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House of Lords
London SW1A 0PW

REVIEW OF THE PROFESSIONAL QUALIFICATIONS DIRECTIVE: MOBILITY OF HEALTHCARE PROFESSIONALS

Response from the Guild of Healthcare Pharmacists

Thank you for the opportunity to respond to this consultation. The Guild of Healthcare Pharmacists represents UK wide around 4,000 pharmacists including the majority of hospital pharmacists, pharmacists employed by NHS Primary Care organisations and pharmacists employed by other public bodies such as Prisons and the Care Quality Commission. The Guild is part of the health sector of the union Unite.

We wish to make the following comments to each question and to draw your attention that in addition to representing pharmacists working in the managed sector, our response also reflects that we work as part of a multi-disciplinary team with (predominantly) doctors and nurses. As a consequence some of the risks identified relate to those professional groups as well as ours.

Background: Fundamental Principles

1. What benefits are derived by healthcare professionals and patients from mobility?

In addition to the obvious benefit to the individual of being able to experience living and working in another country there are major benefits to EU citizens, as they will have access to healthcare professionals with a broader experience base. Governments can also benefit, as if one country has a surplus of healthcare professionals and another a shortfall then freedom of movement smoothes the fluctuations.

2. What risks have you observed arising from mobility and to what do you attribute those risks?

While a significant proportion of medicines regulation is harmonised across the EU, there are still differences. Well publicised cases relating to doctors from elsewhere in the EU making serious prescribing errors often failed to recognise that one of the primary underlying issues was that the medicine in question was not used in their home country, and that level of unfamiliarity can be a risk, particularly where the professional is working alone or without easily accessible professional support.

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In hospital pharmacy, practice in the UK and Ireland can be substantially different to that in the rest of the EU, as it is more patient focussed with significant pharmacist presence on the wards and in the clinics. While this is a benefit, the UK is a net importer of hospital pharmacists as our fellow EU colleagues wish to experience this type of practice; it is also a potential risk because such colleagues need significant induction and training before they can practice without support.

3. Where do you think the balance should lie between a regime covering the mobility of all workers, including non-healthcare workers, with the objective of maintaining high standards of patient safety?

In part the answers to some of the questions below help describe the necessary framework. The key element though is the employer, as they have the accountability to ensure the healthcare employed is 'fit for practice', based on what 'practice' means for the individual state.

Automatic Recognition

1. How content are you with the system of automatic recognition as currently applied to doctors, general care nurses, dentists, midwives and pharmacists? What suggestions do you have for improvements? Should it be extended at all to any other healthcare professionals?

There is mutual recognition for pharmacists at the baseline qualification and we are not aware of problems, but for the UK it is the experienced hospital pharmacists that are discriminated against by many other EU states. This is because many states (covering 2/3rds of EU citizens) have a supplementary requirement for a specialisation in 'hospital pharmacy' and as a consequence hospital pharmacists from the UK cannot take up similar posts in countries like Austria, Belgium, France, Germany, Italy, Luxembourg, Portugal, Spain and The Netherlands. It is not just the UK hospital pharmacists who have this problem; it is also those who come from other EU countries to train here because of the clinical practice element.

It should be noted that this is not because the UK does not train hospital pharmacists, it does, it is just that neither the regulator nor the professional body have been willing to 'credential' such training, if they did then there is every indication that freedom of movement would be facilitated.

Administrative Cooperation

1. To what extent do you consider that appropriate systems are in place for administrative cooperation between Member States, particularly as regards the fitness to practice?

We are not aware that any state has as comprehensive regulatory regime as the UK. We are also concerned that more might be expected of UK pharmacists than those moving from other EU countries, with one example of this being the enhanced CRB checks.

Language Competence

1. Article 53 of Directive 2005/36/EC requires those benefiting from mobility under the Directive to have knowledge of languages necessary for practicing the profession in the host Member State. Are you content that this requirement has been applied satisfactorily as regards healthcare professionals and ought it to be strengthened?

This is very much for the employer, as they must assure themselves that the grasp of the language is sufficient to allow safe practice. That said, in the multicultural society that is the UK, having healthcare professional staff members that are fluent in other languages is a major advantage and we would say essential if patients are to be cared for across borders.

European Professional Card

1. The Commission refers in its consultation paper to the possible introduction of a European Professional Card. What is your response to this suggestion? Under what conditions would it be helpful for healthcare professionals and patients?

We believe this could be a very useful step, firstly as a way of identification and easy route to check qualifications and registration status and secondly to allow the recording of key credentialing information on specialisation and sub-specialisation.

The Guild of Healthcare Pharmacists is more than willing to give oral evidence on any of these points should it be required.

Our reply may be made freely available.

Yours faithfully

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