



**General
Osteopathic
Council**

**General Osteopathic Council evidence to the
House of Lords EU Social Policies and Consumer Protection Sub-committee
Review of the Professional Qualifications Directive:
Mobility of Healthcare Professionals**

About the General Osteopathic Council

The General Osteopathic Council (GOSc) has a statutory duty under the Osteopaths Act 1993 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 the profession to promote patient safety by:

- Registering qualified professionals;
- Setting, maintaining and developing standards of osteopathic practice and conduct;
- Assuring the quality of osteopathic education;
- Ensuring continuing professional development;
- Helping patients with concerns or complaints about an osteopath.

Background: fundamental principles

Question 1: What benefits are derived by healthcare professionals and patients from mobility?

1. We recognise the value of facilitating the mobility of professionals to provide an opportunity to share teaching and researching expertise, and provide exposure to different national healthcare systems.
2. Mobility provides patients with greater choice, giving wider access to a range of different products and services that may not be available to them in their home Member State.

Question 2: What risks have you observed arising from mobility and to what do you attribute those risks?

3. As both patients and healthcare professionals move increasingly within the EU, there is a need for greater patient protection through proper regulation and high standards of treatment.
4. Osteopathy is regulated in only four EU Member States¹ (Finland, France, Malta and the UK) – putting patients at risk in those countries without any formal standards of education, training and practice.

¹ European Economic Area member Iceland, and Switzerland also regulate osteopathy.

5. The risk of lack of regulation is that there are too few Competent Authorities equivalent to the GOsC with which we can exchange information on an applicant's registration status in his / her home State. This lack of conduits through which to exchange information is a risk to the GOsC's ability to fulfil our statutory duty to protect the public – by ensuring that only safe and competent practitioners gain access to the UK Statutory Register of Osteopaths.
6. Of the few Competent Authorities for osteopathy elsewhere in Europe that do exist, the majority are Government departments with a registration function, but with no role to quality assure training. This makes us less certain about standards of competency.
7. See also response to Question 6 regarding the risk to patients of regulators' inability to test the language competency of healthcare professionals as part of the registration process.

Question 3: Where do you think the balance should lie between a regime covering the mobility of all workers, including non-healthcare workers, with the objective of maintaining high standards of patient safety?

8. Increased mobility of professionals within Europe is welcome, as long as appropriate measures exist in tandem to ensure public protection.
9. We appreciate the Commission is now looking to simplify the current recognition procedures. However it is important that administrative convenience does not take precedence over measures that are designed to protect patients – in this way, patients, professionals and regulatory authorities would have more confidence in the system.
10. This is the challenge we have faced in implementing Directive 2005/36/EC which promotes freedom of movement, but does not necessarily address all public safety concerns related to this mobility – particularly for a profession not widely regulated across Europe.

Automatic recognition

Question 4: How content are you with the system of automatic recognition as currently applied to doctors, general care nurses, dentists, midwives and pharmacists? What suggestions do you have for improvements? Should it be extended at all to other healthcare professionals?

11. Osteopathy comes under the general system of recognition. Automatic recognition for osteopaths is not possible currently as there are no consistent standards across Europe and too few Member States currently regulate osteopathic practice. To try to address this we are working with our European colleagues to develop a European Standard of osteopathy in collaboration with the European Committee of Standardisation (CEN)². This will include minimum standards of competency at an EU level. While a CEN standard will not override national legislation, it would provide a benchmark for osteopaths and patients in those countries currently without any legislative mechanisms.

² www.cen.eu

Administrative cooperation

Question 5: To what extent do you consider that appropriate systems are in place for administrative cooperation between Member States, particularly as regards the fitness to practise?

12. We do not feel that appropriate systems are in place for administrative cooperation between Member States; however we are supporting a number of measures to go some way to address this deficiency:
- i. We support the need for a legal duty on regulators and governments or other appropriate bodies to share a range of information critical to ensuring patient safety. The extension of the Internal Market Information (IMI) system to include osteopathy will, we hope, further encourage stronger communication between Member States.
 - ii. The GOsC is a member of the Healthcare Professionals Crossing borders³ network. We would welcome the formalisation of the agreements of the HPCB's initiative to provide a framework to enhance cooperation between healthcare regulators in Europe.
 - iii. The GOsC is also active in the Forum for Osteopathic Regulation in Europe⁴ which brings together European osteopathic organisations to develop greater consistency in standards of osteopathic education, training and practice for the benefit of patient care, and to share information on good practice and adverse events. Three Framework documents⁵ have been developed and we are now looking to formalise these through the development of a European Standard on osteopathy with the European Committee of Standardisation (CEN).

Language competence

Question 6: Article 53 of Directive 2005/36/EC requires those benefiting from mobility under the Directive to have knowledge of languages necessary for practising the profession in the host Member State. Are you content that this requirement has been applied satisfactorily as regards healthcare professionals and ought it to be strengthened?

13. We continue to have concerns about the current language regime in the Directive. We strongly believe that Article 53 should be amended to permit Competent Authorities to directly test the language competency of healthcare professionals as part of the registration process. It is essential for public safety that Competent Authorities are confident that the health professional can communicate effectively.
14. The proposed solution that this should be carried out by employers is not appropriate for all healthcare professions. Some professions, such as osteopathy, are predominantly made up of individuals who practice alone and are self-employed. These individuals would have no employer to ensure that they meet the requirements for language and communications which are especially important for healthcare professionals to assure patient safety.

³ Healthcare Professionals Crossing Borders (HPCB) is an informal partnership of professional healthcare regulators within Europe that works collaboratively on a range of regulatory issues. The purpose is to contribute to patient safety in Europe through effective regulatory collaboration in the context of cross-border healthcare and free movement of healthcare professionals.

⁴ www.forewards.eu

⁵ *European Framework for Codes of Osteopathic Practice*. FORE 2007; *European Framework for Standards of Osteopathic Practice*. FORE 2007; *European Framework for Standards of Osteopathic Education and Training*. FORE 2008.

European professional card

Question 7: The Commission refers in its consultation paper to the possible introduction of a European Professional Card. What is your response to this suggestion? Under what conditions would it be helpful for healthcare professionals and patients?

15. We are aware of different viewpoints of organisations concerning the operability of the proposed European professional card, the objectives of which are not always clear. For example, for some it is a card to verify registration status with a Competent Authority (including a chip linking to an online database), but for others it is a benefit of membership with a professional association. The purpose, risks and benefits of a professional card should be clarified.
16. We are interested to find out more about the potential use of the professional card to facilitate mobility from the Commission's steering group, established to consider this proposal. But if the Commission is calling for simplification, it would make more sense to invest and refine the existing Internal Market Information (IMI) system.
17. We are concerned that the professional card could be a potentially very costly and ineffective system, open to fraud and misuse.
18. We would favour the existing IMI system as the principal tool for all administrative steps involved in the recognition of professional qualifications. Its use should be mandatory for Competent Authority (all bodies responsible for recognition, registration and fitness to practise matters) to use, with appropriate response times.
19. The GOsC has an online searchable register of registration and disciplinary information available to the public on our website: (www.osteopathy.org.uk/information/finding-an-osteopath). It would be helpful if all Competent Authorities provided this level of information on their registrants.



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