General Osteopathic Council

GOsC response to DH consultation on the European Commission's proposals for a Directive on the application of patients' rights in cross-border healthcare

Background

The General Osteopathic Council (GOsC) has a statutory duty to regulate the practice of osteopathy in the UK. Osteopaths must be registered with the GOsC in order to practise in the UK.

We work with the public and profession to protect and promote patient safety through effective regulation of osteopaths in the UK by:

- Registering qualified professionals
- Setting standards of conduct and osteopathic practice
- Assuring the quality of osteopathic education
- Requiring continuing professional development by osteopaths
- Dealing with patients' concerns or complaints about osteopaths

The 2008 Statutory Register of Osteopaths provides a geographical index of all practising osteopaths, and is available to the general public and to healthcare providers online at: www.osteopathy.org.uk

European context

Osteopathy is an emerging profession in regulatory terms within Europe. Currently four countries regulate osteopathy: France, Finland, Malta and the United Kingdom, although there is encouraging progress toward regulation in Ireland, Italy, the Netherlands and Portugal. As a UK health regulator, the General Osteopathic Council believes that members of the public should be confident they will receive high standards of healthcare wherever they seek treatment in Europe.

Key concerns

In any future EU Directive, the GOsC would wish to see:

- A Europe-wide approach to communication and information sharing (such as registration and fitness to practise data) between Member States. This could only be achieved through the development of a legal duty,
- Regulatory mechanisms across Europe to ensure consistently high standards of osteopathic care for patients.

Our response to the Department of Health's consultation, set out below, focuses on those questions on which we feel qualified to respond as a regulator of a profession working predominantly in private practice. For further information, please contact the GOsC Public and International Affairs Manager, Sarah Eldred on Tel: 020 7357 6655 x245 and / or via email at: sarahe@osteopathy.org.uk

Consultation questions:

1) Common principles in all EU health systems

1. What role (if any) should the Commission have in setting standards for cross-border healthcare?

The GOsC does not believe the European Commission has a role in setting standards of osteopathic education, training and practice. We agree with the position of the Department of Health (DH) that it is for national Governments to set these standards of healthcare in their respective Member States.

However, in order to ensure a more consistent level of quality care across Europe in line with the common values and principles agreed by Member States governments[1], we would hope that any Directive would encourage the development of regulatory mechanisms for osteopathy where these do not currently exist in Europe.

2) Use of healthcare in another Member State

7. What information, and presented in which format(s), do you think patients need to make an informed decision on receiving treatment in another EU Member State?

We assume that the DH will be consulting widely on this question with patient and public representatives, but from our experience of patients' expectations of osteopathic practice, they would expect to receive information on:

- the minimum standards in place in the Member State with respect to the particular kind of care sought,
- risks / benefits of seeking care in another Member State,
- the treatment for musculoskeletal disorders available in another Member State,
- the cost of care and the degree to which this may be funded by the Member State,
- what the process involves (including timescales) from decision to delivery of care and practicalities with after care, e.g. communication between healthcare professionals in different Member States,

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[1] Council Conclusions on Common Values and Principles in European Union Health Systems, June 2006.

- trends in questions patients may wish to ask the healthcare provider, for example the registration status of the practitioner (whether s/he is registered on a temporary or establishment basis in the country of treatment),
- information on where to go if something goes wrong, e.g. which Member State and which body / regulator? Regulatory responsibility must rest with the Member State of treatment, including temporary services.
- clear signposts to sources of further information.

To make an informed decision, patients need to feel confident that healthcare professionals are fit to practise. This can only come from robust regulatory mechanisms across Europe and effective communication and information exchange between those healthcare regulators.

Public information needs to be objective, accurate, up-to-date and available in a variety of languages and formats, e.g. online, hard copy, telephone, and Braille to ensure effective access to European Union citizens. It is not clear what language patient information should be provided in, but it seems sensible to assume that the patient has a responsibility to understand the language of the Member State in which they are seeking care.

The national contact points could serve as a central source of information, with close links with healthcare regulators. Patients may also seek to access information from patient/consumer-related organisations and insurance providers, but in all cases this information needs to be consistent.

8. Where should NHS national contact points be located, should they only be required to provide information about patient rights/entitlements and the home system, and how might they make use of existing resources?

Whilst the main focus of this policy is the likely impact on NHS care, it cannot be discounted that private healthcare will be delivered increasingly across borders in the spirit of this proposed Directive. We would, therefore, not support the term NHS national contact point. UK health contact points (possible title?) could be provided through a branch of the Department of Health? (e.g. similar to NHS Choices, but not purely on NHS care) as an information hub on patients' rights/entitlements in the UK. In order to provide effective and reliable information, close links with the UK healthcare regulators is essential.

It is not clear to what extent national contact points should provide information on healthcare in other Member States, but practically national contact points can only provide guidance on the national healthcare system. Contact details of respective national contact points in other Member States could also be provided to patients to facilitate their research. Clarification is also needed as to the level of assistance provided by contact points to patients seeking redress, however it would make sense that this would be provided by the appropriate regulatory body (where one exists).

It is vital that this Directive brings about greater information exchange between healthcare regulators. We would support calls for a legal duty on regulators to share a range of information critical to ensuring patient safety. Consideration should also be given to formalising the work of the Healthcare Professionals Crossing Borders network, particularly with regard to shared principles of regulation[2] and proactive exchange of disciplinary information[3].

3) Cooperation on healthcare

10. How do you think the European reference networks and proposed health technology assessment network might best add value to the UK?

Through sharing knowledge and training with European colleagues, the European Reference Networks and proposed health technology assessment network could serve to enhance the quality and safety of healthcare delivery in the UK, for example in the treatment of musculoskeletal disorders. However, to be effective, common mechanisms of information gathering could be considered.

11. The draft Directive proposes that the EU plays a greater role in setting required standards in data collection and e-health (including health record systems and e-prescriptions). Would this add value and what impact might this have on current UK systems?

Setting standards in data collection would add value where the outcome enhances patient care, e.g. sharing data on adverse events in treatment to inform and improve healthcare delivery.

There appears to be some value in establishing common mechanisms which will facilitate the sharing of health record systems and prescriptions, but this should not be at the expense of safe and quality care. There are a number of safety concerns regarding access to e-health, including the regulation of “care” delivered online through internet sales, chat rooms and blogs.

Other questions on the impact of the draft Directive

12. What are the implications of the draft Directive for private insurance schemes and private providers?

Whilst it still not clear what impact this Directive would have on the delivery of private healthcare, there could be an increase in the availability of private health insurance schemes offering cover for patients seeking treatment in other Member States. Osteopaths working in private practice in the UK, for example, could find themselves treating patients from other Member States with EU-wide insurance cover.

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[2] Healthcare Professionals Crossing Borders Portugal Agreement, 2007.

[3] General Memorandum of Understanding Covering the Proactive and Case-by-Case Exchange of disciplinary Information between Competent Authorities and Similar Bodies, October 2007.

The need for effective communication will be even more critical, not only because of the potential that UK osteopaths may be treating patients whose first language is not English, but also in the sharing of patient records and contact with the healthcare professionals in the patient's home State. Further complications may arise through differences in data protection legislation.

13. What proportionate measures can we take so that all patients, regardless of age, race or ethnicity, disability, religion or belief, gender, sexual orientation or socio-economic status feel a) reassured they will be treated with respect and their specific needs considered b) they are fully informed to make the right choice for them?

The shared health values in EU health systems agreed by Member State Governments in June 2006 include the principle of equity[4]. This principle along with solidarity, access to good quality care and universality should be reflected within national healthcare regulatory systems. Information for patients considering healthcare in a different Member State must be easily accessible in terms of language and format and should include reference to the standards and scope of care they should expect. In the event that these values are not adhered to, this would be addressed at a Member State level by the relevant regulatory body (where one exists).

14. To what extent do you think that these proposals will have a positive or an adverse impact on equity?

In principle, this proposal should have a positive impact on equity in that Member States will recognise the need for greater cooperation and consistency in healthcare delivery across Europe, influenced by the sharing of knowledge across borders and patient demand. However in practice, it is those who are less well off or otherwise disadvantaged who are less likely to be able to access care in other countries. A major factor is the need to pay the costs of treatment in advance. We understand the Department is looking at funding up front those patients without the financial means to take advantage of the rights set out in this directive.

An important factor in achieving equity is the development of regulatory mechanisms for osteopathy where these do not exist in Europe. In the absence of this, patients cannot be assured of access to consistent standards of osteopathic care. It is to be hoped therefore that the proposed Directive will directly encourage the spread of regulation of osteopathy in those countries where none exists at present.

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[4] Council Conclusions on Common Values and Principles in European Union Health Systems, June 2006.