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At its Board meeting, Brussels, 9 April, 2005, the CPME adopted the following policy : Health Care Professionals crossing borders (CPME 2005/029 Final EN/fr)

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## **Health Care Professionals Crossing Borders – Exchange of Information between Competent Authorities**

### **Policy Statement by CPME**

#### **Preamble**

1. The free movement of physicians within the EU/EEA/Switzerland is an important right of professionals and also an advantage to the health care systems
2. It is equally important that the health care services are of high quality which requires adequate medical training and professional skills and competence
3. An exchange of information on migrating physicians between the member States' competent authorities is both legitimate and necessary for obtaining these objectives
4. Clear and transparent procedures for the mutual recognition of professional qualifications must be implemented.
5. These procedures must include an efficient and easy-to-use system for communication between the national competent authorities concerning restrictions on the practice of migrating physicians.
6. It should be noted that the present medical Directive 93/16/EEC, in Article 12.1, calls for information of this kind to be forwarded from the "home" Member State to the "host" member State. The draft new Directive in the version of the Common position adopted by Council on 21 December 2004, Article 56.2, also stated the following:

*"The competent authorities of the host and home Member States shall exchange information regarding disciplinary action or criminal sanctions taken or any other serious, specific circumstances which are likely to have consequences for the pursuit of activities under this Directive, respecting personal data protection provided for in Directives 95/46/EC-----"*

#### **CPME Policy**

- 7 The CPME's comprehensive view on the exchange of information on physicians' misconduct is based on striking a balance between the legitimate and necessary need for exchanging certain types of

information in order to safeguard the quality of care and the individual physician's right not to have his/her opportunity to work in various Member States jeopardised by dissemination of personal information with no relevance to his/her right to practise.

- 8 In some Member States there is one single competent authority on national level while in other countries there may be several authorities on national and/or regional levels acting as competent authority.

CPME supports the idea of establishing a well-functioning network between the authorities concerned. It must be easy for one authority to get in contact with its counterpart in another Member State. One efficient way to arrange this is for the authorities to be listed on a joint website. The co-operation would be further enhanced if each Member State designates one single national contact point that could be approached by the competent authorities in the other Member States.

Competent authorities make judgements concerning physicians' standards by a variety of methods. CPME believes that there is a benefit to good patient care by increasing the sharing of information both about physicians' competence and also disciplinary history. Co-operation between competent authorities could benefit from improved mutual knowledge of the national grounds for issuing, or not issuing, a Certificate of Good Standing or similar indication of an adequate standard of competence.

- 9 There are various kinds of misconduct and different types of sanctions that can be the result of misconduct.

CPME believes that the information to be exchanged on these matters should be limited to such misconduct that has resulted in sanctions affecting the physician's right to practise. Withdrawn licences to practise, limitations of prescribing rights, probationary work under supervision, restrictions as to what kind of work one is allowed to perform is information that should be shared.

- 10 Most physicians will never move to or render their services in another Member State. The administration procedures for exchange of information should reflect this fact.

General or routine information to any competent authority on an individual physician's malpractice and sanctions should be avoided, since they serve no purpose unless the physician is about to migrate to another Member State. It is the responsibility of a physician, at registration with a competent authority to inform them of all other countries in which he/she is registered, and also disclose the existence of any restriction placed on his/her freedom to practise by any other body.

It is the responsibility of the competent authority, in receipt of this information, to establish the nature of restrictions placed on a physician's freedom to practise.

Similarly, if a competent authority imposes sanctions on a doctor's practice, it has a duty to notify this to all known bodies with whom the doctor is registered.

CPME does not support the establishment of a central EU database containing information on doctors' sanctions.

11. Complaints against physicians and possible consequential sanctions can appear all through the doctors' professional career.

CPME believes that information on old and obsolete sanctions or misconduct should not be exchanged. Only factors affecting the present right to practise should be communicated.

12. Information on pending cases – i.e. when a malpractice complaint has been initiated but the final outcome is unknown, or where a previously-decided sanction has been referred to a higher body - constitutes a particular problem.

CPME believes that this type of information must be handled with great caution by the competent authority in the country where the disciplinary process is undertaken. Whether or not to divulge information of this kind to another country must be considered with due regard to the specific circumstances.

13. What is regarded as professional misconduct, and also the possible sanctions resulting from a proven misconduct, may vary from one Member State to another.

CPME does not consider it worthwhile to try to find common denominators at EU level concerning both the definition of misconduct and the sanctions that will follow. The present national rules have their roots in national traditions and values. A harmonisation of these views will probably emerge over time, but during that process the national differences should be accepted.