

1. What view does the CHRE take regarding mutual recognition of regulated professions in Europe?

Directive 2005/36 Mutual Recognition of Professional Qualifications is an EU directive and therefore has supremacy over any Member State law. We support the directive as transposed under UK law. Nonetheless, our core commitment is to public protection and patient safety through regulation.

2. Does the CHRE have a further complaints procedure in place regarding professional recognitions via the HPC? (For example if a European applicant is denied recognition as a health profession in the UK via the HPC.)

CHRE is not an appellate body for those the regulator has not given professional recognition to and therefore, we do not have any powers to take action on such matters. CHRE is governed by the NHS Reform and Health Care Professions Act 2002. Section 28 of that Act 2002 was drafted to allow CHRE to deal with complaints about the regulatory bodies, but it has not been enacted. Therefore, we do not have any statutory power to investigate the complaints we receive. However, we do look carefully at all the complaints that we receive and bring them to the attention of the regulator concerned.

The HPC have informed CHRE that they assess EEA applications to see whether they met the required standards to join the Register. Applicants are asked to provide details of their main professional qualification, usually the programme syllabus and details of their career history. This information is used by their assessors to identify any significant differences between the applicants qualification and experience and the minimum standards required to join the Register.

If insufficient evidence is provided to prove an applicant meets the standards required, the assessors will request further verification. If sufficient evidence still cannot be provided, the assessors can recommend either a period of adaptation or an aptitude test in order to address the remaining shortfalls. Once the applicant has shown they reach the standards, they can be considered eligible for registration. The HPC would not reject an EEA applicant outright, they always offer a choice of period of adaptation or aptitude test.

An applicant can appeal any registration decision, details of this process can be found at: <http://www.hpc-uk.org/apply/international/appeals> .

3. Is CHRE interested to ease the recognition process for professions who fall under the HPC regulation?

The core purpose of CHRE is to ensure public protection and patient safety through the scrutiny of the health professions regulators work. We work with the regulators to identify and promote good practice in regulation. We are, therefore, interested in improving all aspects of the regulators work but our main focus is on ensuring public protection and patient safety.

4. Radiographers in Switzerland, Austria and Germany are automatically recognised within those countries. Applicants from Germany still face a difficult process to get recognised as a Radiographer via the HPC. What interest does the CHRE have in order to ease the application process of Radiographers from Germany, Switzerland and Austria?

The only way that easing the application process could reasonably be achieved is for there to be a common platform for radiographers as under Article 15 of the directive. However, we are not aware that such a discussion is being held. As I have noted above, we are interested in improving all aspects of the regulators' work including the registration process of European applicants, but our main focus is on ensuring public protection and patient safety rather than easing the process for registrants.

5. What recent approach or statement did the CHRE take regarding health at a European level?

CHRE sent a statement to the Commission and some MEPs and EU organisations earlier this month on the draft directive 'Patients Rights in Cross-Border healthcare'. Details of our response can be found below:

'The Council for Healthcare Regulatory Excellence (CHRE) is an independent statutory organisation with the remit of overseeing the nine healthcare professional's regulatory bodies (competent authorities) in the United Kingdom. The main aim of CHRE is to ensure protection of the public by the regulatory bodies through high standards of regulation.

CHRE welcomes the Commission's publication of the draft directive on patients' rights in cross- border healthcare. However, having now reviewed the detail of the directive CHRE feels that there remains potential for risk to patient safety because of omissions from the draft. Whilst supporting the right of patients to receive healthcare in any member state patients have the right to expect safe care in all circumstances.

CHRE would like to bring to the Commission's attention that the continued omission of the ability for regulatory bodies to legally exchange information about registrants practising in the home state and to test communication competence of applicants as a criteria for practicing their profession in any directive on free movement of patients and professionals. CHRE calls on the Commission to establish a legal duty on regulators across Europe to exchange relevant regulatory information about registrants and to enable them to test communication competence of all EEA applicants. This does not seek to interfere with freedom of movement of professionals but does seek to ensure that patients are fully protected within the health system that they chose for the provision of their healthcare needs. This is properly the role of regulatory bodies to ensure this level of protection.

In addition, CHRE calls upon the Commission to put in place robust mechanisms across Europe to ensure patient safety whether it is the patient or the professional that is moving.'