

Response from the General Osteopathic Council to a review of the operation in the UK of the provisions of Directive 2005/36/EC on professional recognition

Section One – practical application of Title II

Question 1 What has been the impact on your organisation of the provisions of Title II of Directive 2005/36/EC?

Please explain what has worked well and not so well.

The General Osteopathic Council (GOsC) is currently refining its implementation of the Directive in relation to temporary registration of migrants in the UK. Whilst a process has been established, and we have processed to date 3 temporary registrants, we are considering whether these individuals should be displayed differently on the online UK Statutory Register of Osteopaths.

The drafting of the temporary services provisions makes the assumption that the migrant is already established in a country with regulation and thus would be subject to the requirements (e.g. CPD, professional indemnity, fitness to practise measures) of the competent authority in their established country. This is not the case for osteopathy which is regulated in only 4 Member States (Finland, France, Malta and the United Kingdom). This means practitioners from countries without regulation are not subject to any statutory regulatory mechanisms, and therefore the GOsC does not appear to have an equivalent competent authority with which to exchange information on the applicants' registration status.

Question 2 Article 7 states a professional may be required to submit a Declaration. In the UK we opted to require all professionals to submit a Declaration to the competent authority. Do you agree we should continue with this approach?

Yes /No

If no, please explain the reason for this

Yes.

(a) In the UK, a standard format of the Declaration was agreed. Has this format been useful?

Yes/No

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If no please explain how this could made better, bearing in mind the restrictions set out in the Directive

We require the submission of a declaration, but do not use the standard format agreed. Instead we have adapted this to suit our own particular needs, whilst retaining the information requested in the standard format.

(b) How many Declarations has your organisation received?

(c) How has your organisation managed the 'renewal' process? For example have you undertaken any assessments as outlined in Article 5.2?

The 3 applications for temporary registration which we have processed were for practitioners already on the UK Statutory Register of Osteopaths and classified as practising in a country outside of the UK. Their status was transferred from 'full' to 'temporary' registration as a result of their application. As we were already assured of the standard of competence for these individuals, the only assessment carried out was proof that they were established in another country, for example through certified copies of tax records.

As these applications were processed this year, they have not yet been subject to the renewal process which will take place in 2010.

Question 3 Article 7.1(3) as a general rule gives the professional the right to practise in the UK on their home state title. What impact has this provision had on your profession? Please give details

From the information provided by applicants, we are not aware of any osteopaths who have chosen to use their home title.

If it were to happen this would be potentially misleading for patients as we are aware of the divergence in use of titles for practitioners of osteopathy in different Member States e.g. 'heilpratiker' in Germany.

(a) Article 9 requires professionals operating under their home state title to provide specific information to the recipient of the service. What has been the reaction from service recipients? Please give details

Information on the individual practitioners is available on the online Register of Osteopaths. The fact that they are temporary registered is not currently stated. We are not aware that the home title has been used by the temporary registrants, and therefore, cannot comment on the reaction of service recipients.



Question 4 For those professions able to check qualifications as set out in Article 7(4) please describe how your organisation has handled the process including the timescales involved.

We have developed dedicated guidance on all the GOsC's registration processes in the document 'Registering with the GOsC', available at the following link:

http://www.osteopathy.org.uk/uploads/registering with the gosc.pdf

This information is available on the GOsC's public website and queries are dealt with by dedicated members of staff. This process is carried out in accordance with the timescales set out in the directive.

Question 5 Cooperation with other competent authorities in Europe is essential to ensuring the effectiveness of the recognition regime. Article 8 enables exchange of information. What has been the impact of this provision?

As stated above, the GOsC has a lack of equivalent competent authorities with which to help ensure the effectiveness of the recognition regime. Of the few competent authorities that do exist, we have developed closer communications / links.

Question 6 Do you have any comments in general on the implementation of Title II in the UK?

Temporary registration has still to be defined in legislation and can, therefore, be open to abuse. Under the current provisions, this could permit an individual on a temporary contract to work in a Member State whilst established in another, but in reality this temporary contract could last more than a year.

The temporary registration provision assumes that the profession is regulated across Europe. The fees of other registered osteopaths are subsidising the registration of anyone who applies for temporary registration. This is because the GOsC is prohibited from charging a fee for registering applicants for temporary registration. This gives the appearance of unfairness given that UK temporary registration may be the only form of regulation of an osteopath who is based in a country without statutory regulation.

However, we do charge a reasonable and proportionate sum to offset the cost of providing an aptitude test as part of their application in accordance with DH advice. The same fee applies to other applicants with non-UK qualifications.

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If an osteopath is established in a non-regulated country, it could lead to complaints having to go through UK fitness to practise procedures if they were not subject to any proceedings in their home country. This could prove costly in terms of investigation and the often significant costs involved in holding hearings.

How will the implementation of revalidation in the UK affect implementation work with this directive?



Section Two – costs associated with Title II

At the time of transposition, the provisions of Title II were new to the majority of professions in the UK and therefore only limited information was available about the operational costs associated with these provisions. You are invited to provide up to date information on the following:

Question 7 Article 6 enables qualified professionals, legally established in another Member State to provide cross-border services on a temporary basis with the minimum of checks and formalities. The provision allows competent authorities to set up temporary registration:

(a) Has your organisation set up temporary registration? Did it fit with your existing system and have you created a new system especially for temporary registration?

We set up a temporary registration process within our existing registration system. This is has not been fully tested as we have yet to assess an applicant new to the Register. We need to confirm how information about temporary registrants should be displayed on the online UK Statutory Register of Osteopaths.

(b) What are the costs associated with these changes? Please include set up costs if necessary and running/maintenance costs.

Staff costs for processing application and assessments, and policy development, plus legal advice.

(c) What changes have you made to your website? Please include costs for making changes.

Information on the process was uploaded onto the public website as part of a re-launch of the site in April 2009. We are currently considering how to display information about the temporary registrants on the online Register of Osteopaths. These costs are likely to be nominal.

(d) How have these costs been absorbed?

Absorbed into existing budgets. Charges are to be made for assessment

Question 8 Article 7(4): prior to the first provision of services some competent authorities can check the qualifications of the migrant and can require the professional to make up shortfalls.

(a) What are the costs associated with organising an aptitude test/or a short adaptation period? Please include the cost of compiling the test, arranging for the test to be taken and marking the test.

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Apart from staff costs, the assessment process costs £430. These charges are based on guidance provided by the UK Department of Health.

(b) How are these costs absorbed?

See above



Section Three – practical application of other provisions

The Directive introduced several new concepts which give enhanced rights to migrants (or in some instances ensure all migrants under the Directive have the same rights).

Question 9 Article 3(3) gives EU professionals holding 3rd country qualifications with 3 years certified professional experience in a Member State the right to apply for recognition in another Member State. This is not a totally new concept but it is for some professions and has raised concern. Please describe your experience of dealing with this provision, including providing evidence for outgoing migrants.

We did start to process an application within this category, but the application was found to be fraudulent, and therefore rejected.

Question 10 Article 10 enables recognition, in certain cases, for professionals who belong to one of the professions which normally get automatic recognition but the professional concerned is not entitled to automatic recognition. What impact has this provision had on your profession? How have you managed the process including the derogation associated with it?

N/A

Question 11 Article 56 requires cooperation with other competent authorities in Europe to facilitate the effectiveness of the Directive. How has this benefitted your organisation? Has it made it easier to build more productive networking arrangements? Please explain. Please also tell us of good practice which can be shared

This directive has made it easier to establish stronger links with the few competent authorities for osteopathy that do exist. This has enabled us to ascertain, relatively simply, the registration status of an applicant and how to obtain further information, e.g. on training. However, no competent authority appears to have the equivalent remit to the GOsC. The majority are Government departments with a registration function, but no role to quality assure training. This makes us less certain about standards of competency.

We welcome increased mobility of health workers within Europe, along with appropriate measures to ensure public protection. For this reason we would support the need for a legal duty on regulators and governments or other appropriate bodies to share a range if information critical to ensuring patient safety. The extension of the European Commission's Internal Market Information (IMI) system to include osteopaths will, we hope, further encourage stronger communication between Member States.

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For this reason, the GOsC is active in the Forum for Osteopathic Regulation in Europe (www.fore.eu) which seeks to bring osteopathic organisations together to develop greater consistency in standards of osteopathic education, training and practice for the benefit of patient care. Three Framework documents¹ have been developed and we are currently looking at working with the European Committee of Standardisation (www.cen.eu) to establish common national standards of osteopathy in the future. FORE is also a member of the Healthcare Professionals Crossing Borders network, and is also developing its own internal market information system designed for patients and members of the public to access information on the regulatory status of osteopathy in a Member State, competent authority or voluntary register details, registration criteria, standards, methods of redress and contact details. This resource could also be used to provide information on best practice and adverse events.

Question 12 Article 57 operating as a contact point. How has the functionality of this provision affected your organisation? For instance, has there been an increase in the volume of enquiries from your members seeking advice about recognition in another Member State? Are you aware of any systematic problems or specific issues relating to outgoing migrants? How easily has it been for EU applicants to access relevant information about your profession, code of ethics etc on your website?

The level of information exchange is limited, because of the few countries with regulation.

There has been an increase in information requests from UK registrants looking to work in another European country.

Information on the EU registration processes, and the UK standards documents (e.g. Code of Practice) is readily available on the GOsC's public website. Information is also provided in writing, via email and telephone.

Question 13 Do you have comments in general on the implementation of Directive 2005/36/EC eg the Annexes or the Code of Conduct? What has worked well and not so well? What could be done to improve the recognition regime?

Due to the fact the Department for Business, Innovation & Skills has to deal with all professions coming under this directive, the particular patient safety concerns of healthcare regulators, particularly of general system professions, can sometimes be lost.

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. October 2009 Page 8 of 9



Whilst we are grateful for the guidance we have received from the Department of Health and Department for Business, Innovation & Skills on the implementation of this directive, this advice is not always consistent.

Enhanced guidance from the European Commission on implementation might be more helpful to ensure greater consistency in interpretation, and thus, implementation of the directive across Member States.

Question 14 Do you have any other comments?

The current inability of competent authorities to test for language competency as part of the registration process remains a concern for the GOsC and other health regulators. Effective communication is essential to the delivery of high quality osteopathic care, not only between osteopath and patient, but also between other healthcare professionals, particularly where referrals are necessary to protect the best interests of the patient. The proposed solution that the employer, as opposed to the competent authority, tests languages is not possible in a largely self-employed, private sector profession.

It is not clear why there is a discrepancy in the years of experience required for recognition of a 3rd country qualification (3 years), as opposed to a practitioner with 2 years experience in the last 10 from an unregulated country?

Thank you