondents have not signed the MoU, of these:**

- 18 respondents proactively and reactively exchanged information; and
- 8 respondents reactively share information anyway

## MoU on information exchange (2)

**Encouraging to see many respondents sharing information reactively in some form**

**Interesting to note that a number of respondents share information both proactively and reactively but are not signatories to the MoU.**

**Proactive sharing of information remains problematic for some competent authorities due to domestic privacy legislation.**

**For cases of erasure and suspensions (more serious) respondents more likely to share information.**

## Hearings & Decisions

**The Portugal Agreement encourages competent authorities to work towards making all notifications of disciplinary hearings and decisions public, where legally possible**

**35 respondents responsible for disciplinary procedures or publish information about them, of these:**

- 20 make the details of hearings public in advance;
- 26 make their decisions public once they have been made;

Higher number of respondents makes information publicly available once a decision has been made about a healthcare professional's right to practise.

Respondents have less difficulty with publishing information when a decision has been taken.

## Information received

The survey asked detailed questions about what competent authorities can do when they receive disciplinary information about healthcare professionals

Detailed finding in this area - will be shared with the HPCB initiative

Responses indicate a wide variation in approach to dealing with information about suspensions, erasures, investigations and evidence received from other competent authorities.

Complex legal area where further sharing of practise may be helpful

**The Portugal Agreement encourages competent authorities to support the development and use of the Internal Market Information system**

**29 respondents listed on IMI, of these:**

- 27 routinely respond to request for information through IMI
- 25 routinely issue requests for information
- 25 indicated that it is a useful tool.

**Respondent suggestions for further developments of IMI:**

- **Making IMI compulsory for all competent authorities subject to Directive 2005/36/EC**
- **More flexibility i.e. free text questions and answers**
- **Functionality that would allow proactive information exchange**

### **Proactive and reactive information sharing**

- Continue to encourage competent authorities in member states to sign the HPCB MoU and use the CCPS template

### **Internal Market Information system**

- Should it be compulsory?
- Could it become a vehicle for the secure sharing of CCPSs between competent authorities?
- Should its legal base be strengthened to allow proactive information sharing?

### **Competence Assurance**

- In line with the Portugal Agreement share experience and practice about the development of competence assurance systems for healthcare professionals in Europe?

### **Decisions made by others**

- Explore the development of the EU Stockholm programme (on the mutual recognition of judgements imposing disqualifications and encourage the systematic exchange of information, particularly when personal safety is affected) and share experience in this area?

### **Revision of Directive 2005/36/EC in 2011–2012?**