Potential obstacles to free movement for healthcare professionals

Regulating health professions in a European perspective

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Extract from the study on cross-border health services: potential obstacles for healthcare providers

Freedom of movement in the healthcare sector is fundamental for both healthcare providers and patients in the EU. The free movement rights are enshrined in the treaties and delegated legislation. The EU dimension to policy regarding the provision and management of health services has evolved in recent years. The European Court of Justice qualified healthcare services as a service to which the principles of free movement fully apply. In addition, the uptake of legislation from other policy areas that also cover health services has been increasing over the last years.[1] As a result, EU Institutions and MSs are increasingly faced with the question of how to apply the principles of free movement of health services in practice.

Health care professions are highly regulated at national level, which could create a barrier obstacle for professionals that would like to practice their services cross-border. EU legislation aims to facilitate the provision of cross-border health services, but nevertheless, in practice, healthcare professionals still face different (potential) obstacles. These are the result of dissimilarities of rules between MSs, various (cross-sectorial) administrative requirements, language barriers, and even challenges in the process of recognition of qualifications.

This study examines the free movement of healthcare providers in practice through specific examples in national contexts. It aims to identify the different requirements placed on healthcare providers wishing to either establish themselves in another MS, or provide cross-border services in one MS whilst being established in another. More specifically, this study has three objectives:

- To *identify specific and cross-sectorial national requirements* for healthcare providers, when providing cross-border health services;
- To *identify the main barriers* to delivering cross-border health services by considering how the requirements apply in practice;
- To provide an *estimation of the amount of resources* necessary to invest as a healthcare provider in order to comply with the different requirements.

In this study, requirements that only apply to cross-border providers are referred to as *additional requirements*. These requirements, and/or their associated resource demands, potentially create an *obstacle* for healthcare providers that want to offer their services cross-border. The fact that a requirement is referred to as an additional requirement or a potential obstacle does not mean that it is not proportional or without good reason (e.g. to protect patient safety).

The study investigates five scenarios of cross-border health services provision:

- Scenario 1: a General Practitioner (GP)/family doctor wishing to set up a practice in another MS to offer standard GP services to patients;

[1] Such as the Working Time Directive (2003/88/EC) and the Professional Qualifications Directive (2005/36/EC).

- Scenario 2: A GP wishing to offer online consultations and ePrescriptions to patients (both private patients, and also patients covered by or claiming reimbursement from the public healthcare system) in one MS whilst being established in another MS;
- Scenario 3: A physiotherapist wishing to establish themselves as an independent practitioner offering physiotherapy services in another MS;
- Scenario 4: A medical services laboratory in one MS offering diagnosis services (for example, standard blood sample analysis) in another MS;
- Scenario 5: A hospital wishing to open a subsidiary branch in another MS.

Each of these scenarios have been analysed for ten different MS: France, Germany, Italy, Latvia, Malta, the Netherlands, Poland, Slovenia, Sweden, and the United Kingdom[2]. The analysis of the requirements that cross-border providers need to fulfil in the ten selected MSs provides a sound basis for the identification of likely barriers to offer health services in different types of healthcare systems and legislative environments within the EU.

Mobility of GPs and physiotherapists, additional requirements

The results of the study indicate that there are requirements that *only apply to cross-border providers* and not to national providers. These requirements mainly concern:

- *The recognition of qualifications*
  The results show that cross-border GPs and physiotherapists need to have their qualifications recognised in the MSs where they wish to establish themselves and set up their practice. The main aim of this requirement is to verify whether the qualifications of the cross-border professional are in line with the required level of education and quality standards in that MS. Given that, unlike for GPs, there is no common training framework for physiotherapists, and the requirement of recognition of qualifications is therefore expected to be more challenging compared to the GPs. In the process of getting their qualifications recognised, cross-border professionals need to supply a variety of supporting documents, related to e.g. evidence of education, professional experience, and/or capacity to practice. The number and type of documents differs per MS. For some of these supporting documents, certified translations may be required. The variation in fees for the recognition of qualifications across MSs is rather high and typically higher for GPs compared to physiotherapists. This results from the fact that some MS require additional recognition of specialist qualifications. On top of the costs, the potential waiting time, which is typically over one month, is one of the most burdensome (potential) resource demands.

- *Language requirements*
  In all selected MSs there exist language requirements for cross-border GPs and physiotherapists. Proof of language knowledge is not a formal requirement in all MSs – in some MSs it is rather a practical, de-facto

[2] Several criteria were taken into account in the selection of the ten MSs, such as: geographical location within Europe and the type of healthcare system (tax-based vs. insurance-based and centralised vs. decentralised).

requirement. This is typically due to rules on patient care which emphasise the importance of effective communication and the societal responsibility of a medical professional to be able to communicate with a patient in their native language. The analysis of the language requirements shows that there is variation in the required level of language knowledge both across MSs and across scenarios. Resource demands also vary because of differences in costs and the amount of time necessary to reach the required level.

- *Registration with regulatory bodies*
  The registration process is crucial, since most regulatory bodies are in charge of delivering licences to practice. Although national providers also need to register with the regulatory body, often additional requirements are imposed on cross-border providers. Examples of these additional requirements include the need for providing certified translations and/or additional supporting documents, which may include certificates issued by the home MS or declarations/statements on the applicant's character/criminal record, etc. The fees for the registration with regulatory bodies is relatively uniform across MSs (approximately EUR 100 with Poland as an outlier) compared to the fees for recognition of qualifications. DE and FR require the provider to file a request for registration before actually being able to register. Arguably, the requirement for registration with the regulatory body is thus most extensive for these two MSs. In terms of the number of required documents and certified translations it differs between MSs for which scenario the resource demands are higher.

The specific requirements that apply only to cross-border providers are often requirements relating to the individual – i.e. a practising GP or physiotherapist - and their capacity to provide services (evidenced by their degree) or communicate with patients (evidenced by language ability). In addition, these requirements may, for the vast majority, also be described as 'sectorial requirements' in the sense that they are specific to the health sector. This may be explained by the fact that the health sector, highly regulated in all EU MSs, is very specific and therefore entails detailed, tailored rules.

Requirements relating to the place of work and public funding coverage typically apply equally to both cross-border and national providers. While the requirements relating to the place of work are typically cross-sectorial requirements (such as those relating to: company law, tax law, accountancy, insurance, etcetera), the requirements regulating reimbursement or funding by the healthcare system are all sectorial requirements. These requirements are very specific and indicate the extreme complexity of the rules regulating coverage by the healthcare system.

Potential obstacles for cross-border healthcare providers

The analysis showed that cross-border healthcare providers may face obstacles when they wish to provide cross-border services. To some extent these barriers directly relate to the earlier described additional requirements.

First, the results of the study indicate that *language requirements* as assessed by language tests are issues for consideration. Amongst the consulted national stakeholders, language requirements were the most often mentioned potential

obstacles to providers wishing to practice abroad. In addition, the actual cases also highlighted language requirements as a potential obstacle, particularly when there were obligatory tests and/or when additional training costs need to be incurred. Both the training and (obligatory) tests can pose significant resource demands on cross-border providers in terms of costs and time.

Box 1: language requirements – obstacles experienced by a selection of actual cases

A Dutch GP, wishing to set up a practice in the UK, mentioned that the first obstacle she encountered was the English IETLS test that she had to pass at the academic level (i.e. with 7.5 points or more). Although she is fluent in speaking and reading, she had to repeat the exam three times to get a sufficient score for writing. Each attempt cost about £ 150.

Two Polish physiotherapists, wishing to practice in the Netherlands, mentioned that language requirements formed an obstacle for them. One of them mentioned that the municipality pays for her Dutch classes and she follows the classes twice a week for three hours. The other Polish physiotherapist has to pay for Dutch classes by herself and as a result, she is incurring substantial costs.

A second potential obstacle is the *high costs associated with providing the required supporting documents* – and particularly the *certified translations of these documents* – in the processes related to recognition of qualifications and/or registration with a regulatory body. Fees often apply for the latter. However, these fees are relatively low compared to the costs of providing certified translations. It is worth noting that the results of the analysis indicate that the number of supporting documents, and thereby the estimated resource demands, differs substantially among MS. This difference, as well as the number of requirements and resource demands, is likely to decrease in the (near) future for Physiotherapists due to the introduction of the European Professional Card (EPC) for this profession.

Box 2: costs of supporting documents and translations – obstacles experienced by a selection of actual cases

A Polish physiotherapist wishing to practice in the Netherlands shared her experiences with regard to the high resource demands she faced when applying for recognition of qualifications and the mandatory registration in the physiotherapy register. To date, she spent 900 EUR on the translation of all the required documents. Hence, the number of supporting documents and translations are an obstacle for this physiotherapist. This potential obstacle was confirmed by another Polish physiotherapist wishing to practice in the Netherlands; she indicated that she spent already up to 630 EUR on documents and certified translations.

Thirdly, *unfamiliarity with the specifics of the healthcare system in a MS* may be an obstacle. For example, the requirements relating to the place of work and public funding coverage. Though formally many of these requirements equally apply to national and cross-border providers, it can be argued that cross-border providers may experience more practical obstacles in finding the relevant information and navigating through the system (e.g. because of language barriers or unfamiliarity with the competent authorities, institutions and organisations). This was confirmed by several of the actual cases examined through interviews as part of this study. It is expected that these potential barriers are highest for the requirements relating to the public funding coverage, because these are typically very detailed and specific to the health sector in general, as well as to the healthcare system of that MS.

Box 3: requirements relating to public funding coverage – obstacle experienced by an actual case

A Dutch GP, wishing to set up a practice in the UK, considered the contract procedure with the NHS to be long and costly and the most difficult obstacle to overcome. Requirements included an introductory test about the NHS and a test on patient treatment, which are only provided four times a year and at a cost of £ 200. After passing these tests, it is mandatory to complete the NHS full-time course. You are classified based on your test scores into a NHS full-time course of 2 weeks up to 6 months (depending on your classification), which costs around £ 2,000 a month. This process thus demands substantial resources, both in terms of monetary costs and time.

This last potential obstacle is likely to be even bigger in MSs with a *decentralised healthcare system* as procedures and terminology may vary between regional competent authorities. Providers have to get acquainted with two sets of rules: those originating from the centralised government and those set out by the decentralised governments.

Limitations and recommendations for further research

One of the limitations of this study is that it focuses on 10 MSs. There are differences between MSs in terms of for example the structure of the health systems, the main actors and responsibilities, modalities for the delivery of healthcare services, and financing mechanisms. These elements affect cross-border mobility and the associated requirements. The study acknowledges this and shows that there are substantial differences between MSs in terms of both additional requirements and resource demands, indicating that the potential obstacles between MSs will most likely also differ in both depth and scope but also in nature.

Another limitation related to the scope of the study is the focus on 5 specific scenarios. Though there are similarities across scenarios (such as links between scenario 1 and 3) large differences are also observed, indicating that each professional or provider faces specific requirements.

The study therefore recommends that further research is conducted to map the (additional) requirements and potential obstacles for the other 18 MSs as well as for a wider variety of scenarios. These scenarios could for example include nurses and medical specialists moving across borders, as the Regulated Professions Database of DG GROW suggests that these are amongst the most mobile professions in healthcare and several stakeholders indicated that this would be interesting scenarios to investigate.

This study looked into the administrative and legal requirements, as well as the resulting (potential) obstacles, for cross-border providers of healthcare services. However, even when a providers meets all these requirements and overcomes the identified obstacles, they may still face additional obstacles related to the labour market and cultural differences. This study recommends conducting further research on these issues in order to be able to give a complete picture of all potential obstacles a healthcare provider might face before being able to actually start providing cross-border services.

Other recommendations for further research include the recommendation to combine written enquiries with face-to-face interviews with national

stakeholders and to also consider focus group/group interviews for actual cases to discuss experiences of cross-border health workers. Furthermore the study recommends that the results of this study are revisited in a few years, to determine the impact of the EPC.

More information

For more information we would like to refer you to the final report – Study on cross-border health services: potential obstacles for healthcare providers, available at the website of the European Commission.[3]

[3] https://ec.europa.eu/health/cross_border_care/key_documents_en.