



# Healthcare professionals mobility in the EU

Frédéric Destrebecq – *UEMS Acting Chief Executive Officer*  
EHC Roundtable “Patient Mobility: a solution for Haemophilia?”  
Brussels, 9.12.2009



# The UEMS – Background



“Union européenne des médecins spécialistes”

“European Union of Medical Specialists”

- Established in **1958**
- Representing
  - 35** countries
  - 45+** specialties, subspecialties and multidisciplinary areas
  - ca. 1.4 million medical specialists



# The UEMS – Purpose



- Objectives

Promote **free movement**

Through the **harmonisation** of the highest level of specialist training and medical care

- Vision

Set standards in the fields of

- **Postgraduate Specialist Medical Training**
- **Continuing Medical Education and Professional Development**
- **Quality Assurance in specialist medical practice**



# The Doctors' Directives



First pieces of EU legislation ensuring free movement of healthcare professionals

- **UEMS Specialist Sections** – first created in 1962
- **Doctors Directives** – 75/362/EEC and 75/363/EEC (mutual recognition of **diplomas**)
- **ACMT** and CSOPH – created in 1975
- **Consolidation** of Doctors Directives – Directive 93/16/EC
- **Directive on the Recognition of Professional Qualifications** – Directives 2005/36/EC + 2006/100/EC



# Mutual recognition of professional qualifications



Directives 2005/36/EC and 2006/100/EC

- Recognition of qualifications, i.e. **specialist titles**
  - Automatically – Annex 5.1.3.
    - Biological Haematology (5-4) vs. General Haematology (22-3)**
  - With compensatory measures
- For the purposes of **Free establishment**  
**Free provision of services**
- Aims
  - Make labour markets more flexible
  - Further liberalise the provision of services
  - Encourage automatic recognition of qualifications
  - Simplify administrative procedures



# Comments



Revision scheduled for 2012

Issues to be addressed

- Approximation by **length** of training
- Consider **competence-based** training
- Cross-border HC professionals' **fitness to practice**

Undesired pitfalls

- **Brain drain**

Free Mobility vs. Equal access

- **Reduced** medical training

Issue of quality in training and patient care

→ **Need to keep up with modern healthcare standards**



# Other Purposes for Professional Mobility...



Securing best possible treatment to patients also involve

- **CME-CPD** – Continuing Medical Education and Professional Development
  - **PGT** – Postgraduate Training
  - Clinical **Guidelines**
- **Core of UEMS action !!!**
- European Accreditation Council for CME – **EACCME®**
  - EACPGT – *to come*
  - EACQM – *to come*



# Patient's rights in cross-border Healthcare



UEMS first reaction (UEMS 2008/47 – October 2008)

- Initiative to increase mobility **welcomed**
- Clarification / Guarantees needed
  - **Equity of access**
  - **Confidentiality / patient consent**
  - Obligation of **re-imburement**
  - Conditions for **prior authorisation**
  - **Professional liability**
- Call to Commission & Member States
  - Driver should remain **medical opinion** or **patient choice**
  - **Empowerment** through **information**
  - **Funding & Planning**



# Patient's rights in cross-border Healthcare



## UEMS key messages

- Addressing **professional mobility** within the scope of the directive
- Establishing European-wide **standards for healthcare provision**
- Guaranteeing quality and safety in the use of **e-Health** and **Telemedicine**
- Increasing **stakeholders' involvement**  
(from professionals and patients)



# Patient's rights in cross-border Healthcare



Our top priority

- Achieving legal clarity and transparency  
on **Quality**  
and **Continuity** of Healthcare provided
- Generally satisfied by the EP first reading !
- Equally unsatisfied by the EU Council's lack of ambition !



# Patient's rights in cross-border Healthcare



A few observations though...

- Cross-border Healthcare only **starts with Patients!**  
Patients – Services – Professionals – ...
  - Patient's rights are meant to encompass  
**Quality** standards – Medical **regulation** – Patient **safety**
  - **Inequalities** in Rights of Patients  
Context of mobility  
Risk of “national” discrimination
- **Change title of the draft directive**
- **Commit to addressing mobility of Professionals  
Services**



# Mobility for Haemophilia Patients



Should there not be specific measures for rare conditions?

## Council Recommendation on Rare Diseases (June 2009)

- (15) In December 2006 an expert group of the European Union Rare Diseases Task Force issued a report “Contribution to policy shaping: For a European collaboration on health services and medical care in the field of rare diseases”<sup>10</sup> to the High Level Group on Health Services and Medical Care. The expert group report outlines, inter alia, the importance of identifying centres of expertise and the roles that such centres should fulfil. It is also agreed that, in principle and where possible, expertise should travel rather than patients themselves. Some measures called for in the report are included in this Recommendation.

Permanent vs. Temporary Basis

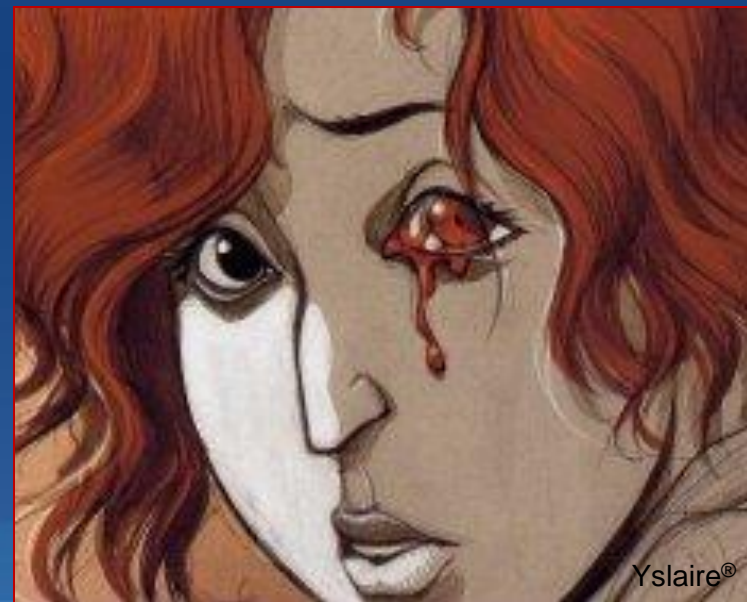


# Mobility for Haemophilia Patients



What is really relevant for Haemophilia Patients?

- **Screening**
- **Availability / Access** to Treatment
  - Timely – Technically – Financially
- **Disparities** in Treatment across the EU
  - Coordination of National Plans
  - Home Care
- **Information** Mobility
  - Patient Card & EHR
  - Research
- **Specialised & long-term** care
  - European Reference Networks





**Thank you  
for your attention !**

## **Healthcare professionals mobility in the EU**

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