



European Directive 2005/36 Consultation
Department of Health
Room 2N11
Quarry house
Quarry Hill
Leeds LS2 7UE

17th August 2007
Health sector
33-37 Moreland St
London EC1V 8HA

Dear Sir/ Madam

Department of Health Consultation: Implementation of European Directive 2005/36/EC for Health and Social Care Professions in the UK

The European Qualifications (Health and Social Care Professions) Regulations 2007

This response is submitted by Unite Amicus Section. Unite is the UK's largest trade union with 2 million members across the private and public sectors. Our members work in a range of industries including manufacturing, financial services, print, media, construction and not for profit sectors, local government, education and the health service.

The Health Sector of Unite-Amicus is comprised of seven professional associations

- Community Practitioners and Health Visitors' Association, (CPHVA)
- Guild of Healthcare Pharmacists, (GHP)
- Medical Practitioners' Union, (MPU)
- Society of Sexual Health Advisers, (SSHA)
- Hospital Physicists' Association, (HPA)
- College of Health Care Chaplains, (CHCC)
- Mental Health Nurses Association, (MHNA)

- as well as other occupational advisory groups of professional groups such as allied health professions, health care science, nursing, family of psychology, counsellors & psychotherapists, independent practitioners, the family of dental professions, audiology professions, optometrists and opticians.

Summary of Response

This Directive raises concerns for patient safety in the UK. Allowing a health professional from a country with significantly lower standards than the UK to practise in the UK for effectively an indefinite length of time (as there is no proper definition of "temporary") without full registration

and the controls and safeguards this gives to the public is not in the public interest. It should be noted that Regulators protect the public and the practitioner, and will check adherence to, for example, the NMC code of professional conduct: standards for conduct, performance and ethics. If all EC countries worked to the same standards as the UK this problem would not exist. However this is not the case. The EC should be raising standards in health care, not allowing the lowest standards of practice to be perpetuated in all EC countries.

It is not clear within the document how the Directive applies to midwives, health visitors, school nurses and occupational health nurses. Our concern is that these highly qualified specialist professionals are unique to the UK.

We realise that the Directive has to be implemented in the UK and so we feel that as many controls as possible should be applied.

We consider that the Department of Health and the UK government should seek to get this part of the Directive relating to temporary provision of services to be removed from the Directive.

We consider that the DH should be more innovative in finding ways round the parts of this legislation, which are obviously not in the public interest.

CONSULTATION QUESTIONS

Below are the consultation questions as set out on page 17 of the document together with our response to each. We have numbered the questions sequentially.

1. Do you agree that the regulations should:

(a) provide for a form of automatic temporary registration for temporary and occasional service providers? And

We agree that there should be a system of automatic temporary registration for temporary and occasional service providers as this is better than the alternative allowed under EC legislation of no registration at all. However we strongly disagree with the concept that any health professional can avoid the proper registration process in another EU country for however short a time, in the interests of public safety. We do not see why the public should be put at risk by allowing a health professional from a country with lower standards than ours to practice without proper registration and safeguards to the public on standards of practice.

We strongly disagree with the EC Directive itself, which does not allow registering bodies to charge an administration fee for the temporary registration. This means that full registrants will pick up the cost through increased fees to the regulatory body. This is of particular concern as so many nurses and other health professionals are already going to struggle with the recent increase or proposed increase in fees by the Nursing and Midwifery Council, the Health Professionals Council and the Royal Pharmaceutical Society of Great Britain.

(b) are you in agreement with the way in which this has been done for each profession?

Yes.

2. Do you agree that service providers should be required to submit a written declaration (a) in advance of provision of services, and (b) on renewal?

Yes definitely.

3. Do you agree that service providers should be required to supply the UK competent authority with documentation accompanying the declaration and providing proof of the service provider's nationality, legal establishment and professional qualifications?

Yes definitely. However there should be legislation to allow regulators, if they wish, to require evidence of CDP at least on renewal of temporary registration. If there is no requirement in the home state for CPD then there is no reason why they should not submit CPD to the UK regulator. If CDP is required in the home country then whatever they submit to the home country a summary can be copied (in English as they want to practice here) to the UK regulator. No CPD submission we suggest could lead to the option of a fitness to practice hearing, a requirement to register fully, or deregistration.

4. Do you agree that UK regulations should allow competent authorities to check the professional qualifications of all health and social care service providers who do not benefit from automatic recognition under the sectoral regime? (ie all general systems health and social care professionals, and all sectoral professionals subject to the general system regime under Article 10).

Yes, definitely. The following concern has been expressed by the Hospital Physicists' Association, " In the UK a trainee must have either completed an approved MSc or a relevant PhD. If a trainee has a non-approved (for whatever reason) MSc then they must take an approved one. To automatically recognize an MSc from outside the UK is to bias against UK nationals. If all non- approved MScs are subject to the same criteria (i.e. someone checks the syllabus and says whether or not they comply) then that would be beneficial to all.

5. Do you agree that UK regulators should have discretion to consider breach of conditions imposed in a service provider's home State as misconduct which could lead to FTP proceedings?

Yes definitely. However as the EC Directive is silent on this, a better option should be sought. If an individual is only conditionally registered they are not fully registered so why should such an individual's qualification be recognized? If qualifications /registration in another EC country have to be recognized then so should the outcomes of fitness to practice proceedings of that country.

OTHER ISSUES

6. Do you agree that UK regulations should derogate (where possible under the Directive) from the applicant's right to choose the type of compensation measure, and should specify for each sectoral health profession the regulator's preferred compensation measure?

Yes

7. Are there any factual errors or omissions that you wish to draw to our attention?

Not aware of any.

8. Are there any further amendments required to other legislation and/or to regulators' Rules as a result of Directive 2005/36 that you wish to draw to our attention?

Not aware of any.

Our reply may be made freely available.

Yours faithfully

A handwritten signature in black ink, appearing to read 'K. Coyne', written in a cursive style.

Kevin Coyne
Head of Health

For any queries on this document please contact:

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