



**General
Osteopathic
Council**

GOsC response to European Commission consultation on the Professional Qualifications Directive

1. Do you have any suggestions for further improving citizen's access to information on the recognition processes for their professional qualification in another Member State?

- The General Osteopathic Council (GOsC) supports facilitating professional mobility within Europe and the principle of recognition of professional qualifications. We sense that the existence of the Professional Qualifications Directive is not widely known as often individuals are not aware of the existence of the relevant Competent Authority in a Member State and / or the contact details of National Contact Points and SOLVIT centres. To supplement EU-level communications, this information could be provided on professional association websites, to assist individuals wishing to work elsewhere in the EEA.
- It is often difficult for the Competent Authority to feed into EU-level information mechanisms. Currently the GOsC is listed as the Competent Authority for osteopathy in the UK on the Commission's website on regulated professions; however we would like to update this information but find it difficult to do so. We have also applied to join the Internal Market Information system and now wish to confirm our inclusion as soon as possible.

2. Do you have any suggestions for the simplification of the current recognition procedures? If so, please provide suggestions with supporting evidence.

- We appreciate the Commission is 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 public safety.

- 3. Should the Code of Conduct become enforceable? Is there a need to amend the contents of the Code of Conduct? Please specify and provide the reasons for your suggestions?**
- Making the principles and processes as clear as possible in the Directive in the first place would facilitate more coherent implementation.
 - We recognise that making the Code of Conduct or parts of the Code enforceable could add value, where this would provide for more consistent sharing of good practice and guidance between Competent Authorities. However, an EU-level Code of Conduct would not be practicable without consistent registration policies and processes in place. It is important that Competent Authorities have the flexibility to develop targeted systems to assure healthcare professionals have the rights skills and qualifications, while working within the remit of the Directive.
- 4. Do you have any experience of compensation measures? Do you consider that they could have a deterrent effect, for example as regards the three years duration of an adaptation period?**
- As a regulator of a general system profession, we have experience of compensation measures, most notably aptitude tests. We do not consider that these compensation measures have a deterrent effect. They represent essential measures for the GOsC to assure the public that all osteopaths on our Register, regardless of where they trained, are suitably qualified and safe to practice.
- 5. Do you support the idea of developing Europe-wide codes of conduct on aptitude tests or adaptation periods?**
- As with Question 3, we would not support the development of European-wide Codes of Conduct across the professions, as this would restrict the ability of Competent Authorities to develop their own processes developed for particular circumstances. For a relatively small regulator of a profession not widely regulated within the EEA, such a binding EU-wide Code of Conduct may not be practicable.
 - We are working to develop closer communication and cooperation with other osteopathic Competent Authorities. A European 'code of conduct' on the application of the Directive could be explored, for example in the form of a Memorandum of Understanding.

- 6. Do you see a need to include the case law on partial access into the Directive? Under what conditions could a professional who received 'partial access' acquire full access?**
- We would not support 'partial access' to a health profession; particularly in a profession where most practice alone and unsupervised; because of the implications for public health and safety.
 - If a practitioner came to the UK who is not fully qualified, we would direct them to the accrediting training providers to identify an accelerated learning pathway. On successful completion they would then be awarded a UK Recognised Qualification.
- 7. Do you consider it important to facilitate mobility for graduates who are not yet fully qualified professionals and who seek access to a remunerated traineeship or supervised practice in another Member State? Do you have any suggestions? Please be specific in your reasons.**
- We recognise the value of facilitating the mobility of graduates which would provide an opportunity to share teaching and research expertise, and provide exposure to different national healthcare systems before qualification. Within the osteopathic profession however, there is no provision to undertake a traineeship, other than via an accelerated learning pathway with an accredited training provider.
- 8. How should the home Member State proceed in case the professional wishes to return after a supervised practice in another Member State? Please be specific in your reasons.**
- We would not consider an individual's supervised practice as part of their application. It would be for the training provider in the individual's home State to determine if the training undertaken was sufficient to allow them to qualify as an osteopath.
- 9. To which extent has the requirement of two years of professional experience become a barrier to accessing a profession where mobility across many Member States in Europe is vital? Please be specific in your reasons.**
- In our experience, this provision has had the opposite effect. It allows those who do not have a formal qualification in osteopathy to apply for registration. This is important to countries where there is no formal regulation or quality assurance of education, but where osteopaths do however practise.

10. How could the concept of 'regulated education' be better used in the interest of consumers? If such education is not specifically geared to a given profession could a minimum list of relevant competences attested by a home Member State be a way forward?
- In the absence of consistent standards of osteopathic education, training and practice in Europe, we are working with our European colleagues and the European Committee of Standardisation (www.cen.eu). This will include a set of minimum standards of competency at an EU level. While a CEN standard would not override national legislation, it would provide a benchmark in those countries currently without any regulatory mechanisms.
11. What are your views about the objectives of a European professional card? Should such a card speed up the recognition process? Should it increase transparency for consumers and employers? Should it enhance confidence and forge closer cooperation between a home and a host Member State?
12. Do you agree with the proposed features of the card?
13. What information would be essential on the card? How could a timely update of such information be organised?
14. Do you think that the title professional card is appropriate? Would the title professional passport, with its connotation of mobility, be more appropriate?
- 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.
 - 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 International Market Information (IMI) system. We are concerned that the professional card could be a potentially very costly and ineffective system, open to fraud and misuse.
 - 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 made mandatory for Competent Authorities (all bodies responsible for recognition, registration and fitness to practise matters) to use, with appropriate response times.

- 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.

15. What are your views about introducing the concept of a European curriculum – a kind of 28th regime applicable in addition to national requirements? What conditions could be foreseen for its development?

- The concept of a European curriculum implies a precise specification for course design. On the one hand this could stifle development and lead to stagnation in a profession, but on the other this could also provide a basic core curriculum to transfer between countries.
- Some Member States already have Higher Education Quality Assurance systems. The GOsC has a UK subject benchmark statement¹ on osteopathy, developed with the Quality Assurance Agency for Higher Education to describe the nature, characteristics and standards expected of osteopathic training programmes. It is not prescriptive, but guides the design of training programmes and provides a reference for their monitoring and evaluation.

16. To what extent is there a risk of fragmenting markets through excessive numbers of regulated professions? Please give illustrative examples for sectors which get more and more fragmented.

- For osteopathy, which is currently regulated in only six countries within the European Economic Area, we would argue that lack of regulation has in some instances hindered mobility, as not all osteopaths have rights under the Directive. For this reason we are active in the Forum for Osteopathic Regulation in Europe (www.forewards.eu) which seeks to bring osteopathic registers and associations together to develop greater consistency in standards of osteopathic education, training and practice for the benefit of patient care. FORE also works with the European Federation of Osteopaths (www.efo.eu) on the common goal to develop greater regulation of osteopathy across Europe.
- Regulation of a profession should be considered only where there is a significant risk to people using services which cannot be mitigated in other ways.

¹ QAA Subject benchmark statement. Osteopathy 2007.

- 17. Should lighter regimes for professionals be developed who accompany consumers to another Member State?**
- This would depend on what is meant by 'accompany'. If s/he is simply acting as an advisor then a lighter regime could apply, but not if there is an inevitable interaction, e.g. the need to refer a patient, or prescribe a medicine or if there is a likelihood that circumstances might arise where that professional extends their practice to the treatment of others in that member state.
- 18. How could the current declaration regime be simplified, in order to reduce unnecessary burdens? Is it necessary to require a declaration where the essential part of the services is provided online without declaration? Is it necessary to clarify the terms "temporary or occasional" or should the conditions for professionals to seek recognition of qualifications on a permanent basis be simplified?**
- Temporary and occasional should be defined to ensure that registrants and Competent Authorities are clear what procedures and timescales should be employed for registration. This would offer safeguards for the public, healthcare professionals and the Competent Authorities in terms of providing for patient safety, knowing which registration processes to follow and what charges, if any, can be imposed.
- 19. Is there a need for retaining a pro-forma registration system?**
- Yes this should be retained for those professions with public health and safety implications.
- 20. Should Member States reduce the current scope for prior checks of qualifications and accordingly the scope for derogating from the declaration regime?**
- Competent Authorities for regulated professions with public health and safety implications, which in the UK are classified as 'risk professions' under the Directive, should continue to be allowed to carry out prior checks.
- 21. – 26. As a regulator for a general system profession, we do not feel qualified to answer these questions relating to the sectoral professions.**

22. Do you see a need for taking more account of continuing professional development at EU level? If yes, how could this need be reflected in the Directive?

- An osteopath's competence must be borne out by the standard of professional performance throughout their working life, including an active programme of relevant continuing professional development (CPD).
- Mandatory CPD is required for an osteopath to renew their registration with the GOsC. We are now developing a revalidation scheme so that osteopaths can demonstrate to themselves and to the GOsC, potentially every five years, that they are continually improving their practice, that their practice meets current professional standards and is in step with societal demands and expectations of healthcare.
- We do not support the imposition of minimum CPD and training requirements, but support the ability, as a competent authority, to assure ourselves that the applicant we register has kept their skills and competences up-to- date since qualification. We would want to see that an osteopath undertakes the equivalent CPD required when registered on a temporary basis.
- The importance of continuing learning and improvement is recognised in European Frameworks² on standards of osteopathic education, training and practice developed by the Forum for Osteopathic Regulation in Europe, and ratified by the European Federation of Osteopaths.

27. Would the extension of IMI to the professions outside the scope of the Services Directive create more confidence between Member States? Should the extension of the mandatory use of IMI include a proactive alert mechanism for cases where such a mechanism currently does not apply, notably health professions?

- Yes. An alert system should be triggered whenever a Member State Competent Authority suspends or removes an individual from the Register. The Commission's recent review of data protection law must not prevent the exchange of this important information to protect patients and the public.
- An enhanced IMI system, with a stronger legal basis, might also help to take some pressure off the push for professional cards and to allow a more measured approach to facilitate professional mobility.

² European Framework for Codes of Osteopathic Practice, FORE 2007; European Framework for Standards of Osteopathic Practice, FORE 2007; European Framework on Standards of Osteopathic Education and Training. FORE 2008.

- We are working to develop further cooperation and communication mechanisms of information exchange between osteopathic Competent Authorities across Europe. This will build on existing work on information exchange developed by the EU-wide network Healthcare Professionals Crossing Borders (www.hpcb.eu).

28. In which cases should an alert obligation be triggered?

- See response to Question 27.

29. Have you encountered any major problems with the current language regime as foreseen in the Directive?

- 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 individuals as part of the registration process. It is essential for public safety that Competent Authorities are confident that the health professional can communicate effectively.
- The proposed solution that this role should be carried out by employers is not appropriate for all 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 communication which are especially important for healthcare professionals to assure patient safety.

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 practice 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.

Further information

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