Study on cross-border health services: potential obstacles for healthcare providers

Chafea/2014/Health/10 - Final Report

Written by the consortium of Ecorys, Erasmus University Rotterdam, and Spark Legal Network and Consultancy Ltd.

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LIST OF ABBREVIATIONS

AGB Code	Code required for receiving public funding in the Netherlands
BIG Act	Dutch Individual Health Care Protection Act
CEIDG	Central Registry and Information on Economic Activity
Chafea	Consumers, Health, Agriculture and Food Executive Agency
CIBG	Dutch authority for healthcare professions
CQC	Care Quality Commission
DBS	Disclosure and Barring Service check (Police Check)
DG SANTE	Directorate General for Health and Food Safety
EC	European Commission
EHR	Electronic Health Records
EPC	European Professionals Card
EU	European Union
EUR	Euro
FAQ	Frequently Asked Questions
GMC	General Medical Counsel
GP	General practitioner
HCPC	Health and Care Professions Council
HRH	Human Resource for Health
IELTS	International English Language Testing System
IMI	Internal Market Information System
MS(s)	Member State(s) (of the European Union)
NHS	National Health Service
NIA	No information available
RDP	Return migration and Development Platform
RGS	Registratiecomissie Geneeskundige Specialisten
SALAR	Swedish Association of Local Authorities and Regions
SDPA	Swedish Data Protection Agency
SeHA	Swedish eHealth Agency
SHI	Statutory health insurance
SPZOZ	Independent State Healthcare Facility
TEU	Treaty of the European Union
TFEU	Treaty on the Functioning of the European Union

Country abbreviations

AT	Austria
BG	Bulgaria
CH	Switzerland
DE	Germany
DK	Denmark
EE	Estonia
EL	Greece
ES	Spain
FI	Finland
FR	France
HR	Croatia
HU	Hungary
IE	Ireland
IT	Italy
LT	Lithuania
LU	Luxembourg
LV	Latvia
MT	Malta
NL	The Netherlands

NO	Norway
PL	Poland
PT	Portugal
SE	Sweden
SI	Slovenia
SK	Slovakia
RO	Romania
UK	United Kingdom of Great Britain and Northern Ireland

GLOSSARY

General terminology

Additional requirements
Additional requirements that are imposed on cross-border healthcare professionals/providers compared to national healthcare providers. The study does not aim to say that additional requirements are not proportional or not with good reasons, rather it aims to indicate that cross-border providers potentially experience obstacles because of the requirements they have to fulfil and/or the resource demands (time and costs) that are associated with this.

Cross-border healthcare professionals / providers
Cross-border healthcare professionals/providers are healthcare providers in an EU MS that establish themselves and/or offer their services in another EU MS. With regard to cross-border mobility the study focusses on requirements related to permanent mobility, as it looks into the scenario where a professional establishes him-or herself in another EU Member State; requirements related to temporary mobility are beyond the scope of the research.

Cross-border health services
Cross-border health services are health services that are provided across the borders of EU MSs, either because the professional/provider or the service itself crosses MS borders.

Cross-sectorial requirements
Requirements that are not specific to the healthcare sector, but also apply in other sectors.

National healthcare professionals / providers
Healthcare professionals/providers that are established and/or offer their services in their MS of origin.

Potential obstacles
Additional requirements and/or resource demands that may create obstacles for healthcare professionals/providers to establish themselves, or provide their services, across MS borders.

Resource demands
Time and costs that a healthcare professional/provider needs to invest (either him- or herself or by hiring someone) to meet the imposed requirements.

Requirements relating to the individual
Requirements that relate to the healthcare professional as an individual (e.g. related to nationality, education, professional experience, etc.).

Requirements relating to the place of work
Requirements that relate to the place where the health services are provided (e.g. the legal form of the practice, registration with tax authorities, etc.).

Requirements relating to public funding coverage
Requirements that have to be met to be able to obtain funding or reimbursement from the public healthcare system.

Requirements applying equally
Requirements that must be fulfilled by the relevant healthcare providers, regardless of whether they have exercised their free movement rights.

Scenario specific terminology

GP/Family doctor (Scenarios 1-2)
The terms 'GP' and 'family doctor' are used interchangeably in this study. While the roles and tasks of GPs and family doctors may vary in the EU MSs surveyed, the study assumes these terms refer to habilitated doctors providing primary care for general medical services.

Location of practice (Scenarios 1, 3)
The requirement 'location of practice' seeks to ascertain whether healthcare providers may freely choose where to establish themselves (geographically-speaking) or, conversely, whether they must comply with specific rules on location.

Type of practice (Scenarios 1, 3)
The requirements 'type of practice' identifies what type of practice healthcare professionals may set up, and what the main requirements are for each type. By "type," the study means, in particular: locum (i.e. temporary, replacement services), permanent (establishment of a company, charity, public practice…). Another important distinction that can be made is in terms of working in the private or public sector.

ePrescriptions (Scenario 2)
ePrescriptions are prescriptions provided in electronic format.

Online consultations (Scenario 2)
Online consultations are consultations conducted via the internet (e.g. Skype).

Physiotherapist (Scenario 3)
Physiotherapists are autonomous health professionals who are responsible for developing, maintaining or restoring motor function and movement throughout the lifespan using evidence-based practice. They relieve pain and treat or prevent physical conditions associated with injury, disease or other impairments. Physiotherapists empower patients and their carers to manage the condition outside clinical settings. They work within their scope or practice and their professional Code of Conduct[1].

Medical services laboratory (Scenario 4)
A medical services laboratory is a laboratory for clinical specimens for diagnosis, treatment or prevention.

Subsidiary branch (Scenario 5)
In the case of a subsidiary the study assumes that the hospital branch would be established as a separate legal entity in the host MS.

[1] http://www.erwcpt.eu/physiotherapy_and_practice/what_is_physiotherapy

SHORT SUMMARY

This study seeks to identify the different requirements placed on healthcare providers wishing to either establish themselves in another European Member State (MS), or provide cross-border services in one MS whilst being established in another. The focus of the study was on cross-border General Practitioners (GPs) (including provision of online consultations and ePrescriptions), physiotherapists, medical laboratories, and hospitals setting up subsidiaries across borders.

The study concludes that the requirements that *only apply to cross-border providers* (in this study referred to as "additional requirements") mainly concern requirements relating to individual medical professionals:

- *Recognition of qualifications* (GPs, physiotherapists and professionals running a medical laboratory).
- *Language requirements* (GPs, physiotherapists and professionals running a medical laboratory).
- *Additional requirements upon registration with regulatory bodies* (e.g. additional supporting documents and certified translations).

Requirements relating to the place of work and public funding coverage typically apply equally to all providers. For example, legislation on setting up subsidiary hospitals hardly ever distinguishes between national or cross-border providers.

Cross-border healthcare providers may face obstacles, partially because of the additional requirements, when they want to provide cross-border services. The three main obstacles identified are:

- *Language requirements.*
- *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.
- *Unfamiliarity with the specifics of the healthcare system in a MS.* Cross-border providers may experience more practical obstacles in finding the relevant information and navigating through the system compared to national providers. This potential obstacle is likely to be even bigger in MSs with a decentralised healthcare system.

SUMMARY

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.[2] 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;
- 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;

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

- 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[3]. 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 doctors and physiotherapists

The Regulated Professions Database on the website of the European Commission provides statistics on, amongst other things, the number of decisions taken on recognition of professional qualifications for the purpose of permanent establishment. These statistics illustrate that in 2014 'doctor of medicine'[4] and 'physiotherapist' are respectively the number 1 and 4 in terms of the highest number of decisions regarding recognition of professional qualifications[5]. This indicates that out of all regulated professions, these professions are the first and fourth most mobile, regulated professions in that year. Looking back at previous years, doctors of medicine are always ranked the first or second most mobile profession (trading places with nurses) and physiotherapist are consistently the fourth most mobile profession (after secondary school teacher).

From 1999 until 2014, a total of 106,525 recognition of qualification decisions[6] were made for the profession 'doctor of medicine'[7] and 29,131 for the profession 'physiotherapist'. A further analysis of the data reveals that mobility of professionals is highest between MSs with the same official language as well as between origin and destination countries that are geographically close to one another.

The majority of the migrating doctors of medicine had their qualifications recognised (which includes both positive and negative decisions) in Switzerland, the United Kingdom, Germany and Norway. For physiotherapists

3 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).

4 Important to note is that while scenario 1 in this study focusses on GPs, 'doctor of medicine' is broader as it refers to both doctors with basic medical training as well as specialist training (including GP training).Hence, the number of decisions on recognition of qualifications for GPs is a sub-selection of the total number of decisions presented in this section.

5 Disclaimer: statistics are based on national notifications.

6 This includes both positive and negative decisions taken on the request for recognition of qualification for professionals qualified in another EU MS. The competent authority can take a positive decision, as well as a positive decision without compensatory measures. Compensatory measures can take the form of an aptitude test or a traineeship.

7 Please note that while scenario 1 in this study focusses on GPs, 'doctor of medicine' is broader as it refers to both doctors with basic medical training as well as specialist training (including GP training).

this list of countries is essentially the same, with the addition of France and Austria.

The countries where the majority of migrating doctors of medicine and physiotherapists obtained their professional qualifications are Germany, Italy, and Romania. Most of the migrating German and Italian qualified doctors and physiotherapists applied for recognition in Switzerland. Romanian qualified doctors and physiotherapists mainly applied for recognition in Germany and the United Kingdom.

Approach and methodology of the study

The study used a combination of analytical tools and (data collection) methods in order to (i) identify specific and cross-sectorial national requirements for cross-border healthcare providers; (ii) determine the main barriers to delivering cross-border healthcare services by considering how the requirements apply in practice; and (iii) arrive at an estimation of the amount of resources necessary to invest in order to comply with the different requirements.

The research began with mapping and categorising the requirements (e.g. regulatory, legal, administrative, civil) that providers have to meet in order to offer healthcare services. The requirements mapped and categorised were those related to the five scenarios, in the ten selected MS. The mapping was conducted via desk research by a network of legal country experts.

The mapping distinguished between three broad categories of requirements:
(i) requirements pertaining to the individual;
(ii) requirements pertaining to the place of work; and
(iii) requirements pertaining to public funding coverage.

In addition, each requirement was categorised on the following variables:

- Specific to the healthcare sector or cross-sectorial;
- Demanded by a centralised or decentralised body; and
- Applicable to all providers or only to cross-border providers.

The results of the mapping formed the basis for a categorisation tables (using the above mentioned categorisation) and country fiches, which were continuously updated throughout the course of the study. In addition, infographics that visualise and summarise all the requirements needed to provide cross-border health services were developed.

Upon finalising the mapping, further desk research was conducted and national stakeholders as well as healthcare providers that are, or want to be, providing their services cross-border (i.e. examined real-life examples, from now on referred to as "actual cases") were consulted. These consultations were conducted in order to:

- Validate and complement the results of the initial mapping;
- Identify the additional requirements for cross-border providers; and
- Identify the potential obstacles and the associated resource demands.

The collected information was then synthesised and analysed, first by scenario, and second, by MS (for selected requirements).

The draft findings of this analysis were submitted to a stakeholder review, which was conducted with stakeholders both at the EU- and the MS-level in

October-November 2016. Finally, a peer review was conducted December 2016.

The approach for data collection in these tasks consisted of a combination of desk research, written enquiries to national stakeholders, and telephone interviews with so-called actual cases. All collected data and information was subsequently analysed and synthesised. Upon finalising the analysis and drafting the report, a stakeholder review and peer review were conducted. Based on the feedback from these reviews, the report was revised and finalised.

Main findings and conclusions

Additional requirements for cross-border providers

The results of the study indicate that the legislation on setting up subsidiary hospitals (scenario 5) almost never distinguishes between national or cross-border providers. For the scenarios 1 to 4, on the other hand, there are requirements that *only apply to cross-border providers* and not to national providers. The fact that a requirement is referred to as an additional requirement does not mean that it is not proportional or without good reason, for example (e.g. to protect patient safety). These requirements mainly concern:

- *The recognition of qualifications*
  The results for scenarios 1 and 3 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 same holds in most MSs for the individual running the medical services laboratory in scenario 4. In those MSs that have legislation in place for scenario 2, the GPs wishing to offer ePrescriptions or online consultations typically also need to have their qualifications recognised. 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 nor for persons running a medical services laboratory (for which requirements in terms of qualifications differ across MSs), the requirement of recognition of qualifications is expected to be more challenging for professionals in scenario 3 and 4, compared to the GPs in scenarios 1 and 2. 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. In some MSs, scenario 1 requires most documents and translations, whereas in other MSs it is the other way around. The variation in fees for the recognition of qualifications across MSs is rather high and typically higher in scenario 1 compared to scenario 3. 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, physiotherapists, and professionals running a medical services laboratory. Proof of language knowledge is not a formal requirement in all MSs – in some MSs it is rather a practical, de-facto 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.

While the cross-border provision of GP- and physiotherapists services (scenarios 1 and 3) are highly regulated, most MSs have not legislated for the possibility of ePrescriptions, online consultations, or cross-border medical laboratories (scenarios 2 and 4). In some MSs, these scenarios do not even appear to be realistic or under way at the time of writing this report. Because of this reason, as well as the fact that both desk research and stakeholder consultations provided limited results for these scenarios, it is difficult to say

with certainty whether or not the requirements in these two scenarios differ between national and cross-border providers, and if so, to what extent. However, it is worth noting that those MSs that have regulated these scenarios typically do impose additional requirements on cross-border providers, such as the need for recognition of professional qualifications.

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, as illustrated by the analysis of resource demands and the consultation of actual cases, 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 (scenario 3) 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.

A physiotherapist who graduated in Italy and now practicing in Malta mentioned that for him the main obstacle in the process of recognition of qualifications and registration with the regulatory body was the high cost for the required certified translations; he estimates that this was more than 300 EUR, which is a multiple of times higher than the registration fee.

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

Scope of the research

One of the limitations of this study is that it focuses on 10 MSs. Though these 10 MSs were selected in such a way as to ensure a representative picture, the research shows that there are substantial differences between MSs in terms of both additional requirements and resource demands. This indicates that the potential obstacles will most likely differ between MSs in both depth and scope, but also in nature (e.g. aptitude tests vs. knowledge-based tests). The results for this study may therefore not be necessarily transferable to the other 18 MS.

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. The 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.

Methods for collection information on requirements

The data collection for this study faced several difficulties related to limited data availability as well as limited access to national stakeholders. For some MSs and scenarios, it was more challenging to find information than for others, e.g. for scenario 2 both the sources for desk research as well as the actual response to the consultation were very limited. In addition, information on resource demands and requirements for public funding coverage - for all scenarios - proved rather challenging to obtain.

For some scenarios, limitations may be explained by the fact that the scenarios are not yet very common in practice and/or are not yet explicitly legislated for (e.g. scenarios 2 and 4). This makes both desk research and consultation of stakeholders more challenging. With respect to the limited response rate for the national stakeholder consultation, this may be partly related to using only written enquiries.

One of the reasons for choosing written enquiries was to ensure that a larger number of national stakeholders could be included, given the set timeframe and budget. For future research, the study would suggest to combine written enquiries with face-to-face interviews with national stakeholders. Including face-to-face interviews in the research methodology will have a substantial impact on the project budget. This may reduce the number of MSs that can be covered in the study, but it will most likely also lead to more (in-depth) information for the selected MS. Particularly for information regarding the public funding coverage, in-depth face-to-face interviews could prove useful, given the complexity of healthcare systems.

Including real-life experiences in the research

As part of this study, actual cases were interviewed by phone to discuss their experiences. For further research, it may be interesting to also consider focus groups/group interviews with these actual cases. Given the fact that it is rather difficult to identify these cases and that they are located in different MSs, face-to-face focus groups may be difficult. However, a group interview via a webinar may be an interesting way to explore their experiences in more detail. The study would recommend organising such webinars per scenario rather than per MS, such that comparisons across the EU are facilitated. If for privacy or other reasons people are not eager to participate in webinars, an alternative may be to facilitate discussions between providers on experienced obstacles by hosting an online platform/forum or by developing mobile applications allowing them to rate their experiences and input constructive feedback on the process itself.

Another method for gathering real-life experiences that could be interesting to explore in further research, particularly to identify resource demands, is the use of mystery shopping or pseudo-patient (or pseudo-provider in this case) investigations. Essentially, these methods create actual cases that experience the resource burden placed on them when going through the process. However, given the long waiting times for meeting some of the requirements, this may prove difficult to execute within a limited study timeframe.

Impact of the European Professional Card

At the time of undertaking the research for this study, the use of the EPC was still in the early stages of implementation. Given that the introduction of the EPC is expected to have an impact on the resource demands for scenario 3 – through the number of required documents and certified translations – the study recommends that the results of this study are revisited in a few years once the EPC is common practice. An evaluation of the impacts of the adoption of EPC could also shed light on the potential for savings on resource demands in other scenarios, if the EPC were introduced for those professions.

1 INTRODUCTION

This report presents the results of the study on 'Cross-border health services: potential obstacles for healthcare providers' (Chafea/2014/Health/10). The research was commissioned by the Consumers, Health, Agriculture and Food Executive Agency (Chafea) in the context of the Framework Contract EAHC/2013/Health/01 Lot 2 "Health Economics". The research was conducted by Ecorys, together with the Erasmus University Rotterdam and Spark Legal Network and Consultancy.

1.1 Context and objectives of the study

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. There are two main reasons for this development.

First of all, the uptake of legislation from other policy areas that also covers health services has been increasing over the last years. Examples of this are the Working Time Directive and Directive 2005/36 on Professional Qualifications.

Secondly, the European Court of Justice qualified healthcare services as a service to which the principles of free movement fully apply. 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. The two main Directives that provide guidance on certain points related to the free movement of health services are Directive 2011/24/EU (on the application of patients' rights in cross-border healthcare) and Directive 2005/36/EC (on the recognition of professional qualifications), as amended by Directive 2013/55/EU. Directive 2011/24/EU concentrates on rules and procedures of reimbursement for healthcare provided in another MS where the type and costs of the treatment would normally be covered by the patient's own healthcare system. Directive 2005/36/EC ensures portability of qualifications of for example medical doctors to stimulate cross-border mobility.

Healthcare 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 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 established in another. More specifically, this study has three specific objectives:

- To *identify specific and cross-sectorial national requirements* for 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 provider in order to comply with the different requirements.

The starting point for this research was the selection of five scenarios of cross-border mobility and 10 MSs (which are described in section 1.2). The research then began with mapping the *requirements* (e.g. regulatory, legal, administrative, civil) that providers have to meet in order to offer healthcare services in the various scenarios in each MS concerned. Some of these requirements may apply to all healthcare professionals in a specific MS and others may only be applicable for cross-border providers. The latter type of requirements may present an *obstacle* for healthcare providers that want to offer their services cross-border. Throughout the report, it will be clearly indicated whether a specific requirement is a requirement applicable to all professionals or only to cross-border providers and whether or not it may create a potential obstacle.

This study contributes to the existing literature by providing a comparative analysis of the practical application of requirements, and resulting potential obstacles, that are placed on healthcare providers in several pre-defined scenarios of cross-border healthcare provision.

1.2 Scope of the study

To achieve the specific objectives of this study, choices were made on the scope of the research. This resulted in a selection of:
(i) scenarios of cross-border healthcare to be analysed (selection made by the European Commission before commissioning the study); and
(ii) MSs in which each of the selected scenarios were to be analysed (selection made by the contractor in first phases of the study).

The five specific scenarios of cross-border health services provision that were selected for this study are:

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

Scenarios 1, 3 and 5 consider the mobility of healthcare professionals and providers across borders. Scenarios 2 and 4, on the other hand, look into the mobility of healthcare services across borders; in these scenarios the professional or provider remains established in the home MS.

The study focusses on permanent, rather than temporary, mobility; in scenarios 1 and 3, the professional that is mobile across borders aims to establish him- or herself in another EU MS.

Each of these scenarios have been analysed for ten different MS. 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.

With regard to the type of healthcare system distinction is made on the one hand between social health insurance (insurance-based systems) and national health services (tax-based systems) and on the other hand between centralised and decentralised healthcare systems. Decentralised healthcare systems are systems in which great(er) autonomy is provided to lower – typically regional or local - governmental levels for the provision of health services. This is in contrast to the centralised systems, where the autonomy lies with a central authority. Differences in health systems (e.g. in terms of financing, delivery, actors) impact both the applicable requirements as well as the mobility of healthcare providers.

Table 1.1 lists the MSs that are included in the study, including the geographical location and approximate typology of the healthcare system.

Table 1 List of ten selected MS

Geographical location	MS	Typology of healthcare system			
		Tax-based	Insurance-based	Decentralised	Centralised
Nordic MS	Sweden (SE)	✓		✓	
	Latvia (LV)	✓			✓
Mediterranean MS	Malta (MT)	✓			✓
	Italy (IT)	✓		✓	
Central European MS	Germany* (DE)		✓	✓	
	France (FR)		✓		✓
	The Netherlands (NL)		✓		✓
	United Kingdom (UK)	✓		✓	
Eastern European MS	Poland (PL)		✓	✓	
	Slovenia (SI)		✓		✓

* For DE the analysis is conducted for two Länder: Bavaria and Brandenburg.

The analysis of the requirements 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.

1.3 Activities and reading guide

In order to achieve the objectives of this study, first an initial mapping of the requirements for each scenario in each selected MS was conducted. Secondly, additional desk research was carried out and both national stakeholders and actual cases were consulted to (i) validate and complement the results of the initial mapping, (ii) to identify the additional requirements for cross-border

providers, and (iii) to identify the potential obstacles and the associated resource demands. Thirdly, the collected data was analysed; first by scenario, and second, by MS (for selected requirements). The results of these analyses, as well as a description of the background and approach, are presented in this report. More detailed information is presented in the annexes. The next two paragraphs provide a reading guide for the main report as well as the annexes to this report.

Main report
The main report consists of 11 chapters:

- Chapter 2 elaborates on the *approach for this study* and the methodologies that have been applied in each of the specific tasks.
- Chapter 3 presents *background information* on the topic of cross-border healthcare in the EU, and specifically, the mobility of healthcare providers and services.
- Chapters 4 through 8 provide the *results for each of the five scenarios*, based on the initial mapping of requirements as well as additional desk research, and the consultation of national stakeholders and actual cases.
- Chapter 9 presents an *overview of the identified resource demands* associated with the requirements per scenario. This overview based on multiple indicators that have been developed on the basis of the available information.
- Chapter 10 provides a *comparison within MSs*, across scenarios, for language requirements, resource demands for registering with the regulatory body, and resource demands for company registration.
- Finally, Chapter 11 presents the study's *conclusions with regard to the potential obstacles for cross-border healthcare providers* as well as recommendations for further research.

Annexes
This report contains six annexes:

- Annex I presents the r*esearch protocol* that has been used for the country research.
- The *questionnaire for the national stakeholder consultation* is included in Annex II.
- Annex III contains the *country fiches* summarising the applicable requirements per MS, per scenario.
- Annex IV presents the *categorisation tables,* which categorise the requirements per scenario, per MS, based on several indicators (more information on this is presented in chapter 2).
- Annex V presents the list of *organisations that participated in the stakeholder review* for this study.

- Annex VI presents the *summary of the main comments provided during the stakeholder review.*

- Annex VII presents the experts that participated in the *peer review and their main comments.*

- Annex VIII contains *'infographics' for scenarios 1 (GP) and 3 (physiotherapist)* that visualise and summarise all the requirements needed to provide cross-border health services. The infographics are based on the results of the country research and are updated based on the results of the national stakeholder consultation. The infographics for these two scenarios are developed to be guidance documents per MS. These infographics may be used as resource material by professionals who want to provide cross-border health services and are looking for information on the requirements that need to be fulfilled.

- Annex IX contains *'infographics' for scenario 2 (online consultations and ePrescriptions), scenario 4 (medical services laboratory) and scenario 5 (subsidiary hospital)*. The infographics for these scenarios are not necessarily meant as guidance documents for professionals, but merely as a summary and visualisation of the results of the country research and national stakeholder consultation.

2 APPROACH AND METHODOLOGY

This study identifies the requirements that healthcare providers need to fulfil in the ten selected MSs in order to deliver cross-border health services, according to the five scenarios. Additionally, this study highlights the potential obstacles to the free movement of health services providers in these contexts. The focus in this study was on healthcare providers who (i) either want to deliver healthcare services and permanently relocate to another MS, (ii) or want to provide cross-border health services in one MS while being located in another one.

The study consisted of three tasks:

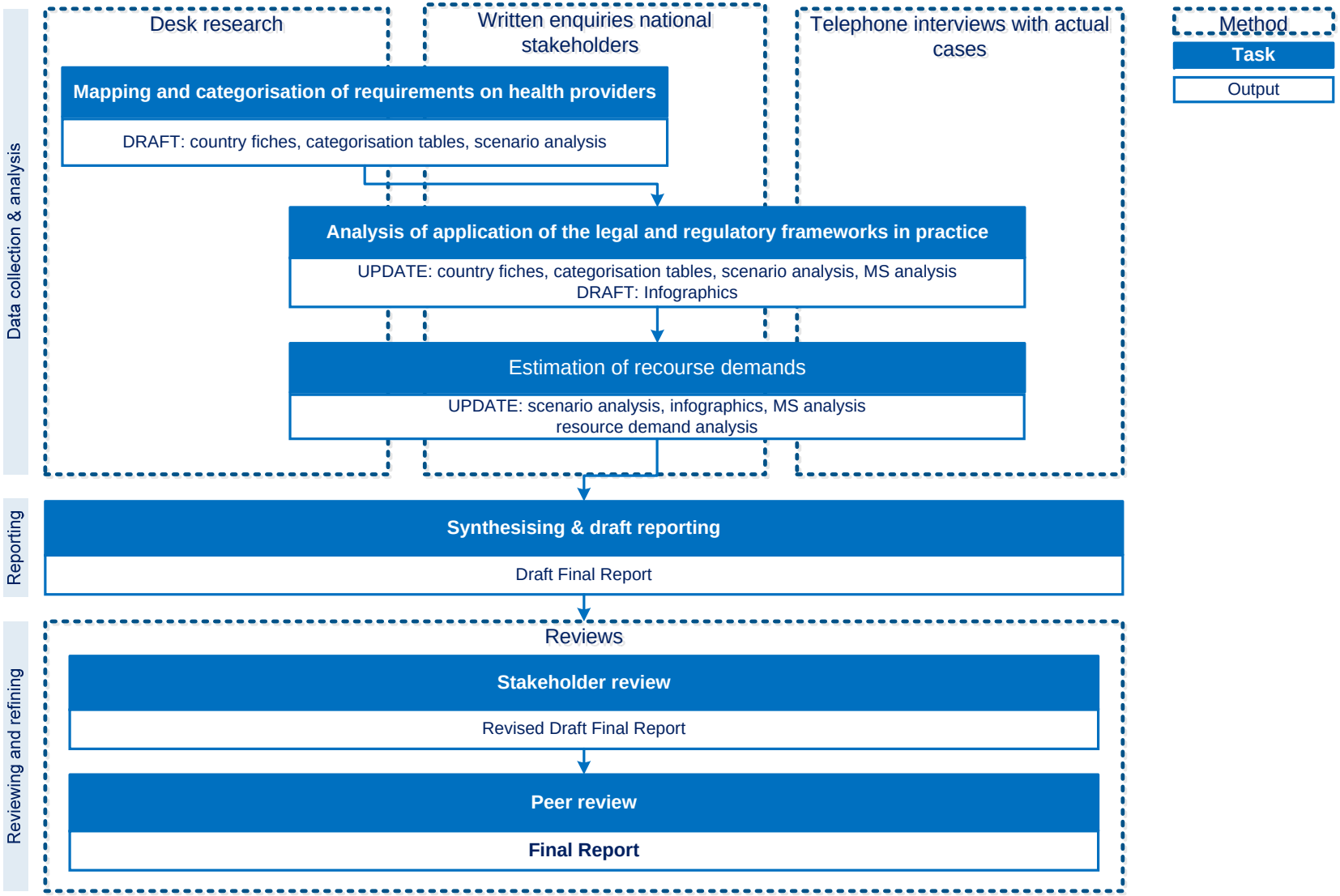
1. *Mapping and categorisation of requirements.*
   Task 1 consisted of the mapping and categorisation of requirements placed on healthcare providers wishing to establish themselves or to provide cross-border services in the ten selected MSs, according to the five scenarios;
2. *Analysis of the application of the legal and regulatory frameworks in practice*.
   Task 2 consisted of the analysis of the practical application of the requirements that were identified in the mapping. The collected information allowed for an analysis of variation in obstacles both across scenarios (within a MS) and across MSs (for a specific scenario);
3. *Estimation of resource demands.*
   Task 3 strongly relied on the output of Task 1 and Task 2. Both qualitative (e.g. waiting time for recognition of qualifications) and quantitative information (e.g. fee to be paid for registration with the regulatory body) was collected. This allowed for an estimation of the resource demands that healthcare professionals or providers face in the different scenarios in the different MSs.

The approach for data collection in these tasks consisted of a combination of desk research, written enquiries to national stakeholders, and telephone interviews with so-called actual cases. All collected data and information was subsequently analysed and synthesised. Upon finalising the analysis and drafting the report, a stakeholder review and peer review were conducted. Based on the feedback from these reviews, the report was revised and finalised.

Figure 2.1, on the next page, summarises the study design by linking the tasks, the methods for data collection, and the outputs.

Each of the tasks, methods and outputs, including the two reviews, are discussed in more detail in the remainder of this Chapter.

Figure 1 Study design: linking the tasks, methods and outputs



2.1 Task 1: Mapping and categorisation of requirements

Task 1 comprised the mapping and categorisation of requirements placed on healthcare providers wishing to establish themselves or to provide cross-border services in the ten selected MSs, according to the five scenarios.

Data collection

The input for Task 1 strongly relied on the collection of data by country correspondents in the ten selected MSs.[8] These correspondents have in-depth knowledge on free movement, regulatory frameworks and the corresponding requirements for professionals in the healthcare industries.

A detailed research protocol was developed to set the parameters for the data collection and to ensure high quality data collection in a consistent and comprehensive manner. Before rolling-out the research protocol, it was tested by the country correspondent for NL. This pilot testing revealed a few weaknesses in the protocol, which was subsequently refined and revised. The final version of the research protocol is presented in Annex I. This document comprises:

- An introduction to the study;
- A model report covering the Netherlands (resulting from the pilot testing);
- A standard questionnaire for the experts to complete throughout the course of their research.

After circulating the research protocol, follow-up calls were set-up with the country correspondents to briefly explain the documents and answer their initial questions. Next, the correspondents had two months (June-August 2015) to conduct the desk research. To complete the questionnaires, various resources were used from black letter law (such as the French civil code), to the websites of independent regulators (such as the UK General Medical Council), and including public health and social security laws, policy texts and guidance, and relevant documents issued by regulatory bodies and professional associations. During the data collection period, a helpdesk was set-up to ensure cohesion and coordination. All queries were responded to within 24 hours and no major issues were raised; questions from the country correspondents mainly concerned clarifications regarding linguistics.

All country reports were reviewed for quality control and for language checking purposes. Each report was reviewed twice, both for clarity and for English. Having inserted comments into the reports, they were returned to experts who addressed the issues and provided clarifications or small amendments. The reports were subsequently summarised in country fiches (see Annex III).

The results of the data collection in Task 1 laid the foundations for a dual-layered approach: the material collected from available desk research sources will be supplemented by further enquiries in Tasks 2 and 3.

[8] The names of the country correspondents, and their affiliations, are presented in Annex III.

Categorising the requirements

Once all information was collected and summarised, the categorisation of requirements could start. Table 2.1 presents the classification that was used to structure data in categorisation tables that are presented in Annex IV.

Table 2 Extract of categorisation

Categorisation	Meaning
Requirement	The exact nature of the requirement, e.g. providing certified translations of a qualifying degree
MS	A list of MSs where these requirements are in force, regardless of variations established in the subsequent categories
Source	The authority demanding the requirement in question, whether a centralised or de-centralised body.
Material/substantial scope	The application of the requirement in terms of whether it relates to a regulated profession or exists throughout the economy, e.g. requirements to set up a private limited company.
Sector	The application of the requirement for providers working in either the public or private sector.
Personal scope	The application of requirements to cross-border providers or national providers.

The information in the categorisation tables (Annex IV) and the country fiches (Annex III) have been updated based on the information that was collected as part of Task 2 and Task 3.

Outputs of Task 1

The work conducted under Task 1 yielded the following outputs:

- Country fiches summarising the applicable requirements for the five scenarios;
- Categorisation tables that indicates per scenario, per requirement:
  - Its purpose;
  - In which MS(s) it is applicable;
  - Whether it is set by a centralised or decentralised authority;
  - Whether it is sectoral or a cross-sectorial; and
  - Whether it is applicable to all or only cross-border providers.
- Draft of the scenario analysis, comparing applicable requirements within a scenario, across MSs.

2.2 Task 2: Analysis of the application of the legal and regulatory frameworks in practice.

Task 2 comprised the analysis of the application of the legal and regulatory frameworks in practice. Before starting additional data collection for this analysis, infographics were drafted in order to visualise and summarise the requirements, as identified in Task 1. Next, national stakeholders were consulted, additional desk research was conducted, and actual cases were interviewed, to validate and complement the findings of the mapping and categorisation.

Consultation of national stakeholders

Based on the reports of the country correspondents, which included an overview of the most relevant stakeholders per MS, and in agreement with the European Commission, a list of invitees for the consultation of national stakeholders was identified. Initially, the aim was to consult up to five stakeholders per MS, depending on how many scenarios could be covered by one stakeholder and on the information gaps in the results of Tasks 1. If stakeholders did not reply, or declined the invitation, alternates were identified and contacted.

Tables 2.2 and 2.3 present overviews of the number of stakeholders that were ultimately contacted per MS and per scenario.

Table 3 Invitations for national stakeholder consultation, per scenario

Scenario	Number of invitations sent to stakeholders	Stakeholder categories covered
1: GP/Family doctor	32	2 academic institutions, 19 professional bodies, 11 regulatory bodies*
2: Online consultations and ePrescriptions	32	2 academic institutions, 16 professional bodies, 14 regulatory bodies*
3: Physiotherapist	19	11 professional bodies, 8 regulatory bodies*
4: Medical services laboratory	23	1 academic institution, 8 professional bodies, 14 regulatory bodies*
5: Subsidiary hospital	22	6 professional bodies, 16 regulatory bodies*

Table 4 Invitations for national stakeholder consultation, per MS

Member State	Number of stakeholders invited*	Stakeholder categories covered
FR	6	1 academic institution, 3 professional bodies, 2 regulatory bodies
DE	11	1 academic institution, 8 professional bodies, 2 regulatory bodies
IT	7	1 academic institution, 5 professional bodies, 1 regulatory body
LV	5	3 professional bodies, 2 regulatory bodies
MT	7	3 professional bodies, 4 regulatory bodies
NL	9	6 professional bodies, 3 regulatory bodies
PL	5	4 professional bodies, 1 regulatory body
SE	12	1 academic institution, 5 professional bodies, 6 regulatory bodies

SI	8	4 professional bodies, 4 regulatory bodies
UK	5	1 professional body, 4 regulatory bodies

* Differences in the number of stakeholders invited among MSs reflect differences in response rates as well as differences in how many scenarios could be covered by one stakeholder. Stakeholders that were invited to participate in the consultation for multiple scenarios are counted only once in this table.

The national stakeholders were approached via e-mail. Upon accepting the invitation to participate in the consultation, they received a questionnaire (Annex II) and the relevant infographics visualising the requirements per scenario. The questionnaire consisted of two parts. The first part presented a description of the study and its main objectives. The second part concerned scenario-specific questions and was a modular questionnaire; stakeholders only received questions on the scenarios for which they agreed to be consulted on.

All stakeholders were kindly asked to fill in and return the questionnaire to us within 10 working days after receiving it. The consultation was initially scheduled for the period December 2015 – March 2016, but because of the limited response rates, it was decided to extend the consultation period. The national stakeholder consultation was closed on 30 June 2016. Questionnaires received after that date were still processed, but stakeholders were no longer actively contacted after this deadline. Tables 2.4 and 2.5 present the response rates, including stakeholder categories, per scenario and per MS.

Table 5 Response rate to national stakeholder consultation, per scenario

Scenario	Number of completed questionnaires	Response rate	MSs covered	Stakeholder categories covered
1: GP/Family doctor	13	41%	9: FR, IT (3), LV (2), MT, NL (2), PL, SE, SI, UK	2 academic institutions, 4 professional bodies, 7 regulatory bodies
2: Online consultations and ePrescriptions	10	31%	6: MT, NL, PL, LV (2), SE (3), UK (2)	3 professional bodies, 7 regulatory bodies
3: Physiotherapist	11	58%	8: DE, FR, LV, MT, NL, SE, SI (2), UK (3)	6 professional bodies, 5 regulatory bodies
4: Medical services laboratory	11	48%	7: DE, LV, MT, PL, SE (3), SI (2), UK (2)	1 academic institution, 2 professional bodies, 8 regulatory bodies,
5: Subsidiary hospital	7	32%	6: DE, LV, NL, PL (2), SE, UK	3 professional bodies, 4 regulatory bodies

The response rate and number of MSs covered is lowest for scenario 2 and 5. This may be related to the fact that in most MSs scenario 2 is not yet regulated and in scenario 5 there does not appear to be a strong economic driver for hospitals to expand cross-border.

Table 6 Response rate to national stakeholder consultation, per MS

Member States	Number of stakeholders that completed a questionnaire	Response rate	Scenarios covered	Stakeholder categories covered
FR	2	33%	1 and 3	1 professional bodies, 1 regulatory body
DE	3	27%	3, 4 and 5	1 academic institution and 2 professional bodies
IT	3	43%	1	1 academic institution, 1 professional body, 1 regulatory body
LV	4	80%	1, 2, 3, 4 and 5	3 professional bodies and 1 regulatory body*
MT	3	43%	1, 2, 3 and 4	1 academic institution, 1 professional body, 2 regulatory bodies
NL	4	44%	1, 2, 3 and 5	3 professional body and 1 regulatory body*
PL	2	60%	1, 2, 4 and 5	1 professional body and 1 regulatory body*
SE	5	42%	1, 2, 3, 4 and 5	1 professional body and 4 regulatory bodies*
SI	3	38%	1, 3 and 4	2 professional bodies and 1 regulatory body*
UK	4	80%	1, 2, 3, 4 and 5	4 regulatory bodies*

* Stakeholders completed the questionnaire for multiple scenarios.

The completed questionnaires were used as an input for the analysis of the (practical application of the) requirements, which was subsequently the basis for updating the infographics. In addition, the questionnaire inquired about resource demands. These answers were one of the inputs for Task 3. Finally, the questionnaire indicated whether stakeholders were willing and able to help us in contacting actual cases.

Desk research

In order to check and complement the collected information, an additional round of desk research was conducted. This desk research covered grey literature on website(s) of the European Commission (DG SANTE and DG GROW), medical councils, ministries of health, tax authorities, and other relevant stakeholders, depending on the information gaps for the specific scenario and MSs. In addition, online platforms that share up-to-date information on working conditions as well as regulatory developments relevant for cross-border healthcare professionals were consulted. Such platforms include for example answers to Frequently Asked Questions (FAQs) on how to become a doctor or the necessary requirements for practicing in a particular MS. Requirements are listed, as well as the applicable authorities. Online platforms are mostly focusing on scenario 1, although some general information relating to scenarios 3 and 5 is also available. Platforms include for example Bleedle and the European Medical Mobility that gives information on the responsible organisations for the professional recognition process in various MS.

In addition, several actual cases were identified through desk research.

Telephone interviews with actual cases

Through desk research and the consultation of national stakeholders several actual cases, i.e. health professionals and providers delivering (or wishing to deliver) cross-border health services, were identified. Telephone interviews have taken place with 9 of these actual cases (as outlined in Table 2.6).

Table 7 Telephone interviews with actual cases, per scenario

Scenario	number of interviews with actual cases	Destination MS
1: GP/Family doctor	1	UK
2: Online consultations and ePrescriptions	0	-
3: Physiotherapist	6	NL (2x), DE, MT, UK (2x)
4: Medical services laboratory	1	FR
5: Subsidiary hospital	1	UK

The information that was obtained during these interviews is used as anecdotal evidence in the study: textboxes are included in the scenario chapters, the summary, and the chapter on resource demands in order to illustrate the results. The main results in all the tables are based on desk research and national stakeholder consultations; not the anecdotal evidence provided by the actual cases.

Outputs of Task 2

The work conducted under Task 2 yielded the following outputs:

- Draft infographics;
- Updated country fiches summarising the applicable requirements for the five scenarios (Annex III);
- Updated categorisation tables (Annex IV);

- Updated scenario analysis;
- Draft of the MS analysis.

2.3 Task 3: Estimation of resource demands

The methodology for Task 3 consisted of the following:

- Mapping the availability of the information based on the data collected in tasks 1 and 2; and
- Developing indicators for analysis of within scenario and within MS variation.

Initially, the aim was to provide quantitative estimates of the resource demands placed on healthcare providers in each of the scenarios in each of the MSs. However, because of the limited availability of quantitative data on both costs and time spent, the study had to look for alternative ways to compare the available, generally more qualitative, information. In agreement with the European Commission it was then decided to develop indicators that allow for a comparison of the level of resource burden placed on healthcare providers per requirement. The indicators give an estimation of the ease of access for cross-border providers in a scenario based on the observed or expected resource demands for specific requirements. That is, the indicators measure the (expected) resource demands for meeting a specific requirement and thereby the extent to which that requirement can be considered an obstacle in a specific scenario/MS, compared to other scenarios/MS.

Two types of indicators were developed. The first type indicates are based on the available information on required time or costs for meeting a requirement. The second type of indicators is operationalised by measuring 'expected resource demands'. 'Expected resource demands' can relate to efficiency of the process. For example, if registration with tax authorities follows from business registration, this is expected to demand less time (both waiting time and time spent) than when both registrations have to be completed separately. Another example illustrating the concept of 'expected resource demands' concerns the number of supporting documents that is required for the registration with the regulatory body: a higher number of supporting documents will require more time to collect and/or write, potentially more fees (if supporting documents have to be requested from authorities, e.g. extract of criminal record), and more costs for (certified) translations. The indicators are constructed as such that the higher the expected resource demands, the higher the value of the indicator, and the higher the potential obstacle is, *ceteris paribus*.

Table 2.7 presents the most important indicators to be used for comparing resource demands. The indicators use the following measurements: EUR, days[9], no. of documents, estimated no. of certified translations, no. of pages of the application form and efficiency[10]. This grouping is made in order to compare the resource demands per scenario across MSs. The costs and times used for the indicators are based on the highest ranks/margins given.

[9] Based on the general assumption of 28 days in a month and 8 hours per day (in case information is delivered in another format).

[10] Efficiency is measured by a binary variable (0 for efficient, 1 for in-efficient).

Furthermore, in case time is indicated in months or days they are converted to day basis in order to facilitate comparison.[11]

Table 8 Indicators for estimation of resource demands

Requirement	Indicator	Measurement
Recognition of qualifications	Costs of recognition of qualifications	EUR
	Waiting time	Months
	No. of supporting documents	Documents
	Estimated no. of certified translations	Documents
Evidence of sufficient language knowledge	Costs for language knowledge (per hour)	EUR
	Time for language knowledge	Hours
	Costs for the language test	EUR
Request for registration with the regulatory body	No. of supporting documents	Documents
	Estimated no. of certified translations	Documents
Registration with the regulatory body	Costs of registration	EUR
	Waiting time	Months
	No. of supporting documents	Documents
	Estimated no. of certified translations	Documents
Registration with specialist register	Costs of registration	EUR
	Waiting time	Weeks
	No. of supporting documents	Documents
Company registration	Fee/costs for company registration	EUR
	Waiting time	Days
Certificate to open practice (self-employment)	Costs of certificate	EUR
	Waiting time	Months
Insurance	Costs of insurance	EUR
Registration with tax authorities	Costs for registration	EUR
	Waiting time	Days
	No. of supporting documents	Documents
	Registration with tax authorities stems from business registration	Efficiency ranging from 0-1 (1 indicates 'separate tax registration required')
Registration for public	No. of supporting documents	Documents

[11] Months are translated to days based on 4 weeks a month and 7 days a week. Days are based on 8 hours a day.

funding	Estimated number of certified translations	Documents
	Registration for public funding stems from registration with a regulatory/professional body	Efficiency ranging from 0 – 1 (1 is separate from regulatory body)

In Chapter 9, these indicators are compared per scenario. In addition, illustrations on the costs in EUR are provided, based on the information provided by actual cases.

Outputs of Task 3

The work conducted under Task 3 yielded the following outputs:

- Updated infographics (Annex VIII and Annex IX);
- Updated scenario analysis;
- Updated MS analysis;
- Draft resource demand analysis.

2.4 Synthesising & reporting

Upon finalising Task 3, all collected information was synthesised and the analyses were finalised and reported:

- The scenario analysis compares requirements per scenario across MSs (Chapters 4 through 8);
- The resource demand analysis compares the indicators across MSs per scenario and provides illustrations on the costs in EUR, based on the information provided by actual cases (Chapter 9).
- The MS analysis highlights and discusses several requirements across scenarios within MSs (Chapter 10).

The final step, before submitting the draft report for reviews, was to formulate conclusions based on all the findings, as well as recommendation for further research (Chapter 11).

Output of synthesising & reporting

The synthesis and reporting resulted in a draft study report, which could be submitted to stakeholders and subsequently experts for a review.

2.5 Stakeholder review

As part of this study a stakeholder review of the draft study report was organised. This stakeholder review consisted of:

- Written comments by selected stakeholders via a questionnaire by e-mail; and
- A stakeholder review meeting in Brussels, on 10 November 2016.

In total 25 stakeholders were invited. On 10 October 2016, the draft study report was distributed to the stakeholders that accepted the invitation, together with a questionnaire – consisting of both closed and open questions – for providing feedback on the report. The deadline for the draft version of the completed questionnaire was 31 October 2016. These comments were subsequently used to prepare the review meeting on 10 November 2016.

Stakeholders that wanted to submit updated comments after the meeting could do so until 17 November 2016. In total, 15 stakeholders provided written comments by either completing the questionnaire or sending general comments by email and representatives of 11 stakeholders attended the meeting in Brussels on 10 November.

Please see Annex V for an overview of the participants in the stakeholder review and Annex VI for a summary of the main comments provided during this review.

2.6 Peer review

Upon completion of the stakeholder review, the peer review process started. The peer review was organised as a survey via e-mail with key experts. In this survey, respondents were asked to independently fill out a questionnaire in order to collect opinions regarding the draft report.

The draft study reported and the questionnaire were send to the peer reviewers on 30 November 2016. The deadline for submitting the completed questionnaires was 21 December 2016. The names of the three high level experts that peer reviewed the draft report and a summary of their main comments is included in Annex VII of this report.

After receiving the feedback from all experts, the results were analysed and the draft report was adapted and finalised.

3 CROSS-BORDER HEALTH SERVICES IN THE EUROPEAN UNION

This Chapter provides background on cross-border health services in the EU. Cross-border healthcare encompasses patients getting healthcare in a MS other than the one of affiliation, health providers working in EU MSs other than the MS where they obtained their qualifications, and mobility of health services across borders.[12]

This chapter begins by outlining the regulatory framework (section 3.1) and then moves on to describing mobility in practice (sections 3.2 and 3.3).

3.1 Regulatory framework

The EU plays a significant role in stimulating and regulating cross-border healthcare, both in terms of the mobility of patients as well as the mobility of providers and services. In addition to regulation at the EU level, there is regulation in place at the MS-level. The focus of this study is on the mobility of healthcare providers and services, but this section first briefly touches upon patients' rights in cross-border healthcare. The ongoing efforts to establish a solid framework for the provision of eHealth are also presented in this section.

Cross-border mobility of patients

Directive 2011/24/EU (on the application of patients' rights in cross-border healthcare) provides rules and procedures regarding access to, and reimbursement of, healthcare received abroad. This establishes a framework for patients seeking healthcare in a different country than where they reside. The Directive clarifies that EU citizens are able to receive reimbursable healthcare in another EU country, as long as the type of treatment and costs involved would normally be covered in their own national healthcare system.

Cross-border mobility of healthcare providers and professionals

The free movement of workers is an important right at European level, which is laid down in the treaties[13] and supported by delegated legislation in the EU MS. This right applies also to healthcare providers and professionals, who, under this principle, are permitted to move and practice their profession across geographical borders of MS.

Health professions are highly regulated. In all EU MSs the practice of certain health professions is restricted to those who received education and obtained a professional qualification. By national law, each MS regulates the practice of certain health professions based on specific criteria, such as: graduation, registration to the order or licensing of practice, application of the code of ethics, rules or the guidelines of professional practice, permanent education etc. This regulation aims to safeguard the capacity and ability of professionals as well as the quality of care, and recognises the professional identity and the

[12] E.g. an image taken from one patient in one country and being analysed in a different EU country.

[13] Art. 3(2) of the Treaty of the European Union (TEU); Articles 4(2)(a), 20, 26, and 45-48 of the Treaty on the Functioning of the European Union (TFEU).

protection of their degree, by sanctioning the illegal practice, and the illegal practice of other health professions.

The existence of these types of legal, procedural, administrative, and additional requirements in each country may create a barrier for healthcare providers when considering providing health services in another MS.

To strengthen the internal market, the free movement of professionals can be stimulated in various ways. For example, through efficient and transparent recognition of professional qualifications. The most important legislative act in relation to the mobility of health professions within the EU is Directive 2005/36/EC[14] - which was amended in 2013 by Directive 2013/55/EU - on the recognition of professional qualifications (for all regulated professions, not only health professions).

Professional Qualifications Directive

The Professional Qualifications Directive provides automatic recognition for a limited number of professions based on harmonised minimum training requirements. In this context the Directive ensures inter alia the portability of qualifications of medical doctors, dentists, pharmacists, general nurses and midwives, and to facilitate the mobility of these health services providers across the EU MS. The qualifications of the health providers are checked on the conformity of their qualification levels and training periods, and their skills and knowledge, and competences if applicable, rather than by an individual assessment of their professional competencies and skills.

Furthermore, a general system exists for the recognition of evidence of training for professionals that cannot benefit from the automatic recognition mechanism. The qualifications of physiotherapists for example are recognised based on this system, through a case-by-case analysis. This Directive also provides for an automatic recognition mechanism based on professional experience in specific professions.

MSs have discretion of granting access to a certain profession. In principle access is granted to regulated professions when an individual can demonstrate that (s)he is fully qualified in the country where he or she is practising their regulated profession within the EU.[15] The requirements apply both for the establishment and the free provision of the professional health services.

On 19 December 2011, the EC published a proposal to amend and modernise the Professional Qualifications Directive. Three of these modernisations are highly relevant for cross border healthcare provision: (1) the introduction of the compulsory use of the Internal Market Information System (IMI)[16] for administrative cooperation including bilateral information exchanges, alerts and the processing of applications for the European Professional Card (EPC),

[14] Directive 2005/36/EC delineates the European Economic Area (EEA) as the largest region in the world with free mobility for health providers.

[15] http://europa.eu/rapid/press-release_MEMO-13-867_en.htm.

[16] Regulation (EU) No 1024/2012 of the European Parliament and of the Council of 25 October 2012 on administrative cooperation through the Internal Market Information System and repealing Commission Decision 2008/49/EC ('the IMI Regulation'), available at http://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX:32012R1024. Please note that IMI was already introduced in 2008. Regulation.

(2) the introduction of the European Professional Card, and (3) the refinement of the rules applicable to language requirements for regulated professions.

Internal Market Information System

Directive 2013/55/EU amended and modernised the Professional Qualifications Directive on administrative cooperation through compulsory use of the IMI.[17] IMI facilitates communication between competent authorities. It is designed to provide MSs with a tool to administratively cooperate with one and other. IMI is a multilingual application that offers different ways for exchanging information as required for the efficient implementation of Internal Market legislation. IMI offers different workflows which facilitate the administrative cooperation across MSs. For example, by providing an exchange mechanism, which can be used for sending and requesting information, with pre-translated questions and answers in all EU languages. The IMI system also makes use of notifications which could alter or notify one or more competent authorities at the same time. Directive 2013/55/EU introduces compulsory use of IMI for bilateral information exchanges, the EPC, the alert mechanism, and notifications of new trainings. IMI was established in 2008 and in a comprehensive legal framework for IMI came into force in December 2012.[18] In total more than 7,200 authorities are registered in IMI. In 2015, 7,266 information requests were sent via IMI in the area of Professional Qualifications. During the first 6 months in 2016, 4,649 requests were sent (which shows a more than 20% growth in the use of IMI). The system is also used for notifications of automatically recognised qualifications of health professionals, where in the first half of 2016 a total of 93 health professional notifications were sent.[19]

European Professional Card

One of the major modernisations of the Professional Qualifications Directive is the introduction of the EPC, which facilitates cross-border provision of health services. The EPC is an online procedure designed to make it easier and faster to get professional qualifications recognised across MS. The voluntary applications for EPCs are processed via the IMI system, the use of which is already mandatory for competent authorities for administrative cooperation. This makes it easier for the competent authorities to work together in an effective and efficient way and also provides professionals a possibility to apply and communicate electronically. Textbox 3.1 provides more information on the EPC.

Box 3.1 European Professional Card

The EPC is available since 18 January 2016 for general care nurses, physiotherapists and pharmacists (as well as mountain guides and real estate agents). The EPC is the first EU-wide fully online procedure that has been established for the recognition of qualifications. It makes it easier for professionals to get their qualifications recognised in order to work in another EU country and adds transparency at a European level with regards to the length and costs of the recognition procedure. The EPC applications are automatically routed to the relevant competent authorities in all Member States, a clear benefit for professionals as they do not need to identify the appropriate competent authorities themselves. During the processing of EPC applications, the competent authorities in the home MS of the professional verify the supporting documents included in the applications and confirm their authenticity and validity. This means that the host

17 http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32013L0055.
18 http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2012:316:0001:0011:EN:PDF
19 http://ec.europa.eu/internal_market/imi-net/statistics/index_en.htm - Reporting period 01 January 2016 – 30 June 2016.

MS does not need to request the translation of all documents and thus, compared to the traditional recognition procedure, professionals do not need to obtain and provide translations and certified copies of all their documents. However, it is important to note that the EPC does not replace the regular recognition procedures under the Professional Qualifications Directive. Instead, the EPC exists as an alternative for this.

Originally the EPC was considered for seven pre-selected professions, including doctors. However, analysis conducted at the time showed insufficient support to doctors in the initial stage of the EPC. The introduction of the EPC for doctors (i.e. specialists and general practitioners), specialised nurses and specialised pharmacists[20], such as for any other professions meeting the conditions, could be introduced in a later stage. Further assessment of compliance with the conditions of article 4a(7) of the Directive 2005/36/EC and some experience with the functioning of the EPC system is necessary for the introduction of EPC to these professions.[21] There is no set date for the expansion of the EPC for new professions.

The EPC takes advantage of up-to-date online tools in the form of the IMI System and its public interface. The use of this system also allows professionals to create a personal online IMI file.

The EPC enhances the safety of healthcare services since it enables not only competent national authorities, but also employers and patients, to check the validity of the EPC. Revoking and rejection mechanisms are in place in case cards are misused for professional practice. Furthermore, when professionals are 'not allowed to exercise their profession' in the home MS and submit an application to another MS, warnings are sent to the MS in which this application is filed. Competent authorities which deal with EPC applications are also required to update the IMI file with information on possible professional or criminal misconducts.

The procedure for the application for the EPC is intended for those professionals who either want to settle in the host country and practice the healthcare profession there, or those who want to provide services in a host country on a short term basis. More information about the application procedure for the EPC card for physiotherapists is available online.[22]

On top of the information exchange concerning EPC holders, a European alert system was introduced for all regulated healthcare professions from 18 January 2016 onwards. This alert system makes use of the IMI system. Textbox 3.2 provides more information on of this alert mechanism.

Box 3.2 European alert mechanism

The Dutch Minister of Health, Welfare and Sport hosted a conference on the EU's alert mechanism for inadequate care providers. During this conference she, amongst other things, shared the experience of NL in using this system.

The European alert system requires EU MSs authorities to notify each other proactively – using the IMI system - on measures imposed on doctors, dentists and other registered care providers that ban or restrict them from practising their

[20] Pharmacist training (article 44 of Directive 2005/36 EC) and specialised pharmacists (is based on national training requirements), more information available at http://ec.europa.eu/growth/tools-databases/regprof/index.cfm?action=profession&id_profession=12403.

[21] More information is available at http://ec.europa.eu/growth/single-market/services/free-movement-professionals/policy/european-professional-card/index_en.htm.

[22] http://www.erwcpt.eu/file/101.

profession. This alert mechanism also provides warnings concerning professionals who intended to use falsified qualifications when applying for recognition, and where national courts confirmed this as fraud. Within the first six months of the alert mechanism being in effect, the competent authority in NL received around 4,700 alerts from 12 MS. [23]

Refinement of rules on language requirements

The rules of the revised Professional Qualifications Directive also further clarified the language requirements for the regulated professions. Article 53 of Directive 2005/36/EC on the recognition of professional qualifications states clearly that professionals benefitting from the recognition of qualifications "*shall have a knowledge of languages necessary for practising the profession in the host MS*". Directive 2013/55/EU amending Directive 2005/36/EC confirms (in Article 53, "*Knowledge of Languages*") that professionals who benefit from the recognition of professional qualifications *shall* have a knowledge of languages necessary for practising the profession in the host MS, and adds that language controls may be imposed by competent authorities in professions with patient safety implications (i.e. healthcare), but are limited to one official or administrative language of the host MS. Controls can be imposed only after the recognition of the professional qualification.

eHealth

eHealth is a particularly interesting topic in the context of cross-border healthcare provision because it has the inherent potential of crossing borders easily.

This study focusses on two specific examples of eHealth, namely online consultations and ePrescriptions by a GP in another MS. As is the case for eHealth in general, online consultations and ePrescriptions are in the early regulatory stages. At the EU level there is no strong regulation on these topics. However, commitment from all MSs is created through adoption and endorsement of guidelines and through decisions of the eHealth Network. Box 3.3 Provides more information on the eHealth Network guidelines.

Box 3.3 eHealth Network guidelines

The eHealth Network provides non-binding guidelines on electronic prescriptions to support cross-border electronic exchange of prescriptions.[24] The guidelines aim to support MSs in achieving a minimum level of interoperability while at the same time taking into consideration patient safety and data protection. The guidelines include functional and semantic provisions, technical provisions, legal aspects and implementation aspects. The guidelines provide, for example, recommendations on minimum technical requirements for cross-border ePrescriptions and data security.

One Directive that, to some extent, relates to eHealth is the Directive on Distance Contracting. This is because a contract related to eHealth between a patient and a healthcare provider can be subject to distance contracting as well. [25] The same counts for a pharmacist regarding the delivery of medicinal products.

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[23] https://english.eu2016.nl/latest/news/2016/06/28/3750-inadequate-care-providers-registered-in-the-eu.

[24] http://ec.europa.eu/health/ehealth/docs/eprescription_guidelines_en.pdf.

[25] S. Callens, "Health Systems Governance in Europe, the Role of European Union Law and Policy. The EU legal framework on e-health", pp. 561-588.

The European Commission's Digital Single Market strategy is focused on making better use of the opportunities offered by digital technologies. Better online access to digital goods and services is facilitated. In general, these e-services easily transcend borders.[26] Directive 2011/24/EU recognises the importance of interoperability of ICT systems and facilitates the coordination of the EC and MSs when cooperating on tools that support patient access to eHealth applications.[27] Furthermore the second eHealth Action Plan 2012-2020 of the European Commission is focused on innovative healthcare for the 21st century.[28] The eHealth Action Plan aims at addressing the current barriers for the widespread adoption of eHealth throughout the EU, clarifying the policy domain and outlining the vision for eHealth in Europe (in line with the Digital Single Market Strategy). Under the first eHealth Action Plan the Directive on the Application of Patients' Rights in Cross Border Healthcare was adopted. This Directive included the introduction of the eHealth network (article 14 of the Directive). Textbox 3.4 provides information on the opportunity for facilitating free movement of health services through the eHealth network.

Box 3.4 The eHealth network

Directive 2011/24/EU introduces the voluntary eHealth network of representatives of national authorities. This network provides guidelines, for example on how to apply patients' rights in cross-border healthcare.[29] The eHealth network can draw up guidelines on data that are to be included in patient's summaries and that can be shared between health professionals to enable continuity of care and patient safety across borders. The eHealth network supports MSs in developing common identification measures to facilitate transferability of data in cross-border healthcare.

3.2 Mobility of healthcare professionals in practice

Previous studies on the mobility of healthcare professionals revealed an increasing number of healthcare professionals moving abroad to practise their profession during the last years. These numbers did not decrease, even not in time of the crisis in 2008[30].

The Regulated Professions Database on the website of the European Commission provides statistics on, amongst other things, the number of decisions taken on recognition of professional qualifications to the purpose of permanent establishment (for more information on the recognition of professional qualifications, please see the section on Professional Qualifications Directive on page 14). These statistics illustrate that in 2014 'doctor of medicine' and 'physiotherapist' are respectively the number 1 and 4 in terms of the highest number of decisions regarding recognition of professional qualifications[31]. This indicates that out of all regulated professions, these professions are the first and fourth most mobile regulated professions in that year. Looking back at previous years, doctors of medicine are always ranked the first or second most mobile profession (trading places

26 https://ec.europa.eu/digital-single-market/en/news/digital-single-market-strategy-could-help-healthcare-transcend-borders.

27 Article 14 eHealth; "The Union shall support and facilitate cooperation and the exchange of information among MSs working within a voluntary network connecting national authorities responsible for eHealth designated by the MS.

28 https://ec.europa.eu/digital-single-market/en/news/ehealth-action-plan-2012-2020-innovative-healthcare-21st-century.

29 http://ec.europa.eu/health/ehealth/policy/network/index_en.htm.

30 http://www.sfes.info/IMG/pdf/Health_professional_mobility_and_Health_systems.pdf

31 Disclaimer: statistics are based on national notifications.

with nurses) and physiotherapist are consistently the fourth most mobile profession (after secondary school teacher).

The mobility of the professions 'doctor of medicine' and 'physiotherapist' is closely linked to the topic of the study (respectively scenarios 1 and 3) and is therefore elaborated on in the following sections.

Doctors of medicine

From 1999 until 2014, in total 106,525 recognition of qualification decisions[32] were made for the profession 'doctor of medicine'. In this section more information is provided on the MS where migrating professionals had their qualifications recognised and the MS where the professionals obtained their qualifications. Important to note is that while scenario 1 in this study focusses on GPs, 'doctor of medicine' is broader as it refers to both doctors with basic medical training as well as specialist training (including GP training).Hence, the number of decisions on recognition of qualifications for GPs is a sub-selection of the total number of decisions presented in this section.

MSs where 'doctors of medicine' had their qualifications recognised

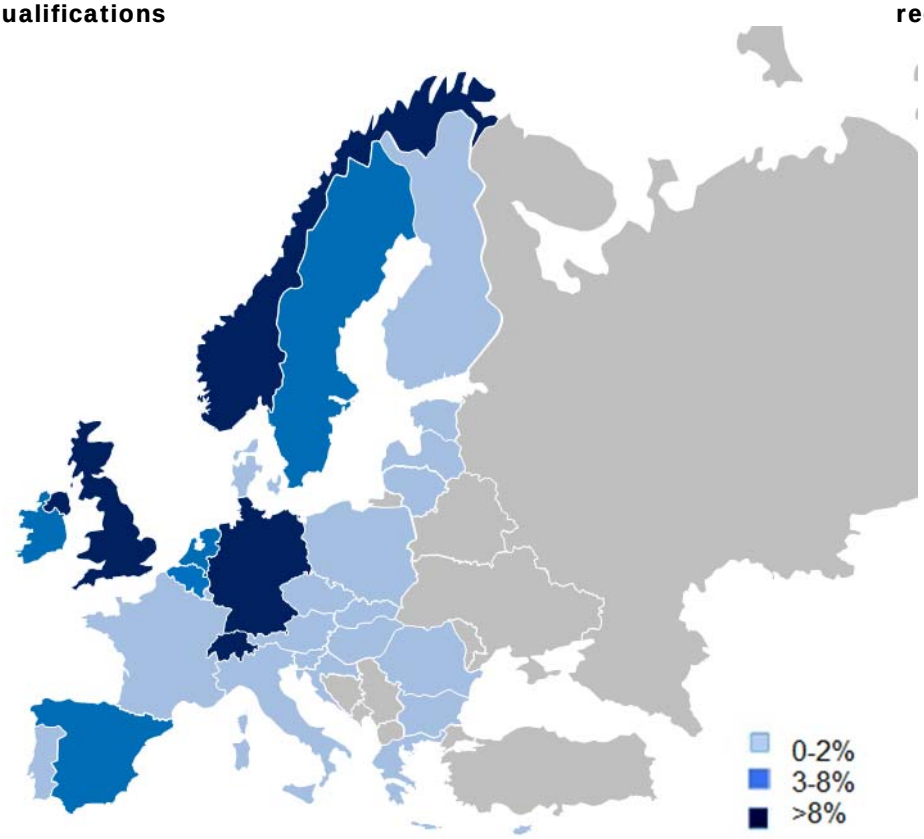
Figure 3.1 shows, per country the percentage of migrating doctors of medicine that had their qualifications recognised in this period. The percentages provided are measured as the percentage of total decisions (#106,525).

Most of the migrating professionals had their qualifications recognised (which includes both positive and negative decisions) in CH and the UK, followed by DE and NO.[33] The MSs with the least recognitions (0.5% or less) are BG, EE, HU, LV, LT, LU, MT, PL, PT, RO, SK, SI.

Of the recognitions in DE, over half of the migrating doctors obtained qualifications in AT, RO and EL.[34] Whereas, NO recognitions were mainly from qualified doctors from SE, PL and DK.[35] Recognitions in CH are mainly from DE, FR and IT qualified doctors.[36] Recognitions in the UK are mainly form EL, IT, and RO.[37]

[32] This includes both positive and negative decisions.
[33] CH (29%), UK (21%), DE (10%) and NO (9%).
[34] AT (20%), RO (23%) and EL (11%).
[35] SE (30%), PL (19%) and DK(19%).
[36] DE (58%), FR (12%) and IT (12%).
[37] EL (15%), IT (13%) and RO (10%).

Figure 2 Countries where migrating doctors of medicine had their qualifications recognized



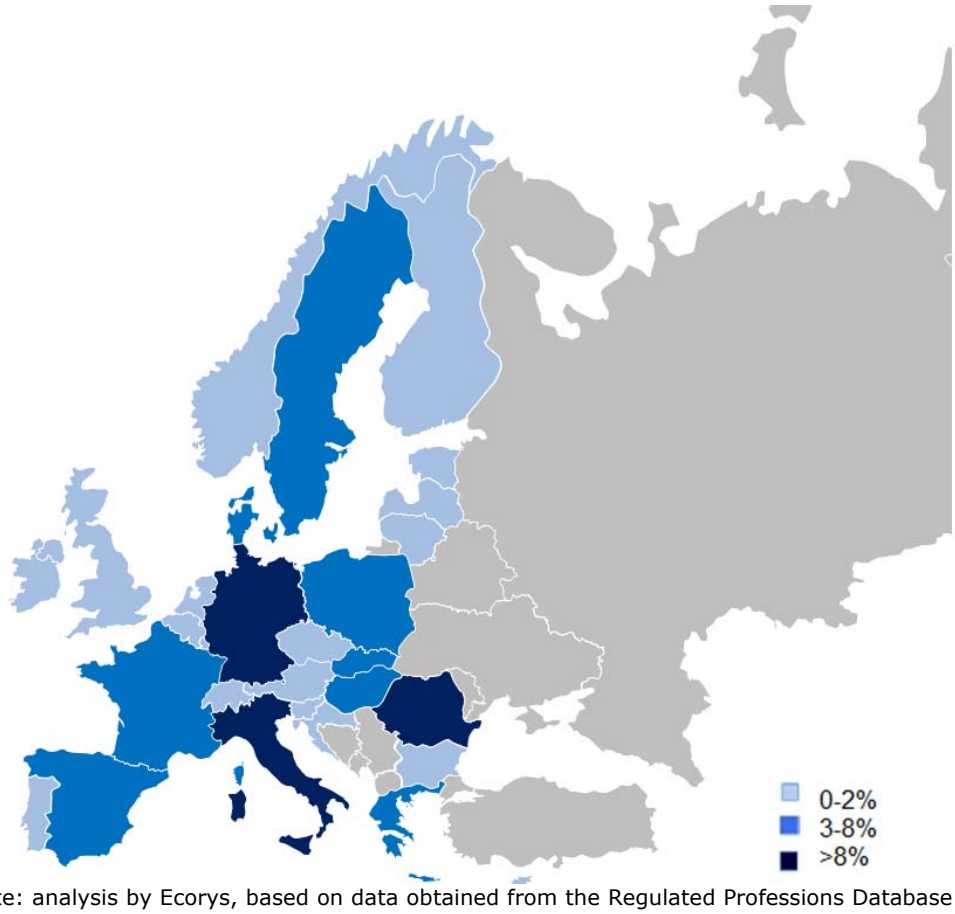
Note: analysis by Ecorys, based on data obtained from the Regulated Professions Database of the EC (www.ec.europe.eu).

MSs where migrating 'doctors of medicine' obtained their qualifications

Figure 3.2 show the countries where migrating doctors of medicine obtained their professional qualifications. The country where, by far, most migrating doctors of medicine obtained their professional qualifications is DE, followed by IT and RO.[38] Most of the migrating DE and IT qualified doctors applied for recognition in CH.[39] Romanian qualified doctors mainly applied for recognition in DE and the UK.[40]

[38] DE (23%), IT (9%) and RO (9%).
[39] DE (73%) and IT (41%).
[40] DE (26%) and the UK (25%).

Figure 3 Countries where migrating doctors of medicine obtained their professional qualifications.



Note: analysis by Ecorys, based on data obtained from the Regulated Professions Database of the EC (www.ec.europe.eu).

Physiotherapists

From 1999 until 2015, in total 29,131 recognition of qualification decisions (which include both positive and negative decisions) were made for the profession 'physiotherapists'. In this section more information is provided on the MSs where migrating physiotherapists had their qualifications recognised and the MSs where the physiotherapists obtained their qualifications. The provided percentages are measured as the percentage of total decisions (#29,131).

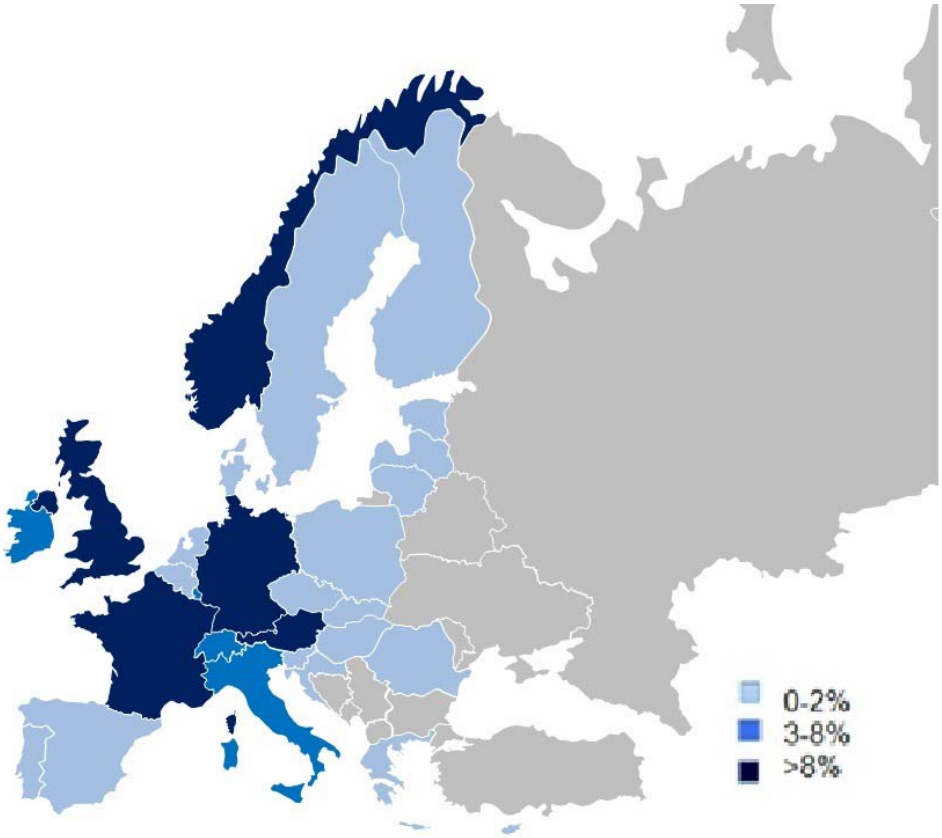
MSs where 'physiotherapists' recognised their qualifications

Figure 3.3 shows, per country, the percentage of migrating physiotherapists that had their qualifications recognised in this period.

Most of these migrating professionals had their qualifications recognised (which include both positive and negative decisions) in FR, followed by AT, UK, DE, NO and CH.[41] The MSs with the least recognitions (0.5% or less) are HR, FI, HU, LV, LT, MT, PL, PT, SK, SI.

[41] FR (27%), AT (13%), UK(12%), DE (12%), NO (8%) and CU (4%).

Figure 4 Countries where migrating physiotherapists had their qualifications recognized



Note: analysis by Ecorys, based on data obtained from the Regulated Professions Database of the EC (www.ec.europe.eu).

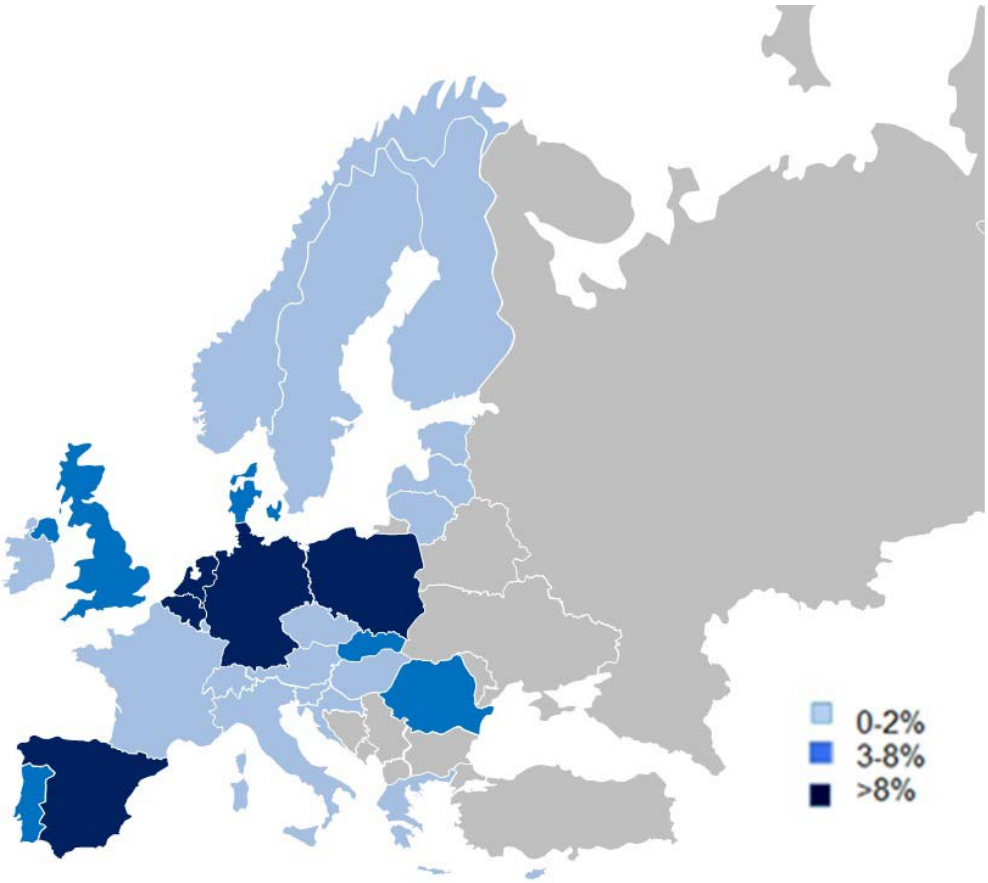
Of the recognitions in FR, most migrating physiotherapists obtained qualifications in BE and ES.[42] Recognitions in AT are mainly from DE qualified physiotherapists (almost 70%).[43] Recognitions in the UK are mainly from PL and IE.[44] Recognitions in DE are mainly from NL, followed by PL.[45] Recognitions in NO are mainly from NL and DK.[46] Recognitions in CH are mainly from the DE, followed by NL.[47]

MSs where migrating 'physiotherapists' obtained their qualifications

The countries where most migrating physiotherapists obtained their professional qualifications are DE, BE, NL and ES. Most of the migrating BE and ES qualified physiotherapists applied for recognition in FR[48]. DE qualified physiotherapists mainly applied for recognition in AT[49] and NL physiotherapists in DE[50].

42 BE (32%) and ES (33%).
43 DE (69%) and SK (9%).
44 PL (24%) and IE (17%).
45 NL (52%) and PL (21%).
46 NL (26%) and DK (19%).
47 DE (48%) and NL (9%).
48 BE (70%) and ES (73%).
49 DE (49%).
50 NL (49%).

Figure 5 Countries where migrating physiotherapists obtained their professional qualifications.



Note: analysis by Ecorys, based on data obtained from the Regulated Professions Database of the EC (www.ec.europe.eu).

From the data it seems that, in general, mobility of healthcare professionals is highest between MSs with the same official language and between origin and destination countries that are geographically close to one another. A potential additional reason for relatively high mobility to the UK is that professionals may expect to face a relatively low language barrier, because many already speak English as a second language.

3.3 Mobility of healthcare services in practice

Where section 3.2 discussed the cross-border mobility of professionals, this section focusses on the cross-border mobility of services. With this type of cross-border mobility the healthcare provider or professional remains located in the home MS and only the services cross borders. Examples are hospitals opening subsidiaries across MS borders, medical services laboratories offering diagnosis services in one MS, while located in another MS, and cross-border e-health initiatives.

The cross-border mobility of hospital and laboratory services as well as e-health solutions are still in the early stages; there are not many examples in practice. In order to illustrate the existing cross-border activities in this area as well as initiatives in the field of eHealth, examples are presented in textboxes 3.5 - 3.7.

Box 3.5 Pan-European healthcare providers

CAPIO is one of the European groups offering services in SE, NO, FR, and DE.[51] Private provider CAPIO offers medical, surgical and psychiatric healthcare services through hospitals, specialist clinics and primary care units. They own one emergency hospital and two local hospitals in SE, eight emergency hospitals and 11 local hospitals in FR and five general hospitals in DE.

The Swiss private hospital group AMEOS has 68 hospitals in DE and Austria.[52] The headquarters of AMEOS are located in Switzerland and therefore AMEOS is not contacted as an actual case for this study. The AMEOS group takes over failing public hospitals, reorganises them and makes them financially sustainable.[53]

Box 3.6 Cross-border medical services laboratories

Unilabs is a provider of clinical laboratory testing and medical diagnostic imaging services, providing various services across Europe.[54] The headquarters are located in Switzerland. Unilabs operates in 12 countries including DK, FI, FR, IT, NO, PT, ES, SE, CH, and the UK. Unilabs has 125 laboratories, 5.395 employees and 300 doctors and performed more that 86 million diagnostic tests every year.

Another example of a cross-border medical services laboratory is the Norwegian laboratory 'Fürst medisink laboratorium', which offers services in NO and SE.[55]

Labco is a large network of private clinical laboratories in Europe.[56] Labco has around 160 laboratories in 7 countries in Europe including the UK, FR and IT. They perform around 150 million tests per year and around 20 million patients. Labco offers medical biology diagnostics, anatomic pathology diagnostics and medical imaging diagnostics.

Synevo Central labs is the largest wholly-owned and fully harmonised network of central laboratories in Europe dedicated exclusively to support clinical trials with facilities among others in PL, DE, BG, and RO.[57]

Box 3.7 Ehealth initiatives

Within the EU there are differences across MSs regarding the readiness to take on board digital solutions in their healthcare system. While eHealth is still in the early stages in some MSs, others, for example SE, focus on stimulating eHealth and as a result, many (national) initiatives arise.

The SE government has set the target on being the world leader in eHealth by 2025. In SE, Electronic Health Records (EHR) have been provided in a pilot since 2012. In the latest government report - the next phase of the work on eHealth[58] - a new national medical registry is suggested. In this registry authorised professionals and patients can be directly informed on patient data. The new registry would be run by the Swedish eHealth Agency (SeHA). Questions are asked by the Swedish Data Protection Agency (SDPA) on the risks for patient data. Aside from legislation, other informal methods of governance such as national eHealth strategies, the My Care Pathways project (which allows patients to follow, own and manage their care processes online)[59] and agreements with SALAR (the Swedish Association of Local Authorities and Regions) are used to stimulate eHealth.

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51 http://capio.com/en/.
52 http://www.ameos.eu/.
53 http://www.hsj.co.uk/leadership/delivering-change/private-sector-with-public-spirit-a-swiss-alternative-to-hinchingbrooke/5082635.article#.VQb9sI6sVyU.
54 http://www.unilabs.com/Pages/default.aspx.
55 http://www.furst.no/.
56 https://www.labco.eu/en/.
57 http://www.synevo-centrallabs.eu/.
58 Nästa fas I e-hälsoarbetet (SOU 2015:32).
59 Lundberg N, Koch S, Hägglund M, Bolin P, Davoody N, Eltes J, et al. My care pathways—creating open innovation in healthcare. Stud Health Technol Inform 2013;192:687-91.

4 RESULTS SCENARIO 1 - GP/FAMILY DOCTOR

This Chapter presents the results of the initial mapping exercise, the consultation of national stakeholders and actual cases, and additional desk research for Scenario 1:

"a GP/family doctor wishing to set up a practice in another MS to offer standard GP services to patients"

Section 4.1 presents the applicable requirements. The results from the stakeholder consultation regarding the additional requirements and the potential obstacles for cross-border GP's are presented in section 4.2 and 4.3 respectively. Section 4.4 presents the results of the consultation of actual cases and the final section of this chapter (section 4.5) presents a summary of the main findings for this scenario, including a tabular overview of requirements.

4.1 Applicable requirements

In all the MSs surveyed, both national and cross-border GPs are required to satisfy three broad types of requirements:

- Requirements relating to the GP as an individual;
- Requirements relating to the place of work; and
- Requirements relating public funding coverage.

Requirements relating to the GP as an individual

Requirements relating to the GP as an individual can relate to for example qualifications, language knowledge and the obligation to register with a regulatory body.

The analysis shows that requirements relating to individuals are those by which MSs have *distinguished between nationally qualified and non-nationally qualified GPs*, with the latter often having to comply with additional obligations. Although, GPs are covered by the automatic recognition mechanism, cost and effort implications are still relevant.

First, cross-border GPs must, in all the selected MSs, go through a process of recognition of qualifications. Such a process may notably entail, in certain MSs, fees borne by cross-border GPs (DE, IT, LV, SI). One stakeholder mentioned that the fees in the procedure for the recognition of professional qualifications are administrative fees (SI). Moreover, some MSs require the provision of certified translations, which are likely to involve additional costs (IT, LV, PL, SE). In addition, a few MSs require, during the recognition process, cross-border applicants to provide supporting documents relating to their character, health or, more generally, their capacity to practice.

It is also noteworthy that all MSs have set out rules requiring cross-border applicants to prove that they have *sufficient language knowledge* to practice. This highlights the existence of patient protection regulations in most countries. One stakeholder (SE) mentioned that a licensed professional is responsible for having the necessary knowledge of the Swedish language, but that it is up to the employer to assess this requirement. In NL, provision of obligatory proof of language is not yet in place. However, a C1-level is

recommended[60]. In the UK, applicants need to demonstrate their language knowledge with passing an IELTS test (or alternative evidence).

Both nationally qualified and cross-border GPs have to *register with a regulatory body* in almost all of the selected MSs. This is a cornerstone requirement, since medical regulatory bodies are in charge, most of the time, to deliver medical licences to practice. Unlike the two previous types of requirements, in this case there are very few requirements during the registration process that specifically apply to cross-border GPs, such as, for instance, the obligation to provide certified translations (DE, FR, MT) or a copy of criminal record (DE, IT, FR); the majority of requirements are applicable to both nationally qualified and cross-border providers. It was noted by stakeholders in MT and NL that next to registration with a regulatory body, (cross-border) GPs need to acquire a specialist status. Registration as a specialist includes several requirement with regard to the minim level of training and experience, as well as additional fees.

Requirements relating to the place of work

As far as requirements relating to the practice are concerned, the analysis points to the fact that they do not distinguish between nationally qualified and cross-border GPs. The same rules apply, whether they relate to the location of practice, the type of practice available, insurance, business registration or the registration with a professional association.

However, the research also shows that national rules on these various issues greatly vary. For instance, the *location of a GP practice* may be imposed by national legislation (DE, LV, SI).

Likewise with regard to the *type of practice*, while almost all MSs provide for the possibility to set up a GP practice as a self-employed or as a company, GPs, whether nationally qualified or cross-border individuals, have to comply with each particular rule applicable in each MS. The same holds true with respect to the *rules relating to the registration of business or tax authorities*. Thus, most of the time, GPs have to register their practice with the tax authorities. However, in LV and NL, tax obligations stem from business registration so a separate tax registration procedure is unnecessary.

Rules on insurance also vary between MSs. Professional or liability insurance is obligatory in more than half of the MSs (DE, FR, IT, MT, PL, SI); whereas in SE this applies only to self-employed practitioners, as employers are liable for their staff, and in LV there is no compulsory requirement to have liability insurance. In NL there is no legal obligation for an independent doctor to take out professional insurance, but rather it is a practical necessity to join a health centre with other doctors.

Similarly, *registration with a secondary professional association or regulator* is obligatory in only two MSs (DE – State Chamber of Physicians, UK – Care Quality Commission).

In both the UK and MT, data protection requirements were identified for the practice (e.g. registration with a data protection regulator), relating to its

[60] Source : http://www.knmg.nl/Diensten/Beroepskeuze/Loopbaanbureau/Buitenlands-gediplomeerden/Procedures/Buitenlandse-artsen-van-binnen-de-EER.htm.

status as a data controller vis-à-vis the confidential data of the patients. However these obligations do not differ for health providers depending on their origin of qualification, but apply equally.[61]

Requirements relating to coverage/funding by the public healthcare system

Providing healthcare services that are covered by the national healthcare system (funding) is crucial for both nationally qualified and cross-border GPs since it usually allows them to have a greater number of patients. In this respect, in all the MSs surveyed, coverage is contingent on entering into an agreement with or being approved by the healthcare system.

Such an agreement must sometimes be preceded by preregistration on waiting lists (LV). The Latvian National health service provides the state funded healthcare and selects GPs from the waiting list when there is a necessity for a GP practice in certain areas of the country. In NL, registration in the Centre Quality Register (CQR) is relevant for funding in primary care.[62] In other MSs, these agreements might stem from registration with the regulatory body (IT), registration with the specialist register (NL and MT), a contract with the county council (SE), an application for a so-called "AGB code" (NL), or registration with a regional State Association for public sector GPs which manages statutory health insurance (DE). Here again, the same requirements apply to nationally qualified and cross-border GPs, without distinction.

4.2 Additional requirements

In the consultation, the national stakeholders were asked if they think there are any additional requirements for cross-border EU professionals and providers (e.g. because of common practice, 'unwritten rules', or cultural aspects), compared to national providers.

Seven stakeholders answered the question with 'no' (FR, IT(1), LV(2), NL(1), PL, SI, UK); two stakeholders (SE, IT(2)) did not answer the question.

The other stakeholders mentioned the following additional requirements:

- Medical degree must be obtained in an EU MS (LV(1));
- Specialist status, which is requires to work as a GP in the public sector, requires a full-blown specialty training, including work-based assessment and two examinations (MT); and
- The requirements for re-registration as a general practitioner after five years have to be met (NL2), which means that in the five years before the re-registration the professional should have worked as a GP for an average of at least 16 hours per week, followed 200 hours of relevant, accredited, educational activities, and participated in a system of individual and group evaluations.

[61] It should be noted that as data protection rules apply throughout the EU, it is likely that similar rules exist in the other countries examined. However as we did not specifically point to this issue, the UK and MT were the only reports which actively mentioned data protection.

[62] https://www.kngf.nl/vakgebied/kwaliteit/ckr.html

4.3 Potential obstacles

Two stakeholders (NL(1), PL) mentioned that, in their experience, cross-border EU professionals and providers do not face any obstacles in this scenario. One stakeholder (UK) indicated to be unable to comment on this question and one stakeholder (IT(2)), did not answer the question.

Of the other nine stakeholders that answered "yes" to the questions whether cross-border professionals and providers face any obstacles in this scenario, five (IT(1), MT, LV(1), NL(2) and SE) mentioned that they may face language barriers. Other potential obstacles that are mentioned include the possibility that vocational training enjoyed in another MS may not be recognised as a specialist training (MT), the need to know a lot about the legislation and creating legal documents (LV(2)), poor funding (LV1), and too long (FR, SI) and cost consuming procedures (SI)(IT(3)).

4.4 Actual case

The findings of a phone interview with a Dutch GP wishing to practise in the UK are presented in box 4.1.

Box 4.1 Actual case: a Dutch GP wishing to practise in the UK

Based on the initial mapping of requirements, additional desk research, and the national stakeholder consultation, it is to be expected that the main obstacles for a Dutch GP wishing to practice in the UK are language barriers and obtaining public funding.

This Dutch GP had a practice for eight years in NL before coming to UK in March 2015. She has been trying to meet all the requirements since she arrived, but at the time of the interview (May 2016) she still could not open her practice.

The first obstacle this GP 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 pounds. In the end, it took this Dutch GP half a year to achieve the required level and pass the test. She considers that in general it is therefore easier to fulfil the requirements when you are UK educated, since in that case you do not have to pass the IETLS exam.

The registration at the GMC she did not perceive as difficult. This in contrast to the contract procedure with the NHS, which the Dutch GP experienced 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 pounds. After passing these tests it is obligatory 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, which costs around 2,000 pounds a month. The Dutch GP noted that in general it seems impossible to be selected/classified into the course of 2 weeks when you are not educated within the UK. This process thus demands substantial resources, both in terms of monetary costs and time.

Next to the tests, GPs are required to be on the National Performers Lists, which are available for Medical, Dental and Ophthalmic performers. These lists are used to reassure that the GPs in the NHS are suitably qualified, have up to date training, appropriate English language skills and fulfil other checks (e.g. Disclosure and Barring Service and NHS Litigation Authority, free online test on children's

safety)[63]. This means that GPs again enter a procedure which requires a set of documents, some of which already presented at an earlier stage (e.g. the identity check at the GMC). The costs are around 60 Euro, and on top of this a police check (DBS) and an occupational health check is required. The health check includes a long list of vaccinations and tests that are obligatory and at your own expenses.

4.5 Summary of the main findings

Table 4.1 provides an overview of the most commonly seen requirements for scenario 1 in each of the ten MSs.[64] The blue marked cells indicate that requirements are only applicable for cross-border providers.

Table 9 Overview of most common requirements – scenario 1

Requirements	Requirements in practice	FR	DE	IT	LV	MT	NL	PL	SI	SE	UK
Requirements relating to the GP as an individual											
Recognition of qualifications	Obligatory (number of supporting documents)	2	7	4	4	5	4	6	5	4	2
	Application/registration form			X	X		X	X	X		
Language knowledge	Proof of language knowledge required (* including Language tests)	X	X*	X	X	X	X	X*	X	X	X*
Registration with regulatory body	Obligatory (number of supporting documents**)	6	9	4	2	6	0	6	9	3	2
	Application/registration form	X				X		X		X	
Registration with association of public GPs	Obligatory (if want to work in public sector)		X								X
Requirements relating to the place of work											
Location of practice	Imposed (*in the public sector or for locum GPs*)		X		X				X		X
Type of practice available	Self-employment	X	X	X	X	X	X	X	X	X	X
	(Specific form of) company	X	X	X	X		X		X	X	X
	Locum (i.e. temporary, replacement services)	X		X	X		X		X		X
Insurance	Obligatory	X	X	X		X	X	X	X		X

[63] https://www.performer.england.nhs.uk/.

[64] For DE, FR, IT and SI the summary table is solely based on the initial mapping because no German, French, Italian nor Slovenian stakeholders participated in the consultation for this scenario.

Requirements	Requirements in practice	FR	DE	IT	LV	MT	NL	PL	SI	SE	UK
Business registration	Self-employment registration	X			X		X	X	X	X	
	Company registration	X	X	X	X	X	X		X	X	X
Other registrations	Registration with public authorities		X	X	X					X	
	Registration with tax authorities (stems from business registration*)	X*	X	X	X*	X	X*	X	X	X	X
Requirements relating to public funding coverage											
Coverage by healthcare system	Pre-registration in a waiting list				X						
	Enter into contract with healthcare system	X			X		X	X	X	X	X
	Coverage by the healthcare system stems from registration with association of public GPs		X								
	Coverage by the healthcare system stems from registration with regulatory body			X							
	Registration with specialist register					X	X				
	Being employed in the public sector					X			X		

Note: the blue coloured requirements are only applicable for cross border providers and the non-coloured requirements are non-discriminatory.
** registration with the regulatory body is itself an equally applying requirement, but there are additional required supporting documents for cross-border providers.

Box 4.2 Most common supporting documents

For the recognition of qualifications various documents are often necessary to support the application for example a certified copy of the degree and an overview table which summarizes the past education and gainful employment. Furthermore confirmation of authenticity is often required to prove that training requirements have been met. For the registration with the regulatory body the most common supporting documents are proof of identity, a Curriculum Vitae and copy of criminal records. For both the recognition of qualifications and the registration with the regulatory body it is assumed in this study that the proof of identity and evidence of language skills are required in each MS. For an exact overview of the supporting documents, please refer to the categorisation tables in Annex IV.

Table 4.1 illustrates that in all MSs the provision of GP services is highly regulated, both for cross-border and nationally-qualified professionals.

Based on the results from the initial mapping and the stakeholder consultation it can be concluded that in all MSs the *additional requirements for cross-border providers* include:

- *Recognition of qualifications*: Cross-border GPs need to have their qualifications recognised and in this process they need to supply multiple supporting documents as evidence of for example their educations and professional experience, and in some MSs also their

capacity to practice. The cross-border GPs may also be required to submit (certified) translations of these documents. Moreover, some MSs have imposed additional specific requirements. The main aim of this requirement seems to be to check if the cross-border GP's qualifications are in line with the education and standards in that MS;

- *Language requirements:* Table 4.1 shows that language requirements apply in all MSs, but it is important to note that not in all MSs these requirements are included in governmental or regulatory documents (e.g. in IT and NL. For more information on language requirements, please refer to Chapter 10);
- *Additional requirements in registration with regulatory body:* this registration is crucial as most of these bodies are in charge of providing licences to practise. Nationally qualified GPs also need to register with a regulatory body, so the requirement in itself applies equally to both national and cross-border providers. However, cross-border GPs typically need to fulfil additional requirements, such as providing documents of the home MS regarding the applicant's capacity to practise and (certified) translations of all supporting documents.

These additional requirements may create *obstacles* for cross-border GPs to establish themselves and provide GP services in the host MS. From the national stakeholder consultation it seems that the *language requirements is considered the main potential obstacle* in this scenario – this was mentioned by five of the seven stakeholders that identified obstacles. This was also mentioned as one of the main obstacles during the interview with the Dutch GP wishing to practice in the UK. She also mentioned that she experienced obstacles in the *process of obtaining public funding*. No additional information on this was identified in the national stakeholder consultation. *Too long and complicated procedures* was however mentioned as potential obstacles in the national stakeholder consultation. Finally, the *need for providing certified translations* are likely to pose high costs and thereby also a potential obstacle[65].

The additional requirements and potential obstacles for cross-border GPs are typically *requirements pertaining to the individual*. The *requirements pertaining to the practice and to public funding coverage* generally apply equally to nationally qualified and cross-border GPs who wish to set up a practice on their respective territories. Important to take into account is that while the requirements related to the place of work and obtaining public funding might apply equally to cross-border and nationally-qualified GPs, there may be obstacles there because requirements are linked to requirements pertaining to the individual. For example, both in MT and in NL, registration in the specialist register for GPs is required for obtaining public funding. Hence, if there are potential obstacles in obtaining this registration, there are also potential obstacles in obtaining public funding.

Next to being requirements pertaining to the individually, the additional requirements and potential obstacles are also typically sectoral requirements, that is, requirements specific to the health sector. This is likely because the highly regulated healthcare sector is very specific in each MS and therefore it also has very specific rules and requirements.

[65] For more information on resource demands, please see Chapter 9.

It is also important to view these results in the context of policy- and legislative reform. This chapter provided an overview of the current state of play; policy- and legislation reforms may alter the outlined requirements and obstacles in the different MSs.

For example, in NL, as confirmed during the stakeholder consultation, the provision of obligatory proof of language is not yet in place. However, the Minister of Health, Welfare and Sports has informed the House of Representatives that she is looking to include a proportional requirement for proof of language in the Individual Health Care Protection Act (BIG Act)[66].

Another example of this can be found in SI, where a stakeholder mentioned that the main obstacle is that procedures are currently too long and cost consuming. In this MS, there is ongoing healthcare legislation reform which has as one of its aims "to determine and simplify the procedures of registration and licencing". In addition, the reforms look into "the knowledge of language of health professionals and to set out the rules on insurance for professional liability"[67].

Finally, because of the recent decision of the UK to leave the EU, it is to be expected that the requirements will change. However, at this point in time it is unclear what the impact will be on the possibilities for cross-border GPs to establish themselves in the UK.

[66] Letter of the Minister of Health, Welfare and Sports to the House of Representatives, dated 29 October 2015, with the subject "Kennis van de Nederlandse taal en registratie in BIGregister", "Knowledge of the Dutch Language and registration in the BIG register". https://www.rijksoverheid.nl/documenten/kamerstukken/2015/10/29/kamerbrief-over-kennis-nederlandse-taal-en-registratie-in-big-register.

[67] DG GROW, Mutual evaluation of regulated professions Overview of the regulatory framework in the health sector on the example of physiotherapists. 29 April 2016, page 16.

5 RESULTS SCENARIO 2 – ONLINE CONSULTATIONS AND EPRESCRIPTIONS

This Chapter presents the results of the initial mapping exercise, the consultation of national stakeholders, and additional desk research for 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 established in another MS"

In this scenario, it is not the healthcare provider who is moving cross-border, but rather the services itself; the GP remains established in the home MS.

Section 5.1 presents the applicable requirements. The results regarding the additional requirements and the potential obstacles for GP's providing cross-border online consultations and ePrescriptions are presented in section 5.2 and 5.3 respectively. The final section of this chapter (section 5.4) presents a summary of the main findings for this scenario, including a tabular overview of requirements.

5.1 Applicable requirements

For scenario 2 there are two broad types of requirements:

- Requirements relating to the GP as an individual; and
- Requirements relating to public funding coverage.

Requirements for the place of work are not applicable in the online setting of scenario 2.

Requirements relating to the GP as an individual

Most of the selected MSs have not regulated the provision of online consultations (DE, IT, LV, MT, PL, SI, UK) nor ePrescriptions (DE, IT, LV, PL, SI, UK).

Online consultations, where in use and subject to specific rules (FR, NL, SE), may have requirements to complement, rather than replace, face-to-face consultations (NL), and to be detailed in patient medical records (SE). Two stakeholders from SE explained that, in theory, for cross-border providers the same requirements apply as in scenario 1 (including recognition of qualifications, language requirements, and registration with a regulatory body).

Only two MSs mention specific rules for cross-border prescribing (FR, MT). For example, under the Public Health Code in France, medicines prescribed in another EU MS must be delivered when the practitioner is legally authorised to prescribe drugs in France.

Requirements relating to public funding coverage

Reimbursement for online consultation is available in FR, NL, and SE but not in DE, with LV and UK rules lacking clarity on the matter. A stakeholder from SE mentioned that despite recent progress, the reimbursement rules in SE are

no yet designed to cater to online consultations. A stakeholder from NL mentioned that officially the only regulation regarding online consultations and ePrescriptions concerns the public funding coverage: to be eligible for reimbursement, the general practitioner and the practice need to have a so-called "AGB code". This applies to both nationally qualified as well as cross-border providers.

The issue of payment - in terms of whether ePrescriptions might be available through public funding - for ePrescriptions is particularly vague (except in NL). There is ongoing action in this field in several countries: an e-Prescription platform, and the relevant rules, have been approved in LV and are expected to be implemented in 2017[68,69]; in SI the eHealth project that began in 2008 is still under construction, and in PL a draft legal act on telemedicine and ePrescriptions has been signed on 9 November 2015[70], though the implementation of the law is still in process and the implementation regarding e-Health in Poland is planned up to 2021.These requirements, as far as in place or under development, appear to apply equally to nationally qualified and cross-border providers.

5.2 Additional requirements

In the consultation, the national stakeholders were asked if they think there are any additional requirements for cross-border EU professionals and providers (e.g. because of common practice, 'unwritten rules', or cultural aspects), compared to national providers.

Four stakeholders (LV(2), NL, PL and UK(2)) answered "no"; four stakeholders (MT, SE(1), SE(2) and SE(3)) did not answer the question.

One stakeholder (LV(1)) mentioned that the language requirements can be considered an additional requirement. Another stakeholder (UK(1)) answered that the additional requirements in scenario 2 are the same as in scenario 1. These findings were confirmed by the mapping and additional desk research; the two main additional requirements for cross-border providers in scenario 2 concern recognition of qualifications and language knowledge. The language requirement is only formalised in FR, in the other MSs the requirement stems for the civil responsibility of a medical professional to be able to communicate with a patient in their native language.

5.3 Potential obstacles

One stakeholder (NL) mentioned that, in their experience, cross-border EU professionals do not face any obstacles in this scenario. Another respondent (LV(2)) indicated that the scenario is not possible and therefore, specific obstacles cannot be highlighted. Four stakeholders did not, or were not able to, answer this question (PL,SE(1), SE(2) and UK(2)).

Of the other four stakeholders that answered that there are potential obstacles, one (LV(1)) mentioned that cross-border EU professionals may face

[68] http://www.vmnvd.gov.lv/en/e-health
[69] At the time of reporting, the law was not yet implemented, though a stakeholder from LV mentioned that this will most likely not be before the end of 2016
[70] http://isap.sejm.gov.pl/DetailsServlet?id=WDU20150001991

language barriers. Another stakeholder (SE(3)) noted that a lack of orientation in the system may present an obstacle. This is a major and widespread obstacle that that cross-border providers are facing across scenarios and is not specific for the provision of online consultations and/or ePrescriptions.

One stakeholder (MT) concluded that scenario 2 may comprise patient safety because of the difficulties in safe-guarding professional standards. For both online consultations and ePrescriptions the confidentiality and data transfer issues may pose an obstacle. In addition, differences in health systems may make referrals and follow-up more difficult. Specifically for online consultations this notes that next to language also cultural differences may present an obstacle. For E-prescribing the cross-border professional may face obstacles because of differences across MSs in availability of products and/or in prescription regulations. This is however more an obstacle when actually providing cross-border ePrescriptions, rather than when going to the process of setting up these online cross-border services.

Another stakeholder (UK(1)) noted that the main obstacle to affect cross-border providers in scenario 2 is that a key aspect of the CQC (Care Quality Commission) registration is that the professional has a registered office in the MS – a non-geographical P.O. box will not be accepted. The reason for this is that the powers of inspection under the Health and Social Care Act 2008 can only be carried out at regulated premises. Hence, as scenario 2 requires the GP to be established in another MS, this will most likely not be a feasible scenario in the UK.

5.4 Summary of the main findings

Table 5.1 provides an overview of the most commonly seen requirements for scenario 2 in each of the ten MSs. The blue marked cells indicate requirements that are only applicable to cross-border providers.

Table 10 Overview of most common requirements – scenario 2

Requirements	Requirements in practice	FR	DE	IT	LV	MT	NL	PL	SI	SE	UK
Requirements relating to the GP as an individual											
Conditions to provide online consultations	Existing patient- GP relationship and providing info to patients on online consultations						X				
	Recognition of qualifications (valid licence to practice)	X*					X*			X*	
	Registration with regulatory body	X*					X*			X*	
	Proof of language knowledge required	X					X			X	
Conditions to provide ePrescriptions	Identification of prescriber	X				X				X	
	Integrity/confidentiality of document	X									
	Access to EHR						X			X	
	Identification of the patient					X					

Requirements	Requirements in practice	FR	DE	IT	LV	MT	NL	PL	SI	SE	UK
	Previous clinical exam of the patient	X									
	Rules on the denomination of the drug	X				X					
	GP legally authorised to prescribe in the MS of the patient	X									
Requirements relating to public funding coverage											
Public funding for online consultations	Patient affiliation to public system	X					X				
	Obligatory insurance – registration of GP with insurer	X									
	Social security fund registration – proof of registration with regulatory body	X								X	
	Registration code (AGB) for practice and GP						X				
	Agreement with county councils									X	
Public funding for ePrescriptions	Patient affiliation to public system	X					X				
	Registration code (AGB) for practice and GP						X				
	Workplace code & Prescription code									X	
	Agreement with county councils									X	

Note: the blue coloured requirements are only applicable for cross border providers and the non-coloured requirements are non-discriminatory.
* The requirements, and associated number of supporting documents, for the recognition of professional qualifications and the registration with the regulatory body are the same as in scenario 1. For more details, please see Chapter 4.

Based on the information collected, it can be concluded that only three of the ten selected MSs for this study have rules on online consultations in place, namely FR, NL and SE. Four MSs have regulated for the provision of ePrescriptions. In addition, two national stakeholders indicated that this scenario would not be possible in their MS (LV and UK). In the UK, this is because the GP offering these services would need to have a registered office in the UK, whereas this scenario focusses on GPs that are established in another MS. In NL, cross-border online consultations also appear not to be possible as these should complement, rather than replace, face-to-face consultations, which would require the GP to be established in NL. In MT, a stakeholder mentioned that scenario 2 is not considered desirable because of concerns regarding patient safety, regardless of whether it would be possible.

In the stakeholder consultation the *additional requirement*, and *potential obstacle*, for cross-border providers that was most often mentioned was the *language requirement*. This is however only formalised in FR, in the other MSs the requirement stems for the civil responsibility of a medical professional to be able to communicate with a patient in their native language For more information on language requirements, please refer to Chapter 10). In the consultation it was also noted that a GP will have to be qualified to work as a GP in that MS and hence, the additional requirements are the same as in scenario 1. The additional requirements, and potential obstacles, in scenario 2 are, as in scenario 1, are requirements specifically related to the healthcare sector and pertaining to the individual healthcare professional. It is also worth

noting that scenario 2 is the only scenario in which all requirements are sectoral and hence specific to the healthcare sector. This may be explained by the fact that due to the nature of this scenario, there are no requirements pertaining to the place of work in the host MS (as the GP remains established in the home MS).

Important to keep in mind is the limited data availability for this scenario; desk research yielded limited results, no actual cases were interviewed, and also the response rate for (and MS coverage of) the national stakeholder consultation was very limited. The lack of regulation in many MSs as well as the impossibility of this scenario in some MSs is likely the reason for the low response rates and why no actual case was identified.

Even though the national stakeholders did not identify many obstacles, *the fact that in seven out of ten MSs there are no rules in place for this scenario, may be considered an obstacle in itself* as it will be very difficult for GPs that are looking to provide these services, to determine which procedures they have to follow.

The size of the problems that occur because of these obstacles is partly dependent on how relevant this scenario is for cross-border healthcare provision; in case there is little demand and need for cross-border online consultations and ePrescriptions; these obstacles will not severely impact cross-border mobility of healthcare services. Stakeholders noted that these services are typically provided for top-up medication and disease specific patients. These services may be particularly beneficial for patients that live in rural areas as it increases the accessibility of healthcare services for them. The scenario thus seems to have potential, but the full scope of potential supply, demand, and benefits cannot be estimated easily as long as the appropriate regulation of these services is not in place at MS- and/or EU-level. As mentioned in the initial mapping and by several stakeholders, policy and legislative reforms are undertaken in for example SE, SI and LV, which indicates that it is likely that in future the regulatory framework may be more clear-cut. In addition, as described in Chapter 2, efforts are made at EU-level to increase (guidance on) regulating Ehealth in general, which may in turn lead to increased regulation at the MS-level, both for Ehealth in general and for online consultations and ePrescriptions in particular.

6 RESULTS SCENARIO 3 - PHYSIOTHERAPIST

This Chapter presents the results of the initial mapping exercise, the consultation of national stakeholders and actual cases, and additional desk research for Scenario 3:

"A physiotherapist wishing to establish as an independent practitioner offering physiotherapy services in another MS"

The results from the stakeholder consultation regarding the additional requirements and the potential obstacles for cross-border physiotherapists are presented in section 6.2 and 6.3 respectively. Section 6.4 presents the results of the consultation of actual cases and the final section of this chapter (section 6.5) presents a summary table of the requirements and the main findings for this scenario.

6.1 Applicable requirements

As with scenario 1, for the most part, requirements can be distilled into three main areas:

- Requirements relating to the physiotherapist as an individual;
- Requirements relating to the place of work; and
- Requirements relating to public funding coverage.

Requirements relating to the individual

In all of the MSs, the independent practitioner must satisfy requirements relating to his own qualification to practise.

In all of the MSs, the recognition of qualifications to practise physiotherapy is the first step, and arguably the most onerous in terms of fulfilment. There is no common training framework for physiotherapists. Training requirements for obtaining professional qualifications differ from country to country and may therefore make the practice of a profession in another MS more difficult. This is an important difference compared to scenario 1 (GP). The recognition of qualifications may be done through registering with a regulatory body (such as the Health Care and Professions Council in the UK and the public register of physiotherapists in NL), through a government department (such as in IT), or through registration in the national physiotherapy register. In LV a specific academic (rather than regulatory) body oversees recognition.

It was noted by stakeholders (UK(1), UK(2), UK(3)) that in the process of registration with the Health and Care Professions Council (HCPC) in the UK, the course qualifications of a cross-border physiotherapist have to be verified as being up to the same standards as a national physiotherapist would have to meet to successfully complete their approved programme. If the assessment reveals any shortfalls, so called 'compensation measures' are imposed, including a 'period of adaptation' or an aptitude test.

In every country except NL, registration with a specific regulatory body is obligatory. In the NL, however, there is an obligation to be on a national

physiotherapy register. In order to distinguish qualified healthcare professionals in NL, one should be registered in the BIG- register.[71] Without this registration, one is not allowed to perform as a healthcare professional nor use the professions title, i.e. physiotherapist. One Slovenian stakeholder (SI(2)) noted that registration of physiotherapists with a national body is still in the establishment phase and has thus not yet begun. In FR, there is an obligation to request permission even before registration with the regulator.

Cross-border providers usually have to provide certificates from the regulatory authorities in their home MS, and, sometimes, additional fees are to be paid. In LV these are paid for the recognition of qualification from the Academic Information Centre, and in SI to the Ministry of Health and in the UK to the Health Care and Professions Council for registration. In both DE and PL, the health of the professional must be certified, and in FR, DE, LV, MT, and the UK, a police certificate or criminal record check is required. Additional registration on a database of registered medical professionals (Automatisation Des Listes) is required for both national and cross-border providers in FR.
In FR, PL and the UK an obligatory requirement for registration with the regulator is proof that the necessary insurance provision is in place.

Requirements relating to the place of work

In terms of the practice itself, the location may be limited (as for the public sector in SI); however as a private practitioner, it seems that the provider would usually have freedom of choice. The independent practitioner has to register with a commercial authority and tax authority (all MS). In addition, insurance is formally required for independent practitioners of physiotherapy in all selected MSs except LV (in LV the language of the law is unclear). In some MSs, a notable difficulty could be linked to accessibility of the relevant information to set up their practice (DE, IT, LV, MT, PL). Likewise, setting up a practice in each MS is similar for limited liability companies, but varies for independent practitioners.

Requirements relating to public funding coverage

The extent to which an independent practitioner may receive public funding varies, suggesting that some countries require employment by a state-run hospital or clinic in order to take publicly funded patients. There are complex rules on public coverage of their physiotherapy services: registration with healthcare funds (FR), signature of agreements (IT, NL, PL, SI, SE), referral via a public GP (DE, UK), proposal after call for tender (LV), or no coverage outside the public sector venues (MT). Registration in the Centre Quality Register (CQR) is relevant for funding in primary care in NL.[72]

6.2 Additional requirements

In the consultation, the national stakeholders were asked if they think there are any additional requirements for cross-border EU professionals and providers (e.g. because of common practice, 'unwritten rules', or cultural aspects), compared to national providers.

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[71] https://www.bigregister.nl/, BIG : 'Beroepen in de Individuele Gezondheidszorg, Professions in the sector of Healthcare for Individuals'.

[72] https://www.kngf.nl/vakgebied/kwaliteit/ckr.html

Four stakeholders answered the questions with "no" (MT, SI(1), SI(2), UK(2)). Another four stakeholders (FR, LV, SE and UK(3)) mentioned that proficiency of the official language can be considered as an additional requirement. It was noted that in SE, language requirements, as well as the requirement to know the national legislation in the relevant professional field, are being assessed by the employer. One other stakeholder (NL), mentioned that there may be additional and/or other requirements for recognition of education and skills and that this may differ between MSs of origin. In NL this is evaluated by a special commission ("Commissie Buitenlands gediplomeerden Volksgezondheid" – "Commission of Foreign Health graduates"). In addition, it was mentioned that the consequences of the introduction of the EPC are not yet known. One other stakeholder (NL) mentioned that starting in 2017 healthcare professionals applying to be registered in the BIG register have to provide a proof of mastery of the Dutch language, this also concerns physiotherapists who register for the first time. One stakeholder (DE) indicated that upon receiving recognition of the title "physiotherapist", this person is allowed to offer all kind of physiotherapy services, and without the recognition, this person cannot practise. Finally, one stakeholder (UK(1)) mentioned that cross-border providers may experience additional requirements in trying to register for public funding.

6.3 Potential obstacles

Four stakeholders mentioned that, in their experience, cross-border EU professionals and providers do not face any obstacles in this scenario (FR, NL, MT and UK(2)) and three stakeholders did not answer this question (SI(2), LV and SE).

Of the other four stakeholders that answered "yes", three (DE, SI(1) and UK(3)) mentioned that cross-border EU professionals may face language barriers. In addition to potential language barriers, the need for legal documents and professional knowledge are also mentioned as potential obstacles by one stakeholder (DE).

One stakeholder (UK(3)) mentioned that for cross-border professionals that are required to go through a "period of adaption" it can be very challenging to find a placement that offers the necessary supervision, particularly as there is already a shortage of appropriate placements for UK students.

Finally, one stakeholder (UK(1)) also referred to the potential obstacles related to current service demands: "*due to current service demands, there is little opportunity for individuals to become acclimatised in the culture of the National Health System (NHS) and understand the clinical audit requirements*". Another stakeholder (UK(3)) however mentioned that an increasing number of NHS services is commissioned to non-NHS organisations and that therefore NHS employment is not a necessary requirement for providing public services.

6.4 Actual cases

Interviews were conducted with six actual cases in scenario 3: physiotherapists trained in PL, NL, IT and DK that practise in another MS, or wish to do so. Boxes 6.1-6.5 provide more information on their experiences.

Box 6.1 Actual case: two Polish trained physiotherapists wishing to practice in NL

Based on the initial mapping of requirements and the national stakeholder review, it is not expected that there are any significant obstacles for the cross-border EU professionals to practise physiotherapy in NL, other than the required language skills. Cross-border professionals also face the additional requirement of needing to get their professional qualifications recognised, however, this requirement in itself is not necessarily an obstacle. As mentioned by the Dutch stakeholder in the consultation, this requirement is in place to ensure that cross-border professionals comply with Dutch rules on skills and competences which apply equally to Dutch physiotherapists. As for the expected resource demands: the costs for the obligatory registration in the BIG-register are 85 euro and other additional costs (compared to national physiotherapists) that may be expected are those for translation of documents and achieving the required language skills.

During the interviews with two Polish trained physiotherapists it became clear that the obstacles and costs mentioned by stakeholders appear to be undervalued.

One of the physiotherapists studied five years at the University School of Physical Education in Cracow, of which half a year in NL, and obtained her Master's degree. In November 2015 she came to NL to start working as a physiotherapist. Seven months later, in June 2016, she is still in the process of obtaining the obligatory BIG registration.

She understands that it is important to guarantee the safety of patients, but is frustrated and feels humiliated by how the registration process treats her. While she studied at a well-known university in the EU, she still needs to fulfil, what in her opinion are, 'nonsense' requirements and obstacles for obtaining the registration. An example of such this is the need to provide a translation of her primary school degree, while she finished her master's degree. Without a BIG registration, she is unable to practice physiotherapy in NL, and therefore in the mean time she now works as a waitress to cover the bills and needs to borrow money from her parents to pay for all the requirements. Up 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. Another obstacle she encounters is that the forms are all in Dutch. On the positive side, the municipality pays for her Dutch classes and she follows the classes twice a week for three hours.

The other Polish trained physiotherapist also started the registration process in NL in November 2015. She now wants to start a study on the side to update her knowledge. Up to date, the overall costs she incurred for translation of documents are 630 EUR. One of the main obstacles in her opinion is to find out what the specific requirements for registration are as there are no examples available. Additional resource demands are incurred because she is currently taking Dutch classes, which is not an obligatory requirement, but necessary in order to be able to practice physiotherapy in NL.

Box 6.2 Actual case: a Dutch trained physiotherapist practicing in DE

Based on the initial mapping of requirements and the national stakeholder review it is expected that, next to the recognition of degree, the need to provide proof of language knowledge and legal documents of professional knowledge are additional requirements, and potentially obstacles, for cross-border professionals. Next to these requirements, no significant obstacles are expected.

This Dutch physiotherapist arrived in DE (Niedersachsen) in 2012, directly after having finished her education in the NL. Hence, she had not practiced physiotherapy in NL before she crossed borders. The main problem she encountered was to get access to the information on the applicable requirements. In the end, she had to make use of the help of a friend to understand this. Another obstacle she faced was related to the language: she had some difficulties to achieve the required language level. It took her three months to adequately prepare herself for the B2 level German test she had to pass. She does not recall

any other particular problems or obstacles, nor any high costs. The only additional costs she made were the notary ones.

Box 6.3 Actual case: physiotherapist trained in IT practicing in MT
No significant obstacles are expected based on the initial mapping of requirements and the national stakeholder review. The only additional requirements for cross-border providers appear to be the recognition of qualifications and language skills.

This Albanian professional obtained his physiotherapy degree in Rome in 2010. As part of his studies he did an internship at a public healthcare facility in MT. After his graduation, he got a job offer from a private rehabilitation facility in MT, where he currently still works.

The physiotherapist explained that the recognition of qualifications and registration with the regulatory body are the most important steps to become eligible to work in MT and that you have to submit the same documents, regardless of whether you aim to work in the public or private sector. He applied for recognition of his qualifications in MT in 2011, for which he had to pay a small fee of approximately 40-45 EUR. The registration process went rather smoothly for him and he calls himself lucky when he compares his timeline with that of his peers. While his total waiting time from applying for recognition until registration was approximately 4 months (one month for the recognition of qualifications and three months for the registration with the regulatory body), his peers had to wait for over 6 months in total. The main obstacle in this process was for him the high cost for the required certified translations; he estimates that this was more than 300 EUR, which is multiple times higher than the registration fee.

Every two years cross-border providers need to re-register. This is a requirement specific for cross border providers, and aims to check if you are (still) doing your job and if you are doing it well. The re-registration is free of charge, but requires you to submit certain 'proofs'. In case you can show you have a fulltime position as a physiotherapist there are typically no problems.

A requirement that applies to all physiotherapists in the private sector in MT is the need for private yearly insurance. For those working in the public sector this is paid by the NHS. In addition, physiotherapists should apply for membership of the MT Association for physiotherapists, which includes indemnity cover. For standard coverage the yearly costs are 145 EUR and for full coverage this is 200 EUR.

This physiotherapist did not experience language barriers because he already had two intermediate courses in English, of which one was part of his university education.

As this physiotherapist is working in a private facility, payment from patients is either out-of-pocket or covered by voluntary insurance. Typically 10-12 sessions per year are covered by the insurance. It is however up to the GP to decide on the number of sessions needed, and thereby on eligibility for coverage.

Box 6.4: Actual case: a Polish trained physiotherapist wants to provide healthcare services in the UK
Based on the initial mapping of requirements and the national stakeholder review a couple of addition requirements, and potential obstacles, are expected for cross-border physiotherapists wishing to establish themselves as an independent practitioner offering physiotherapy services in the UK. One of the obstacles is the language barrier, specifically the langue tests she needs to pass. Furthermore, there is a need for certified translations of documents support the application for recognition of qualifications.

In the UK physiotherapist is one of the "protected titles", so a professional with a diploma from another MS, in this case PL, who wishes to practice physiotherapy in the UK has to register with the Health Profession Council.

Before PL entered the EU the interviewee could not work as a physiotherapist in the UK. This changed once Poland entered in 2004. However, although he could work in the UK, he could not use the title "physiotherapist"; he had to use the title he received in PL that is "fizjoterapeuta" for the temporary registration. In order to use the official professional title he had to go through the whole registration procedure which turned out to be a long ("3-4 years") process due to the fact that the university program in PL at the time of the interviewee's studies was not in line with contemporary UK curriculum. In PL he was registered with an association of physiotherapists, but due to the fact that in PL there was no body/authority that regulated this profession at the time, he had to undergo the whole registration procedure in UK again. Since PL entered EU, the educational programme for physiotherapist profession has been unified.

The interviewee's first application was declined. He then appealed to the labour court where he was questioned. The decline of his application for registration was justified with the discrepancies in the curriculum contents and respective qualifications in the two countries. He had to provide full documentation of his university programme, which was costly and time consuming. After his application was approved, he was able to register with the Health Profession Council and obtain membership of the Chartered Society of Physiotherapy.

The registration with the HCPC cost approximately 400 GBP (at that time) and the CSP membership fee, of approximately 160 GBP, is paid every 2 years. This fee can be temporarily suspended if the person is abroad.

Currently, this physiotherapist is self-employed and does not cooperate with the NHS directly; he works in 6 places admitting private patients.

Box 6.5: Actual case: A Danish physiotherapist practicing in the United Kingdom

This physiotherapist received her degree in DK. After obtaining her degree she lived and worked in DK for ten years. During this period, in 2009, she obtained a permanent physiotherapist contract. After that she moved to the UK, around 2011. She explained that the registration with the regulatory body (HCPC) was for her the biggest obstacle to become eligible to work in the UK. She mentioned that the registration process went very slow (estimated period of 6 months up to 2 years). As dispensation for the long waiting time she did not have to fulfil the adaptation period in the UK. This physiotherapist explained that the fact that she had no experience in the British work field made it very hard to find a fulltime job.

She experienced no language barriers or difficulties with the translations of the certified documents because she already did a six months language course in DK and her friends helped her with translating. Because she fulfilled the language criteria, she did not have to do the language tests.

During her registration period, she started a part-time job as a physiotherapist for 3.5 years, now she is fulltime working as physiotherapist.

6.5 Summary of the main findings

Table 6.1 provides an overview of the most commonly seen requirements for scenario 3 in each of the ten MSs, based on the initial mapping and the stakeholder consultation.

Table 11 Overview of most common requirements – scenario 3

Requirements	Requirements in practice	FR	DE	IT	LV	MT	NL	PL	SI	SE	UK
Requirements relating to the physiotherapist as an individual											
Recognition of qualifications	Obligatory	X	X	X	X	X	X	X	X	X	X
	Supplementary training in specific cases		X				X				X
Language knowledge	Proof of language knowledge required (* including Language tests)	X	X*	X	X	X	X	X	X	X	X
Request for registration with regulatory body	Obligatory (number of supporting documents)	7	2								
Registration with regulatory body	Obligatory (number of supporting documents)	16	9	6	5	7	0	8	2	2	5
	Registration/application form	X	X	X	X	X	X	X	X	X	X
Registration in medical database	Obligatory number of supporting documents)	2									
Requirements relating to the place of work											
Location of practice	Imposed								X		
Type of practice available	Self-employment	X							X	X	
	(Specific form of) company	X							X		
Insurance	Obligatory	X	X	X		X	X	X	X	X	X
Business registration	Self-employment registration	X			X			X	X	X	
	Company registration	X		X	X	X	X	X	X	X	X
	Registration with tax authorities	X	X	X	X	X	X	X	X	X	X
Requirements relating to public funding coverage											
Registration for public funding	Contract with NHS/insurance company			X	X		X	X	X		X
	Contract with local authority								X	X	
	Registration for public funding(number of supporting documents)	4	0	0	0	0	1	1	0	0	0
	Referral from physician (primary care)		X			X					X

Note: the blue coloured requirements are only applicable for cross border providers and the non-coloured requirements are non-discriminatory.
** declaration to regulatory body is itself an equally applying requirement, but there are additional required supporting documents for cross-border providers.

Box 6.6 Most common supporting documents

For the registration with the regulatory body a photo identification/proof of identification, a certificate of the competent authority in the own MS and a copy of authorisation to practice. Furthermore a police clearance certificate is necessary in half of the MS. The registration in the medical database requires an original degree certificate and proof of identity. For both the recognition of qualifications and the registration with the regulatory body it is assumed in this study that the proof of identity and evidence of language skills are required in each MS. For an exact overview of the supporting documents, please refer to the categorisation tables in Annex IV.

Table 6.1 illustrates that in all MSs the provision of physiotherapy services is highly regulated, both for cross-border and nationally-qualified professionals. The profession of physiotherapists is regulated in all EU MSs with the exception of Estonia; in Estonia it is not a regulated profession.[73]

The national stakeholder consultation confirmed that the requirements for the recognition of qualifications is arguably the most onerous in terms of fulfilment, and precedes the obligatory registration in the national physiotherapy register (NL) or with a specific regulatory body (other MS). Interestingly, the stakeholder consultation revealed that registration with a national body is still in the establishing phase in SI and so in practice, this has not yet begun.

Based on the results from the initial mapping and the stakeholder consultation it can be concluded that in all MSs the *additional requirements for cross-border providers* are very similar to those for cross-border GPs (scenario 1):

- *Recognition of qualifications*: Cross-border physiotherapists need to have their qualifications recognised. The level of qualifications differs strongly between the MSs and all countries have their own specific qualification systems. As is the case for cross-border GPs (scenario 1), cross-border physiotherapists need to supply multiple supporting documents and may be required to submit (certified) translations of these documents. Moreover, some MSs have imposed additional specific requirements. Also in this scenario the main aim of this requirement seems to be to check if the cross-border professional's qualifications are in line with the education and standards in the host MS;
- *Language requirements:* Table 6.1 shows that language requirements are mentioned for all MSs. However, for physiotherapists official proof of language knowledge an official requirement in only four MSs (DE, FR, LV and SE). In other MSs this is a more practical rather than a formal requirement For more information on language requirements, please refer to Chapter 10;
- *Additional requirements in registration with regulatory body:* with the exception of PL, registration with a regulatory body, or physiotherapy register (NL), is obligatory. Compared to nationally qualified physiotherapists, cross-border professionals typically have to fulfil additional requirements, such as providing additional supporting documents and (certified) translations of these documents.

These additional requirements may create *obstacles* for cross-border physiotherapists to establish themselves and provide physiotherapy services in the host MS. From the national stakeholder consultation it seems that – as is the case in scenario 1 - the *language requirements are considered the main potential obstacle* in this scenario. This was mentioned by three of the four stakeholders that identified obstacles. In addition, this was also flagged as an obstacle by some of the physiotherapists that were interviewed. Other obstacles that were mentioned by several interviewees were *the long waiting*

[73] http://ec.europa.eu/growth/tools-databases/regprof/index.cfm?action=profession&id_profession=1250

time in the registration process, as well as the high costs associated with the *need for providing certified translations*[74].

The additional requirements and potential obstacles for cross-border providers in this scenario are *requirements pertaining to the individual* and *sectoral requirements*. For the *requirements pertaining to the practice (typically cross-sectorial requirements) and to public funding coverage (sectoral requirements)* typically do not discriminate between national and cross-border providers the additional requirements and potential obstacles appear to apply equally to nationally qualified and cross-border professionals. Also for this scenario, it is important to take into account that while the requirements related to the place of work and obtaining public funding might apply equally to cross-border and nationally-qualified physiotherapists, there may be obstacles because requirements are linked to requirements pertaining to the individual. And requirements pertaining to the individual in general provide higher obstacles for cross-border professionals in comparison with nationally qualified professionals.

It is also important to view these results in the context of policy- and legislative reform. This chapter provides an overview of the current state of play for scenario 3; policy- and legislation reforms may alter the outlined requirements and obstacles in the different MS.

First of all, the obstacles for the cross-border mobility of physiotherapists in the EU are expected to decrease as a result of the introduction of the EPC, because this will most likely decrease the number of required supporting documents and certified translations. Moreover, there are several reforms at the MS-level that may impact the potential obstacles

For example, also in this scenario two stakeholders mentioned that the main obstacle in SI is that procedures are currently too long and cost consuming. However, the ongoing healthcare legislation reform is likely to change these procedures, thereby potentially removing one or more of the obstacles that were identified.

In PL, a new bill regulating the profession of physiotherapist has been adopted. This will impact the requirements for physiotherapists in general (e.g. by determining the professional competence based on the level of education and by implementing rules for obtaining the right the practice). However, at this point it is unclear whether it will create or eliminate additional requirements and/or potential obstacles for cross-border providers[75].

In addition, as applies for all scenarios, it is unclear at the moment how the recent decision of the UK to leave the EU, will affect the requirements and the mobility of healthcare professionals.

[74] For more information on resource demands, please see Chapter 9.
[75] DG GROW, Mutual evaluation of regulated professions Overview of the regulatory framework in the health sector on the example of physiotherapists. 29 April 2016.

7 RESULTS SCENARIO 4 – MEDICAL SERVICES LABORATORY

This Chapter presents the results of the initial mapping exercise, the consultation of national stakeholders and actual cases, and additional desk research for Scenario 4:

> *"A medical services laboratory in one MS offering diagnosis services (for example, standard blood sample analysis) in another MS[76]"*

In this scenario, as in scenario 2, it is not the healthcare provider who is moving cross-border, but rather the services itself; the medical services laboratory remains established in the home MS.

Section 7.1 presents the applicable requirements. The results regarding the additional requirements and the potential obstacles for cross-border medical services laboratories are presented in section 7.2 and 7.3 respectively. Section 7.4 presents the results of the consultation of actual cases and the final section of this chapter (section 7.4) presents a summary of the main findings for this scenario, including a tabular overview of

7.1 Applicable requirements

As with scenarios 1 and 3, for the most part, requirements can be distilled into three main types:

- Requirements relating to the individual running the laboratory;
- Requirements relating to the place of work/the laboratory itself; and
- Requirements relating to public funding coverage.

In most cases there are no specific requirements for cross-border medical laboratories, and the application of any regulations to a laboratory abroad is unclear. In the event that the laboratory is contracted by a body within the MS, this body may retain responsibility for their compliance (UK). Most of the source material in this scenario was legislation. National law in some cases provided specific definitions for the activities of laboratories (FR, LV, MT, PL, SI, UK) and otherwise other legislation was used (DE, NL, SE).

On the basis of the source material and consultation of stakeholders it was found that in most MSs legislation does not foresee the provision of services by a cross-border laboratory (DE, IT, LV, MT, PL, SI, SE, UK). Two stakeholders in SI explained that in their MS scenario 4 is not defined in legislation; the law only sets requirements (including a special permit) for laboratory services within SI. Only FR limits the services of cross-border medical laboratories to the analysis phase (meaning pre-analysis and post-analysis must be conducted within FR).

[76] Please note that this scenario focusses on the 'baseline' scenario of a medical services laboratory offering diagnostic services – the identification of specific requirements for further specialisations such as in-vitro diagnostics is beyond the scope of this study.

Requirements relating to individuals

In the case of cross-border provision of diagnostic services, the medical laboratory has to comply with the regulations in the MS in which the patients receiving the diagnostic services reside. This will ensure that patients receive diagnostic data of similar quality from the foreign laboratory in comparison to the local laboratories. This also implies that laboratory professionals need to meet the qualification requirements in the MS in which their patient resides.

The required medical and academic background, as well as the skills, necessary for running a medical services laboratory varies throughout the EU. In most MSs the person running the laboratory must have a relevant qualification either as a medical biologist (FR), physician (DE), physician, specialist medical biochemistry or specialist of medical genetic (SI), doctor, biologist, chemist (IT), medical laboratory scientist (MT), European Specialist in Laboratory Medicine (NL), Laboratory Diagnostician (PL), biomedical scientist, or be someone in possession of "appropriate" competence within the laboratory service sector (LV) or have the "necessary" (unspecified) skills (UK). Important to note here is that laboratory services vary significantly in scope and the competence required is dictated by the scope of the services.

The UK, FR, MT, and NL have further requirements in terms of the individual, such as a criminal check (UK), knowledge of measurement systems (FR), language requirements (FR, NL), and registration with the CPCM (Council for the Professionals complimentary to medicine) (MT).

Requirements relating to the place of work

Laboratories require accreditation by a designated accreditation body (FR, DE, LV, NL, SE), regional authorisation (IT), licencing, admission or registration by central government bodies (MT, NL, PL, SI, SE), and/or registration with a regulator (UK). Equivalent accreditation in another MS may be foreseen (FR). In many cases, ISO standards were cited specifically (DE, FR, LV, NL, SE, UK), and in each case, ISO 15189 was used: requirements for quality and competence in medical laboratories[77,78]. These are mostly applied by the relevant accreditation body (Deutsche Akkreditierungsstelle in DE, Comité français d'accréditation in FR, Raad voor Accreditatie in NL, Swedac in SE and UK Accreditation Service in the UK). ISO 15189 is used in NL by the Netherlands Society for Clinical Chemistry and Laboratory Medicine and in SI for requirements regarding personnel, equipment and quality in the procedure of accreditation for laboratories. In some MSs, additional ISO standards apply. In DE, FR and NL, ISO 22870 was mentioned by the country correspondents. In FR and DE, conformity is assessed with this ISO standard by the accreditation body, whereas in NL, compliance with this ISO standard is a requirement for quality and competence in case of 'Point-of-Care testing' (POCT testing). The national expert for the NL also listed ISO 17011, which sets the quality standard of the accreditation body ('Raad voor Accreditatie'). A further requirement for laboratories in NL is the existence of an ISO 9001 certified quality management system. Please see the table below for further information.

[77] http://www.iso.org/iso/catalogue_detail?csnumber=56115.

[78] Please note that as the questionnaire did not specifically refer to ISO standards, there may be countries where they are used, but have not been identified in the course of Task 1.

Table 12 Identified ISO standards

MS	ISO standard identified for medical laboratories
DE	DIN EN ISO 15189, DIN EN ISO 22870 – the accreditation body Deutsche Akkreditierungsstelle assesses conformity.
FR	NF EN ISO 15189, NF EN ISO 22870 – used by the accreditation body COFRAC, *Comité français d'accréditation*.
LV	LVS EN ISO 15189:2013 – all laboratories will have to comply from 1st January 2016 under Article 185 of Rules of the Cabinet of Ministers of January 20, 2009 No 60 'Rules laying down mandatory requirements for medical institutions and their departments'.
NL	ISO 17011 - accreditation body Raad voor Accreditatie; ISO 15189 – used by NL Society for Clinical Chemistry and Laboratory Medicine; ISO 15189 – required for accreditation (a European Specialist in Laboratory Medicine must be responsible for the diagnostic process); ISO 9001 certified quality management system; ISO 15189 (2012) 'Requirements for quality and competence in medical laboratories'; ISO 15189 (2012) technical requirements; ISO 22870 'Point-of-Care testing requirements for quality and competence'.
SE	ISO 15189 – accreditation required for private medical laboratories by Swedish Board for Accreditation and Conformity Assessment (*Swedac*).
SI	ISO – 15189.
UK	ISO 15189 – used by the UK Accreditation Service, an independent body appointed by the Accreditation Regulations 2009 (SI No 3155/2009) and the EU Regulation (EC) 765/2008.

Two stakeholders in SE indicated the accreditation is not a legal requirement, but more a de-facto practical requirement as regional authorities often mention accreditation of a medical services laboratory as a requirement in procurement processes. The other Swedish stakeholder also noted that the accreditation requirement is governed by the terms laid down in the public procurement specifications.

A stakeholder from LV mentioned that two additional requirements relating to the place of work concern the obligatory registration with the Commercial register of LV and subsequently with the Registry of Medical Institutions.

Requirements relating to coverage by the public healthcare system

Public funding, i.e. either reimbursement or coverage of the health services, for laboratory services may require approval of the laboratory services by a government body (DE, LV, SI), referral by an authorised person (FR, DE, NL, SI), a contract with the county council (SE), or provision of medical services which are on an approved list (FR, DE, NL). In some MSs, laboratory services are typically covered directly through state funding (LV, MT, PL, SE, UK). Additional requirements may apply (PL, NL).

7.2 Additional requirements

In the consultation, the national stakeholders were asked if they think there are any additional requirements for cross-border EU providers (e.g. because

of common practice, 'unwritten rules', or cultural aspects), compared to national providers.

Four stakeholders answered that they do not consider there to be additional requirements for cross-border providers (LV, PL, SE(3) and UK(2)) and another three stakeholders did not answer the question (MT, SE(1) and UK(1). Four stakeholders (DE, SI(1), SI(2) and SE(2)) did identify additional requirements.

One stakeholder (DE) mentioned that the healthcare system is highly regulated, fairly complicated, and has a low level of transparency, which may create additional requirements.

Two other stakeholders (SI(1) and SI(2)) mentioned that the recognition of qualifications (including required supporting documents) is an additional requirement, as well as the state exam, the recognition of foreign specialisations, language requirements, and a work permit issued by the Employment Institute.

The fourth stakeholders that identified an additional requirement for cross-border providers (SE(2) mentioned that diagnostic and treatment tools used by medical professionals in the MS are to a very large extent digitalised and use standard phrases in Swedish, which may pose an additional requirement.

7.3 Potential obstacles

Three stakeholders mentioned that, in their experience, cross-border EU professionals and providers do not face any obstacles in this scenario (MT, UK(1) and UK(2)), as long as the requirements are met (UK(1) and UK(2).

Two other stakeholders (SE(2) and SE(3)) mentioned that they do not expect obstacles in the legal sense, particularly as there are examples of scenario 4 in their MS. However, they expect that there may be practical obstacles as it may be difficult to reach a size that allows a sustainable operation. This may require some sort of organisational link to a hospital or other organisation that can guarantee a stable and sufficient flow of work.

Three stakeholders did not answer, or indicated to be unable to answer, this question (LV, PL and SE(1)) and the other three stakeholders answered "yes". Two of them (SI(1) and SI(2)) consider the too long procedures to be a potential obstacle. The third stakeholder answering "yes" (DE) mentioned multiple potential obstacles, namely:

- The scope of the responsibility of running a practice;
- The required qualification/licence in human medicine with a specialisation in laboratory medicine or medical microbiology (whereas in some other MS a licence in human medicine is not required for running a laboratory); and
- Language barriers that lead to frustrations on both sides.

During the stakeholder review, it was mentioned that the key obstacle in this scenario relates to the professional qualifications of the person running the laboratory because of the high degree of variation in scope and thereby in the required competences. Other aspects that were highlighted as potential obstacles are the process of certification and the costs and fees associated with this, governance and quality requirements of hospital laboratories (as most clinical laboratories are an integral part of hospital structures), and the

need for harmonisation of electronic health record data. Finally, the difficulty in reaching a size that allows a sustainable operation is a potential practical obstacle as this may require a link to a hospital or other organisation, which is.

7.4 Actual cases

An interview was conducted with a senior executive of a medical diagnostic service company that is active in multiple MSs. Box 7.1 provides more information on their experiences.

Box 7.1 Actual case: medical diagnostic service company active in several MSs

Based on the initial mapping of requirement and the national stakeholder review, the main potential obstacle that is expected is related to the recognition of qualifications of the person running the medical laboratory.

The interviewee is a senior executive with experience across regulations, market structure, day-to-day market practices, restrictions and entry barriers of several MSs at one of Europe's leading medical diagnostic service companies.

The interviewee mentioned that the structure and regulation of the healthcare systems, and the position of medical services laboratories within these systems, differ substantially between countries. Each country has different players, a different equilibrium of public and private laboratories and above all national legislation. This influences the way the market operates and as a result, there seems to be a lack of one unified market for medical laboratory services in the EU. As the interviewee is most familiar with the French system, the focus of the conversation was on offering medical laboratory services in FR, both by national as well as cross-border laboratories.

First, the requirements and obstacles that are faced by both national and cross-border laboratories were discussed. The interviewee mentioned that in FR the market for medical laboratory services is highly regulated – more so than in other MSs – bringing increased constraints and complexity to the market. The system is based on local doctors and proximity. It is not possible to deliver from one central location; in order to be a player you need to be local. The interviewee explained that this system is highly protective of local lab doctors, who should have at least 50% of the voting rights of the lab in which they practice. Hence, it is impossible for a private company to really control a medical laboratory in FR, as it can only hold up to 49.9% of the capital shares and voting rights. Moreover, if the owner of a French laboratory company is not a laboratory company itself, or a lab doctor, it can only own up to 25% of the capital shares and voting rights. This creates obstacles for providing of medical laboratory services, both for national and cross-border providers.

In addition, there are territorial restrictions that create an obstacle for providing laboratory services in the French market. FR is broken down in approximately 100 "healthcare territories" and one company can operate in only three territories. If in a fourth adjacent territory there is already one other accredited lab active, you cannot collect from third party providers in that territory. This is why there are so many different labs in FR. The interviewee however mentioned that to his knowledge this specific piece of law has never really been enforced.

A third barrier relates to the fact that competition on price is not allowed, which makes it hardly feasible to attract customers by price differentiation. The main rationale is that prices are set by Social Security (also the payer) at an appropriate level to ensure quality and sustainability of service. There is thus no justification for increasing or reducing prices. Differentiation, other than that by accumulated reputation is thus forbidden (e.g. pricing, advertising,…).

A ruling of the General Court confirms that the competent authorities restricted the competition on the laboratory markets.

Looking specifically at the opportunities for cross-border laboratories to offer services in FR, the interviewee considers there are three ways to do this:
1. Acquiring French laboratories;
2. Establishing a laboratory close to the French border and chasing third party business; or
3. Working as a subcontractor for a French laboratory.

For option 1, the same barriers apply as for the national laboratories, as outlined above. In case of option 2, the laboratory may additionally run into difficulties when trying to receive reimbursement. For option 3, subcontracting, there is a ceiling in place: a French laboratory can outsource only up to 15% of its business, so 85% needs to stay in the local laboratory. The interviewee mentioned that compared to other countries, FR is rather flexible in terms of foreign subcontracting. The difficulty for foreign labs to be eligible for subcontracting is however that FR has raised the bar for quality standards. Only four other countries – DE, LU, BE and UK - are considered as imposing, to their national players, the same level of quality standards than FR does on its own nationals.

Any lab from those countries can operate and be reimbursed without any requirement for additional authorisation. Laboratories from other MSs may need to prove that they have the same quality level, which requires full ISO 15189 accreditation and a case review by a commission. This commission needs to formed at the time of an application, which may create a barrier because of the expected waiting time for obtaining the authorisation.

The interviewee mentioned that most of the existing barriers are the result of historical legislation. Given these barriers, the interviewee considers that it is almost impossible to open a new lab in FR, including for nationals. He mentioned that there seems to be a fear of changing the system, and therefore the status quo is supported. In addition, he noted that the regulation, under the justification of protecting the patients, is before all protective of the (incumbent) biologists, sometimes losing sight of the patient interest, in particular in the long-term funding of care and the stimulation of innovation.

The high level of regulation of the market for medical laboratories, and resulting (entrance) barriers, apply to all national and cross-border providers. On the positive side, transparency of requirements is not a problem, as this is all documented in public law.

Additional requirements for cross-border providers are the required level of quality standards in case of subcontracting and the potential difficulties in obtaining reimbursement when established outside the French borders.

7.5 Summary of the main findings

Table 7.2 provides an overview of the most common requirements for scenario 4 in each of the ten MSs, based on the initial mapping and the stakeholder consultation.

Table 13 Overview of most common requirements – scenario 4

Requirements	Requirements in practice	FR	DE	IT	LV	MT	NL	PL	SI	SE	UK
Requirements relating to the individual running the laboratory											
Requirements applying to individuals	Specialisation specific to laboratory	X	X	X	X	X	X		X	X	
	Obligatory registration (as specialist) (number of supporting documents)					5	4	3	4		6
	Proof of language knowledge required	X	X	X	X	X	X	X	X	X	X
	Adherence to code of conduct (insurance)					X	X				
	Knowledge of measurements	X							X		X
Requirements relating to the place of work											
Registration with regulatory body	Accreditation (or accreditation equivalence or administrative authorisation	X	X	X	X	X	X		X	X	X
	Registration with the Health inspectorate				X						X
	Registration in the Commercial Register				X						
	Licencing by public health authority				X	X	X		X	X	
	Statement of purpose										X
Requirements relating to public funding coverage											
Registration for public funding	Prescription/referral from authorised person	X									
	Inclusion on public reimbursement list	X									
	Permission to get on fee schedule		X								
	Contract with NHS/insurance company			X	X	X	X		X	X	X
	Contract with local authority									X	
	Contract with service provider							X			
	Compliance with tariff set by authority						X				

Note: the blue coloured requirements are only applicable for cross border providers and the non-coloured requirements are non-discriminatory.

Box 7.1 Most common supporting documents

The supporting documents necessary for the registration of the professional running the laboratory include proof of identity, a criminal record check, the recognition and evidence of qualifications, evidence of language skills and previous references and employment. For an exact overview of the supporting documents, please refer to the categorisation tables in Annex IV.

Table 7.2 illustrates that in many MSs, there are no specific requirements for cross-border providers: in eight out of the ten MSs, scenario 4 is not defined by law (DE, IT, LV, MT, PL, SI, SE, UK).

Based on the results from the initial mapping and the stakeholder consultation, it can be concluded that the *additional requirements for cross-border providers* vary between MSs, and include:

- Requirements for the individual related to *recognition of qualifications and specialisation*: in some MSs, the individual running the medical services laboratory providing services to patients in the host MS needs to have their qualifications and specialisation recognised in that MS. This may require them to provide supporting documents as well as (certified) translations of these documents. The required qualifications will depend on the MS as well as the scope of the services to be provided;
- *Language requirements*: Table 7.2 shows that in all MSs there are language requirements for the individual running the laboratory. In some MSs this is however more a practical rather than a formal requirement, e.g. in SE, where many treatment and diagnostic tools are digitalised and the use of basic Swedish sentences is required for operating these systems. For more information on language requirements, please refer to Chapter 10.

These additional requirements may create *obstacles* for medical services laboratories wishing to provide cross-border services. Based on the results of the national stakeholder consultation, it can be concluded that in this scenario mainly practical obstacles, rather than formal obstacles, are to be expected. This includes the *language requirements*, but also the fact that *procedures are currently too long and complicated*. Another identified practical obstacle is the *combination of high complexity and low transparency* in the healthcare system: this may also create obstacles for medical services laboratories established in that MS, but are most likely higher for cross-border providers. In addition, for this scenario the harmonisation of electronic health record data is an important aspect that may create an obstacle. Finally, the difficulty in *reaching a size that allows a sustainable operation* is a potential practical obstacle as this may require a link to a hospital or other organisation, which is likely more difficult to establish for cross-border than for national providers.

A formal obstacle that was identified is the fact that *qualifications to run a medical services laboratory differ between MSs*, and therefore someone may be eligible to run a laboratory in the home MS, but not in the MS were he or she wishes to provide cross-border services.

The additional requirements and potential obstacles for cross-border providers in this scenario are all *sectoral requirements.* Most of these are also *requirements pertaining to the individual,* and some are *pertaining to the practice.* In comparison with other scenarios, the number of additional requirements for cross-border providers in scenario 4 appears to be rather limited. The *requirements pertaining to public funding coverage (sectoral requirements)* appear to apply equally to nationally qualified and cross-border providers. However, as mentioned in the other scenarios, these requirements may still create obstacles because of (indirect) links with other additional requirements.

As for other scenarios, policy and legislative reforms such as the ongoing health system reform in SI and the decision of the UK to leave the EU are likely to impact the requirements and the potential obstacles in this scenario. For SI, it is to be expected that procedures become less complex and less time-consuming. The impact of the Brexit is at this point unclear. Alongside these more general reforms, there may also be policy discussions at the national level relating to this scenario. This is for example the case in SE, where there is ongoing discussion on the added value of accreditation of medical service laboratories; currently this is not a formal requirement in SE for a licence, but it is a de-facto requirement in tender procedures.

8 RESULTS SCENARIO 5 – SUBSIDIARY HOSPITAL

This Chapter presents the results of the initial mapping exercise, the consultation of national stakeholders and actual cases, and additional desk research for Scenario 5:

"A hospital wishing to open a subsidiary branch in another MS"

Section 8.1 presents the applicable requirements. The results from the stakeholder consultation regarding the additional requirements and the potential obstacles for cross-border physiotherapists are presented in section 8.2 and 8.3 respectively. Section 8.4 presents the results of the consultation of actual cases and the final section of this chapter (section 8.5) presents a summary of the main findings for this scenario, including a tabular overview of requirements.

8.1 Applicable requirements

For scenario 5 there are two broad types of requirements:

- Requirements relating to the place of work; and
- Requirements relating to coverage/funding by the public healthcare system.

Requirements relating to the individual are not applicable in the subsidiary hospital setting.

Requirements relating to the place of work

The results of the initial mapping indicate that hospitals may be managed either regionally (FR, DE, IT, PL, SE) or centrally (LV, MT, NL, SI, UK). Seven of the ten MSs studied provide for the possibility of subsidiary hospitals. Otherwise, the issue seems to be simply not addressed, rather than expressly prohibited. None specify a particular required legal form, though some legal forms are more typical i.e. legal "subsidiary" (LV), limited company (SI, UK). In some MSs, a not-for-profit can be established (FR, DE, IT, NL). Many hospitals are set up under standard private company law, requiring registration with a commercial authority. In PL, hospitals can also be opened and run by foundations, associations and churches. There are no requirements that apply specifically to cross-border providers, though in practice, some legal forms may be more difficult for cross-border providers to fulfil. Only DE has regional requirements; in all the other MSs the requirements are set at the central level.

In terms of permission to open a subsidiary, authorisation from a government body must be granted in all MSs, along with a fee to register as a business. In PL, additional standardisation obligations may apply where the hospital has a contract with the National Health Fund. Professional or liability insurance is required in only five MSs (MT, PL, SE, SI and UK). By and large, standard company law applies due to the fact that most of the subsidiary hospitals are set up as private businesses. Some MSs (PL, SI and UK) require registration with a regulatory body, and/or with a professional body (LV, NL and UK).

Requirements relating to public funding

The most common requirement for receiving public funding. i.e. healthcare supported by the state/health insurance system, is to enter into a contract with the public health services or the health insurance system. For example, by setting-up a public hospital (IT, LV, NL, PL, SE, UK) or a state hospital (MT), or by treating patients affiliated to the public insurance scheme (FR, DE, PL). In addition, a stakeholder explained that in LV, the certification of medical care establishments and their subsidiaries is a voluntary process, but certification makes them eligible for preferential contracts with the NHS.

8.2 Additional requirements

In the consultation, the national stakeholders were asked if they think there are any additional requirements for cross-border EU professionals and providers (e.g. because of common practice, 'unwritten rules', or cultural aspects), compared to national providers.

Four stakeholders answered the questions with "no" (DE, NL, LV PL(1)); two (UK, SE) did not provide an answer. The other stakeholder (PL(2)) answered "yes", but did not further specify.

8.3 Potential obstacles

Three stakeholders (DE, NL, LV) explicitly answered that, in their experience, cross-border providers do not face any obstacles in this scenario. Three stakeholders did not answer this question (UK, PL(2) and SE) and one stakeholder (PL(1)) mentioned that they do not have any knowledge about potential obstacles for cross-border providers.

8.4 Actual case

The study had difficulties in identifying actual cases for scenario 5 that were willing to participate in the consultation. An interview was conducted with a private Polish medical centre providing healthcare services in the UK are presented in Box 8.1. Although this case is not exactly an example of a hospital setting-up a cross-border subsidiary, it is relevant to the study as it concerns a non-national EU provider providing services in another MS, and therefore provides insights into requirements that subsidiaries would also face.

Box 8.1: Actual case: a private PL medical centre providing healthcare services in the UK

Based on the initial mapping of requirements and the national stakeholder review, not many additional requirements or obstacles are expected for cross-border private medical centres to provide healthcare services in the UK, compared to national private medical centres.

The company was registered in 2009. They provide specialist medical services by doctors with various specialisations (GP, dentist, paediatrician, gynaecologist, surgeon, urologist). The centre is owned by a Polish surgeon, who has been registered in the British General Medical Council since 2004. The centre employs Polish doctors, who are on self-employment contracts.

The centre is registered in HM Revenue and Customs (HMRC) and with the Care Quality Commission (CQC). Any person (individual, partnership or organisation) who provides regulated healthcare activities in England must be registered with these organisations otherwise they commit an offence. In order to become operational the centre had to fulfil many requirements imposed by CQC related to location, services provided, doctors etc. The costs of QCC inspections are covered by an annual fee, which can be paid in monthly (or other) instalments. The interviewee was not able to quote the exact amount, though she does not perceive it to be very high. The inspections, on the other hand, were perceived as troublesome and time consuming because the check encompasses various spheres of the centre's work: ethical treatment of patients, involvement of the patients in the whole treatment process, data protection, documentation etc.). The first inspection is carried out within the first year of operation of a newly established healthcare provider. This inspection takes the form of a visit of a "mystery shopper" or an official control. If any negligence is identified, then a deadline is given for improvement.

The doctors who work in the centre are registered either with the General Medical Council or General Dental Council, and they bear the related costs themselves. Each year they have to undergo "appraisal" (paid by the doctors) and every 5 years "revalidation" (also paid by the doctors).

The centre does not have a contract with the NHS; they treat private patients. However, they have some relations with the NHS in cases where they treat patients with laboratory tests from the NHS, or where the centre recommends that a certain patient should be further treated in a NHS hospital.

8.5 Summary of the main findings

Table 8.1 provides an overview of the most commonly seen requirements for scenario 5 in each of the ten MSs.

Table 14 Overview of most common requirements – scenario 5

Requirements	Requirements in practice	FR	DE	IT	LV	MT	NL	PL	SI	SE	UK
Requirements relating to the place of work											
Legal form available	Not-for-profit subsidiary	X	X	X			X				
	For-profit subsidiary	X	X	X			X				
	Company				X	X		X	X	X	X
Authorisation / licensing	Obligatory authorisation from government body	X	X	X	X	X	X	X	X	X	X
	Compliance check	X		X			X				X
	Compliance with organisational rules		X					X			X
Insurance	Professional/liability insurance					X		X	X	X	X
Business registration	Company law	X		X	X	X	X		X		X
	Business registration stems from authorisation/licensing		X					X		X	
Other registrations	Registration with regulatory body							X		X	X
	Registration with tax authorities	X	X	X	X	X	X	X	X	X	X
	Registration with professional body				X		X				X
Requirements relating to public funding coverage											
Public funding	Proof of authorisation form government body	X									

Requirements	Requirements in practice	FR	DE	IT	LV	MT	NL	PL	SI	SE	UK
	Compliance with public tariff for specific types of healthcare services	X					X				
	Being included in a Hospital Plan		X								
	Entering into agreement with public healthcare services		X	X	X	X	X	X		X	X
	Patient's affiliation to public healthcare system	X	X					X			
	Becoming a concessionaire								X		
	Registration code (AGB) for hospital						X				
	Not-for-profit public/state hospital subsidiary			X	X	X	X	X		X	X

* Therapeutic entity (can also be an entrepreneur).
Note: no colour coding is used in this table as all requirements are non-discriminatory.

Table 8.1 illustrates that in all MSs the requirements in scenario 5 apply equally to both national and cross-border providers; no requirements specifically for cross-border providers have been identified.

Based on the analysis it can be concluded that there are *no additional requirements for cross-border providers* in scenario 5.

In addition, none of the stakeholders identified *potential obstacles* in this scenario. Although there may not be any obstacles specific to this scenario, providers wishing to set-up a subsidiary branch of a hospital in another MS may still face more general, and practical, obstacles. For example, a cross-border subsidiary may experience difficulties in navigating the complex and highly regulated healthcare system in another MS. In addition, as is the case for scenario 4, the harmonisation of electronic health record data is an important aspect in the provision of trans-border diagnostic services.

It is important to note that in practice, scenario 5 most likely takes the form of a take-over of an already existing facility, rather than a subsidiary hospital being built from scratch. This may reduce the already limited potential barriers, particularly when staff is retained after the take-over as they are familiar with the applicable requirements and the healthcare system in that MS. In addition, stakeholders noted that this scenario likely applies most in the private sector and that the competitive nature of the private sector may explain why there are limited obstacles.

Stakeholders also agreed that there does not appear to be a strong economic driver for hospitals to expand cross-border. In cross-border healthcare, for hospitals the focus is on collaboration across borders rather than on mobility. In addition, it was mentioned that while there may not be an (economic) incentive for opening public cross-border subsidiaries, establishing private specialised centres abroad may be beneficial because of technological drivers (e.g. linked to economies of scale).

9 RESOURCE DEMANDS

This chapter presents the results on resource demands (i.e. monetary costs and time) per scenario.

As outlined in the previous chapters, the requirements for the scenarios can be broadly divided into three types:

- Requirements relating to the individual;
- Requirements relating to the place of work; and
- Requirements relating to public funding coverage.

For each of the scenarios relating to the three types, the results with regard to the resource demands are presented per type of requirement.

As described in the methodology (Chapter 3), the following indicators are used to compare the resource demands per scenario across MS:

- Recognition of qualifications: the number of supporting documents, the estimated number of certified translations, a fee and waiting time.
- Language requirements: required language level, required tests, as well as an indication of the costs per hour and study hours necessary to retrieve the language knowledge.
- Registration with regulatory body: time spent on application form, the number of supporting documents, the estimated number of certified translations, a fee and waiting time.
- Business registration: a fee for the company registration, the tax registration separate from the company registration.
- Public funding: stems from registration with a regulatory/professional body.

A detailed description of the most important indicators is presented in table 9.1. The indicators are grouped based on the following measurements: EUR, days[79], no. of documents, estimated no. of certified translations, no. of pages of the application form and efficiency[80]. This grouping is made in order to compare the resource demands per scenario across MS. The costs and times used for the indicators are based on the highest ranks/margins given. Furthermore, time is indicated on a day basis in order to compare time indicators easily.[81]

Table 15 Indicators

Requirement	Indicator	Measurement	Range
Recognition of qualifications	Costs of recognition of qualifications	EUR	0 – 494
	Waiting time	Months	0.75 – 24
	No. of supporting documents	Documents	1 – 7
	Estimated no. of certified translations	Documents	0 – 4

[79] Based on the general assumption of 28 days in a month and 8 hours per day in case information is delivered in another format.

[80] Efficiency is measured with a dummy (0 for efficient, 1 for in-efficient).

[81] Months are translated to days based on 4 weeks a month and 7 days a week. Days are based on 8 hours a day.

Evidence of sufficient language knowledge	Costs for language knowledge (per hour)	EUR	6 – 15
	Time for language knowledge	Hours	480 – 1,320
	Costs for the language test	EUR	95 – 275
Request for registration with the regulatory body	No. of supporting documents	Documents	2 – 7
	Estimated no. of certified translations	Documents	1 – 2
Registration with the regulatory body	Costs of registration	EUR	20 – 538
	Waiting time	Months	0.5 – 4
	No. of supporting documents	Documents	0 – 16
	Estimated no. of certified translations	Documents	0 – 4
Registration with specialist register	Costs of registration	EUR	0 – 2,000
	Waiting time	Weeks	1 – 144
	No. of supporting documents	Documents	2 – 5
Company registration	Fee/costs for company registration	EUR	0 – 310
	Waiting time	Days	1 – 70
Certificate to open practice (self-employment)	Costs of certificate	EUR	24 – 221
	Waiting time	Months	1 – 10
Insurance	Costs of insurance	EUR	0 – 800
Registration with tax authorities	Costs for registration	EUR	0 – 100
	Waiting time	Days	1 – 365
	No. of supporting documents	Documents	0 – 4
	Registration with tax authorities stems from business registration	Efficiency ranging from 0-1 (1 indicates 'separate tax registration required')	0 – 1
Registration for public funding	No. of supporting documents	Documents	0 – 4
	Estimated number of certified translations	Documents	0 – 1
	Registration for public funding stems from registration with a regulatory/professional body	Efficiency ranging from 0 – 1 (1 is separate from regulatory body)	0 – 1

For every indicator the source of information for each value is denoted with a superscript, where:

1. Refers to information in the country fiche (Annex III);
2. Refers to information received during the stakeholder consultations and/or review;
3. Refers to information on costs and duration of language courses (sources provided in the Reference List);
4. and up, refers to information received from desk research.

9.1 Scenario 1

This section presents the results of the data collection on resource demands (time and costs to fulfil the requirements) for scenario 1:

"a GP/family doctor wishing to set up a practice in another MS to offer standard GP services to patients"

As discussed in Chapter 4, the requirements for scenario 1 can be broadly divided into three types:

- Requirements relating to the GP as an individual;
- Requirements relating to the place of work; and
- Requirements relating public funding coverage.

The results with regard to the resource demands in scenario 1 are presented per type of requirement.

Requirements relating to the GP as an individual

The first scenario relates to the costs for a GP setting up a practice in another MS. Table 9.2 presents the collected information on costs (in EUR) and time demands for the requirements related to the individual. For every indicator the source of information for each value is denoted with a superscript, where:

1. Refers to information in the country fiche (Annex III);
2. Refers to information received during the stakeholder consultations and/or review;
3. Refers to information on costs and duration of language courses (sources provided in the Reference List);
4. and up, refers to information received from desk research.

The analysis in Chapter 4 indicated that for scenario 1, the additional requirements for cross-border providers specifically relate to the recognition of qualifications, language requirements and the registration with the regulatory body.

Because most of these requirements are applicable in all MSs, a comparison across MSs will be provided, based on the identified data and relevant indicators. As presented in the table, this includes:

- The recognition of qualifications (all MSs);
- Registration with specialist register (MT, NL, UK);
- Obligatory registration with the regulatory body (all MSs); and
- Requirements relating to language knowledge (all MSs).

Table 16 Resource demands of the most common requirements relating to the GP as an individual – scenario 1

Requirements	Type of resource demands	FR	DE	IT	LV	MT	NL	PL	SI	SE	UK
Requirements relating to the GP as an individual											
Recognition of qualifications	Costs	NIA	€150[BA1,2] €230-460[BR1,2]	NIA			€0[82]	€13[1,2]	€430+ €63.60 (exam) [1,2] Specialised degree € 234 + € 1613 (exam) [1,2]	€0[1,2]	NIA
	Waiting Time (months)	Max 4[1,2]					Max 3[1,2]	NIA	24[1,2]	NIA	
	No. of supporting documents	2[1,2]	7[1,2]	4[1,2]	4[1,2]	5[1,2]	4[1,2]	6[1,2]	5[1,2]	4[1,2]	2[1,2]
	Estimated no. of certified translations	1	4	1	1	2	1	3	3	3	1

[82] https://www.bigregister.nl/registratie/meteenbuitenlandsdiploma/procedure/

Requirements	Type of resource demands	FR	DE	IT	LV	MT	NL	PL	SI	SE	UK
Requirements relating to the GP as an individual											
Registration with specialist register	Costs					€ 2,000 for exam[1,2]	€ 522 [83]				€ 0[1,2]
	Waiting Time (weeks)					144[1,2]	16[1,2]				1[1,2]
	No. of supporting documents					2[1,2]	5[1,2]				5[1,2]
	Estimated no. of certified translations					1	1				1
Evidence of sufficient language knowledge	Level	*	C1	*	C1	*	*	*	*	*	*
	Costs for language test		€275 [BR1,2]					€95[1,2]			€190-250[1,2]

[83] https://www.knmg.nl/opleiding-herregistratie-carriere/herregistratie/procedure-tarief.htm

Requirements	Type of resource demands	FR	DE	IT	LV	MT	NL	PL	SI	SE	UK
Requirements relating to the GP as an individual											
	Indication Costs per hour	€15[3]	€9[3]	€12[3]	€ 6[3]	€12[3]	€ 12[3]	€12[3]	€13[3]	€13[3]	€11[3]
	Indication Time (hour)	720[3]	1320[3]	720[3]	1100[3]	700-800[3]	720[3]	1320[3]	1100[3]	720[3]	700-800[3]
Registration regulatory body	Costs	€160 (reregistration €320)[1,2]	€150[BA1,2] €230-460[BR1,2]	€168-324[1,2]		NIA	€85[1,2]	€20[1,2]	NIA		€113-538[1,2,84]
	Waiting Time (months)	NIA	3[1,2]	Max 2[1,2]	NIA			1[1,2]	NIA		Max 3[1,2]
	Additional fee for SHI GP's		€400[1,2]								
	Total no. supporting documents	6[1,2]	9[1,2]	4[1,2]	2[1,2]	6[1,2]	0[1,2]	6[1,2]	9[1,2]	3[1,2]	2[1,2]

[84] http://www.gmc-uk.org/doctors/fees.asp

Requirements	Type of resource demands	FR	DE	IT	LV	MT	NL	PL	SI	SE	UK
Requirements relating to the GP as an individual											
	Estimated no. of certified translations	2	2	1	0	2	0	2	2	1	0
Other requirements relating to GP	Costs		Registration with association of public GP's € 100[1,2]								Registration with the Care Quality Commission €164-656/year[1,2]
Secondary school certificate/educational institution certificate	Estimated no. of certified translations								1		

*Sufficient language knowledge: The estimated resource demands for a language course assume that somebody with no knowledge of the language needs to attain level C1. If a cross-border provider is already fluent in the language or has at least basic knowledge, these costs may be lower or even non-existent.
BA= Bavaria, BR= Brandenburg, NIA = No information available

<u>Recognition of qualifications</u>
The relevant indicators for this requirement are:

- *The costs for the recognition of qualifications*
  - Ranging from 0 EUR (NL and SE) to 494 EUR (SI).
- *The total number of documents necessary for the recognition of qualifications*
  - Ranging from 2 (FR and the UK) to 7 (DE).
- *The total number of certified translations necessary for the obligatory registration*
  - Ranging from 1 (FR, IT, LV, NL, UK) to 4 (DE).

The variation in the total number of documents required is substantially larger than the variation in the number of certified translations that is required. Based on these indicators, the expected resource demands associated with the recognition of qualifications are lowest for the UK and FR and highest for DE when considering respectively the total number of documents and the number of certified translations. Estimated costs related to certified translations are 30-80 EUR per page.

As recognition of qualifications is an additional requirement for cross-border professionals, so are the associated resource demands.

Registration in the specialist register

With regard to the requirement for registration in the specialist register, costs and waiting time were identified for three MSs (MT, NL, UK).

The three relevant indicators for this requirement are:

- *Fee for registration in the specialist register*
  - Ranging from 0 EUR (UK) to 2000 EUR (MT)
- *(Training/Waiting) Time for registration in the specialist register*
  - Ranging from 10 days (UK) to approximately 1008 days (MT).
- *The total number of supporting documents necessary for the registration with the regulatory body*
  - Ranging from 2 (MT) to 7 (NL) documents.

Registration with the regulatory body

With regard to the requirement for registration with the regulatory body, costs and waiting time were identified for five MSs (DE, IT, NL, PL and UK).

The four relevant indicators for this requirement are:

- *Fee for registration with the regulatory body*
  - Ranging from 20 EUR (PL) to 538 EUR (UK)
- *Waiting Time for registration with the regulatory body*
  - Ranging from 28 days (PL) to approximately 112 days (NL).
- *The total number of documents necessary for the registration with the regulatory body*
  - Ranging from 0 (NL) to 9 (DE) documents.
- *The total number of certified translations necessary for the obligatory registration with the regulatory body*
  - Ranging from 0 (LV, NL, UK) to 2 (DE, FR, MT, PL, SI) documents.

These indicators illustrate that there is substantial variation between MSs in terms of the required fee, waiting time and number of (certified) documents for the registration with the regulatory body. Based on these indicators, the expected resource demands associated with the registration at the regulatory body are higher in DE, FR, MT, PL, SI compared to the other MS. In the UK especially, the indicators relating to the costs and waiting time of the registration is high, whereas the required documents are less in number compared to the other MS. Interesting to note is that DE seems to be the only MS where the fee for both the recognition of qualifications and the registration with the regulatory body are relatively high.

Language knowledge

The relevant indicators for this requirement are:

- *The costs for the language course*

    - Ranging from approximately 6 EUR per hour (LV) to approximately 15 EUR per hour (FR)
- *The costs for the required language test*
    - Ranging from 95 EUR (PL) to 275 EUR (DE)
- *The time of the language course*
    - Ranging from 90 days (FR, IT, NL, SE) to 165 days (DE and PL).

Language requirements are considered to be one of the main obstacles in scenario 1. The table shows that language requirements apply in all MSs and are associated with substantial resource demands.

Requirements relating to the place of work

Table 9.3 provides information on the costs and (waiting) time associated with each requirement relating to the place of work in scenario 1. For every indicator the source of information for each value is denoted with a superscript, where:

1. Refers to information in the country fiche (Annex III);
2. Refers to information received during the stakeholder consultations and/or review;
3. Refers to information on costs and duration of language courses (sources provided in the Reference List);
4. and up, refers to information received from desk research.

As discussed in Chapter 4, all these requirements apply equally to national and cross-border providers.

Table 17 Resource demands of the most common requirements relating to the place of work – scenario 1

Requirements	Type of resource demands	FR	DE	IT	LV	MT	NL	PL	SI	SE	UK
Requirements relating to the place of work											
Insurance	Costs	NIA				NIA	€800[1,2]	NIA			€72[1,2]
Contribution to national damages fund	Costs	€15-25[1,2]									
Company Registration	Costs	€50[1,2]	NIA				€50[1,2]	€0*-100**[1,2,85]	NIA		€0[1,2]
	Waiting time (days)	5 max[1,2]	NIA					1*-30**[1,2]	NIA		14[1,2]
Registration with public authorities	Costs & waiting time		NIA							NIA	
Registration with tax authorities (stems from business registration)	Costs	NIA		€100 [1,2]	NIA			€0[1,2]	NIA		
	Time	NIA		1 day	NIA			7 days [1,2]	NIA		
	Efficiency	0[1,2]	1[1,2]	1[1,2]	0[1,2]	1[1,2]	0[1,2]	1[1,2]	1[1,2]	1[1,2]	1[1,2]
Organisational rules/ quality requirements	Costs							€24 p/month[1,2]			
Permit to perform health services	Costs								€221 [1,2]		
	Waiting time (months)								2[1,2]		

*registration in Central Registration and Information on Economic Activity (CEIDG), **Registration in Registry on Entities Performing Medical Activity run by regional authorities, NIA = No information available

[85] https://www.biznes.gov.pl/poradnik/-/scenariusz/94-GABINET_LEKARSKI_T

For most MSs, no information on time and cost was identified for the majority of the requirements (presented in the table as 'NIA', 'No information available'). The requirements for which it was possible to identify resource demands for one or more MSs include:

- Insurance (NL, UK);
- Contribution to national damages fund (FR);
- Company registration (FR, NL, PL, UK);
- Registration with tax authorities (stems from business registration) (all MS);
- Organisational rules/quality requirements (PL); and
- Permit to perform health services (SI).

For those requirements where information for multiple MSs is available, t a comparison across MSs is presented, based on the identified data and relevant indicators.

Insurance

Data on the costs for insurance was collected for NL and UK.

The relevant indicator therefore is;

- *Fee for insurance*
  - Ranging from 72 EUR (UK) to +/- 800 EUR (NL)

The indicator shows that the costs for liability insurance are particularly high in NL compared to the UK.

Company registration

Data on costs for the company registration was collected for four MSs, and waiting time associated with the company registration was identified for three out of the four MSs.

The relevant indicators therefore are:

- *Fee for company registration*
  - Ranging from 0 EUR (UK) to 100 EUR (PL)
- *Waiting time for company registration*
  - Ranging from 5 days (FR) to approximately 30 days (PL).

These indicators show differences between MSs especially in terms of waiting time. For both indicators PL has the highest value, which suggests that among the MSs for which information on these indicators is available, this requirement is most burdensome in terms of resource demands in PL.

Registration with tax authorities

Data on the efficiency of registration with tax authorities was collected for all MSs.

The relevant indicators therefore are;

- *Efficiency (0-1) of registration with the tax authorities, because registration with the tax authority stems from business registration*
  - Ranging from 0 (efficient – FR, LV, NL), to 1 (inefficient – DE, IT, MT, PL, SI, SE, UK).

Requirements relating to the place of work apply equally to national and cross-border providers, with no additional resource demands imposed on cross-border providers.

Requirements relating to public funding

Table 9.4 provides the costs and (waiting) time associated with each requirement relating to public funding coverage in scenario 1. For every indicator the source of information for each value is denoted with a superscript, where:

1. Refers to information in the country fiche (Annex III);
2. Refers to information received during the stakeholder consultations and/or review;
3. Refers to information on costs and duration of language courses (sources provided in the Reference List);
4. and up, refers to information received from desk research.

As discussed in Chapter 4, all these requirements apply equally to national and cross-border providers.

Table 18 Resource demands of the most common requirements relating to public funding coverage – scenario 1

Requirements	Type of resource demands	FR	DE	IT	LV	MT	NL	PL	SI	SE	UK
Requirements pertaining to public funding coverage											
Pre-registration waiting list	Costs & waiting time				NIA						
Enter into contract with healthcare system	Costs	NIA			NIA		NIA	€0[1,2]	NIA		€33-56[1,2]
	Waiting time	NIA			NIA		NIA	Min.1 month[1,2]	NIA		
Public funding coverage stems from registration with association of public GP's	Costs & waiting time		NIA								
Public funding coverage stems from registration with regulatory body	Costs & waiting time			NIA							
Recognition of specialist degree/registration with specialist register *(requirement relating to public funding and to the individual)*	Costs					€2,000 for exam[1,2]	€522[1,2]		€234 (test €1613) [1,2]		
	Time					3 years for specialist education[1,2]	Max. 4 months waiting time[1,2]		Max. 24 months[1,2]		
Being employed in the public sector	Costs					NIA			€0[1,2]		
	Waiting time					NIA			NIA		
Registration with local social security fund	Costs &	NIA									

	Waiting time				
Registration code (AGB) for GP and practice	Costs			€0[1,2]	
	Waiting Time			3-6 weeks[1,2]	
	No. of pages application			4[1,2]	

NIA = No information available

Overall, limited information on resource demands for requirements relating to public funding was identified. The requirements for which it was possible to identify resource demands for one or more MSs include:

- Enter into contract with healthcare system (PL, UK);
- Registration with a specialist register (MT, NL, SI) and whether the registration stems from registration with the regulatory body or association of public GP's (DE, IT).

<u>Enter into contract with healthcare system</u>
Data on costs to enter into a contract with the healthcare system was collected for two MSs (PL and UK). Waiting time associated with this requirement was identified for only one MS (PL).

The relevant indicator for this requirement is:

- *Costs to enter into contract with the healthcare system*
  - ranging from 0 EUR (PL) to 56 EUR (UK)

The range of this indicator is very small because costs and time are not identified for the other MSs for which this requirement is also applicable (FR, LV, NL, SI, SE).

<u>Registration</u>
With regard to the requirement for registration, costs and waiting time were identified for three MSs (MT, NL, SI). Furthermore, it was considered in which MSs registration stems from registration with a regulatory body or association of public GPs (DE, IT).

The relevant indicators for this requirement are:

- *Fee for registration with the specialist register*
  - Ranging from 522 EUR (NL) to 2,000 EUR (MT)
- *Time for registration with the specialist register*
  - Ranging from 112 day (NL) to approximately 1008 days (MT).
- *Efficiency (0-1) of registration because registration stems from registration with a regulatory body or association of public GP's*
  - Ranging from 0 (efficient – DE and IT), to 1 (inefficient – FR, MT, NL, PL, SI, SE, UK).

These indicators illustrate that there is substantial variation between MSs in terms of the required fee and waiting time for the registration in the specialist register. The source of this variation is the differences in the (years of) training and tests required. The training in MT takes a maximum of 3 years compared to 2 years in SI. The efficiency of registration is higher in DE and IT because it stems from registration with a regulatory body or association of public GPs. This is very likely to reduce required resource demands, as well as potential obstacles related to this requirement.

9.2 Scenario 2

This section presents the results of the collection of resource demands (time and costs to fulfil the requirements) for Scenario 2:

"A GP wishing to offer online consultations and ePrescriptions to patients (both private patients, and patients covered by or claiming reimbursement from the public healthcare system) in one MS whilst established in another MS"

As discussed in Chapter 5, the requirements for scenario 2 can be broadly divided into two types:

- Requirements relating to the GP as an individual; and
- Requirements relating to public funding.

The next section presents the available information on the resource demands per type of requirement.

Requirements relating to the GP as an individual

Table 9.5 presents the collected information on costs (in EUR) and time demands for the requirements related to the individuals. For every indicator the source of information for each value is denoted with a superscript, where:

1. Refers to information in the country fiche (Annex III);
2. Refers to information received during the stakeholder consultations and/or review;
3. Refers to information on costs and duration of language courses (sources provided in the Reference List);
4. and up, refers to information received from desk research.

Table 19 Resource demands of the most common requirements relating to individuals– scenario 2

Requirement	Type of resource demands	FR	MT	NL	SE
Requirements relating to the GP as an individual – conditions to provide online consultations					
Existing patient- GP relationship and providing info to patients on online consultations	Costs			0	
Recognition of qualifications (valid licence to practice)	Costs & (waiting) time	Same as in scenario 1 [#]		Same as in scenario 1 [#]	
Registration with regulatory body					
Proof of language knowledge required *					
Requirements relating to the GP as an individual – conditions to provide ePrescriptions					
Identification of prescriber	Costs & waiting time	NIA	NIA		NIA
Integrity/confidentiality of document					
Access to an electronic health record (EHR)				NIA	
Previous clinical exam of patient		NIA			
Rules on denomination of drug			NIA		

Note: Excluded countries due to lack of rules on ePrescriptions and online consultation: DE, IT, LV, PL, SI, UK
*Sufficient language knowledge: The estimated resource demands for a language course assume that somebody with no knowledge of the language needs to attain level C1. If a cross-border provider is already fluent in the language or has at least basic knowledge, these costs may be lower or even non-existent.
[#]The requirements, and associated number of supporting documents, for the recognition of professional qualifications and the registration with the regulatory body are the same as in scenario 1. For more details, please see Chapter 4.
NIA = No information available

The analysis in chapter 5 indicated that for scenario 2 only three out of the 10 selected MSs have rules on ePrescriptions (FR, NL and SE) and four out of the 10 (FR, MT, NL and SE) have rules in place regarding ePrescriptions. The fact that most MSs have no rules in place for this scenario may be considered an obstacle in itself. The requirements for which it was possible to identify resource demands for one or more MSs include:

- Existing patient- GP relationship and providing info to patients on online consultations (NL);
- Recognition of qualifications (valid licence to practice) (FR, NL, SE);
- Registration with regulatory body (FR, NL, SE);
- Proof of language knowledge required (FR, NL, SE).

For those requirements where information for multiple MSs is available, w a comparison across MSs is presented, based on the identified data and relevant indicators.

Registration with regulatory body

Individuals that want to provide online consultations and are qualified as a GP need to register at the regulatory body in FR, NL, SE.

The relevant indicators for this requirement are equal to scenario 1 in FR, NL and SE (Chapter 4):

- *The total number of documents necessary for the obligatory registration*
  - Ranging from 0 (NL) to 6 (FR).
- *The total number of certified translations necessary for the obligatory registration*
  - Ranging from 0 (NL) to 2 (FR).

Hence, the variation in the total number of documents required is bigger than the variation in the number of certified translations that is required.

Based on these indicators, the expected resource demands associated with the obligatory registration with the regulatory body are lowest for NL and highest for FR when considering respectively, the total number of documents and the number of certified translations for these three MSs. However, as said, the fact that most MSs have no legislation or guidance on the conditions to provide online consultations may be considered an obstacle in itself.

Box 9.1 Input from consulted stakeholders

Stakeholders from LV, NL, PL, UK all stated it was impossible to estimate resource demands for scenario 2. Furthermore a stakeholder from SE mentioned that if the healthcare provider is not established in Sweden, there are no legal or administrative requirements. A stakeholder from LV mentioned that there are unduly large fees applicable to start e-practices.

Language knowledge

The relevant indicators for this requirement are equal to scenario 1 in FR, NL and SE (Chapter 4):

- *The costs for the language course*
  - Ranging from approximately 6 EUR per hour (LV) to approximately 15 EUR per hour (FR)
- *The time of the language course*
  - 90 days for all three MSs (FR, NL, SE).

These indicators illustrate that there are no substantial differences in terms of required costs and time to achieve the necessary language knowledge level (based on the assumption that somebody without knowledge of the language needs to attain level C1). Of course, this requirement is not applicable when the healthcare professional already speaks the language, or can be substantially lower when having basic language knowledge.

Requirements relating to public funding coverage

Table 9.6 provides the costs and (waiting) time associated with each requirement relating to public funding coverage in scenario 2. For every indicator the source of information for each value is denoted with a superscript, where:

1. Refers to information in the country fiche (Annex III);
2. Refers to information received during the stakeholder consultations and/or review;
3. Refers to information on costs and duration of language courses (sources provided in the Reference List);
4. and up, refers to information received from desk research.

As discussed in Chapter 5, all these requirements apply equally to national and cross-border providers.

Table 20 Resource demands of the most common requirements relating to public funding coverage – scenario 2

Requirement	Type of resource demands	FR	NL	SE
Requirements relating to public funding coverage – conditions to provide online consultations				
Patient affiliation to public system	Costs & waiting time	NIA		
Obligatory insurance – registration of GP with insurer				
Receipt of declaration from the regulatory body				
Register code (AGB)	Cost		€0	
	Waiting time		3-6 weeks	
	No. of pages application		4	
Requirements relating to public funding coverage – conditions to ePrescriptions				
Patient affiliation to public system	Costs & waiting time	NIA		
Prescription code & Workplace code	Costs & waiting time			NIA
Register code (AGB) for GP	Costs		€0[86]	
	Waiting time		3-6 weeks[87]	
	No. of pages application		4	

Note: Excluded countries due to lack of rules on ePrescriptions, online consultation and public funding: DE, IT, LV, PL, SI, UK.
NIA = No information available

[86] https://www.agbcode.nl/
[87] Idem

Due to the fact that information on the requirements relating to public funding coverage for online consultations and/or ePrescriptions is not available for more than one MS (presented in the table as 'NIA', 'No information available'), no indicators on the resource demands are defined for requirements relating to public funding in scenario 5.

As all of these requirements apply equally to national and cross-border providers, there are no expected additional resource demands for cross-border providers in meeting the requirements relating to public funding coverage.

9.3 Scenario 3

This section presents the results of the collection of resource demands (time and costs to fulfil the requirements) for scenario 3:

"A physiotherapist wishing to establish as an independent practitioner offering physiotherapy services in another MS"

As discussed in Chapter 6, the requirements for scenario 3 can be broadly divided into three types:

- Requirements relating to the physiotherapist as an individual;
- Requirements relating to the place of work; and
- Requirements relating to the public funding coverage.

The results with regard to the resource demands in scenario 3 are presented per type of requirement.

Requirements relating to the physiotherapist as an individual

Table 9.7 provides the costs and (waiting) time associated with each requirement relating to the individual in scenario 3. For every indicator the source of information for each value is denoted with a superscript, where:

1. Refers to information in the country fiche (Annex III);
2. Refers to information received during the stakeholder consultations and/or review;
3. Refers to information on costs and duration of language courses (sources provided in the Reference List);
4. and up, refers to information received from desk research.

Table 21 Resource demands of the most common requirements relating to the individuals – scenario 3

Requirement	Type of resource demands	FR	DE	IT	LV	MT	NL	PL	SI	SE	UK
Requirements relating to the physiotherapist as an individual											
Recognition of qualifications	Costs	NIA			€200[1,2]	NIA	€0[1,2]	€13[1,2]	€50[1,2]	€0[1,2]	NIA
	Waiting Time	NIA			1-3 months[1,2]	3 weeks	Max. 4 months[1,2]	Max. 3 months[1,2]	Max 2 months[1,2]	NIA	
	No. of supporting documents	1	1	1	1	1	5	2	5	6	1
	Estimate no. of certified translations	0	0	0	0	0	1	1	0	1	0
Language knowledge											
Language knowledge	Level	*	B2	*	B2	*	*	*	*	*	*
	Indication Costs per hour	€15[3]	12[3]	€12[3]	€6[3]	€12[3]	€12[3]	€12[3]	€13[3]	€13[3]	€11[3]
	Indication Time (hour)	480[3]	720[3]	480[3]	1100[3]	500-600[3]	480[3]	720[3]	1100[3]	480[3]	500-600[3]
Request for registration with regulatory body											
Request for registration with regulatory body	Waiting time	Max. 4 months[1,2]	NIA								
	No. of	7[1]	2[1,2]								

Requirement	Type of resource demands	FR	DE	IT	LV	MT	NL	PL	SI	SE	UK
	supporting documents										
	Estimate no. of certified translations	2	1								
Registration with regulatory body											
Registration with regulatory body	Costs	NIA	€40-150 BA €45 BR1,2	NIA	€0[2]	NIA	€85[1,2]	€155[1,2]	€30[1,2]	NIA	€257 per/2 years (extra fee €493) [1,2]
	Waiting Time	Max. 4 months[1,2]	NIA		13 days[1,2]	NIA	Max. 4 months[1,2]	NIA	Max. 4 months[1, 2]	NIA	± 5 weeks[1, 2]
	No. of supporting documents	16[1,2]	9[1,2]	6[1,2]	5[1,2]	7[1,2]	0[1,2]	8[1,2]	2[1,2]	0[1,2]	5[1,2]
	Estimated no. of certified translations	4	1	3	0	1	0	2	0	0	0
Registration on medical database	No. of supporting	2[1,2]									

Requirement	Type of resource demands	FR	DE	IT	LV	MT	NL	PL	SI	SE	UK
	documents										
	Estimated no. of certified translations	1									

*Sufficient language knowledge: The estimated resource demands for a language course assume that somebody with no knowledge of the language needs to attain level B1. If a cross-border provider is already fluent in the language or has at least basic knowledge, these costs may be lower or even non-existent.
BA= Bavaria
BR= Brandenburg
NIA = No information available

Because most requirements relating to the physiotherapist as an individual are applicable in all MSs, a comparison across MS is presented, based on the identified data and relevant indicators. As presented in the table, this includes:

- The recognition of qualifications (all MS);
- Request for registration with the regulatory body (FR, DE);
- Obligatory registration with the regulatory body (all MS);
- Requirements relating to language knowledge (all MS);
- Registration in medical database (FR).

For those requirements where information for multiple MSs is available, a comparison across MSs is presented, based on the identified data and relevant indicators.

Recognition of qualifications

The relevant indicators for this requirement are:

- *The costs for the recognition of qualifications*
  - Ranging from 0 EUR (NL and SE) to 200 EUR (LV).
- *The (maximum) waiting time for the recognition of qualifications*
  - Ranging from 21 days (MT) to 112 (NL).
- *The total number of documents necessary for the recognition of qualification*
  - Ranging from 1 (FR, DE, IT, LV, MT, UK) to 6 (SE) documents.
- *The total number of certified translations necessary for the recognition of qualifications*
  - Ranging from 0 (FR, DE, IT, LV, MT, UK) to 1(NL, PL, SE) documents

Based on these indicators, the expected resource demands associated with the recognition of qualifications are relatively high for LV (200 EUR for recognition and a maximum waiting time of 84 days). The lowest costs related to the recognition of qualification are found in the NL. Interesting to note is the relatively very high fee in LV: when excluding LV the range for this indicator is only from 0-50 EUR, whereas the costs in LV are 4 times as high.

As recognition of qualifications is an additional requirement for cross-border professionals, so are the associated resource demands. However, the introduction of the EPC (also for physiotherapists) might lower the resource demands in the long run by reducing the need for supporting documents and/or certified translations of these documents.

Registration with the regulatory body (including request for registration)

With regard to the requirement for registration with the regulatory body, costs and waiting time were identified for five MSs (FR, DE, LV, NL, SI, UK).

Interesting for the registration with the regulatory body is that both FR and DE require documents for the request for registration with the regulatory body documents.

- *The total number of documents necessary for the request for registration with the regulatory body*
  - Ranging from 2 (DE) to 7 (FR) documents.
- *The total number of certified translations necessary for the request for registration with the regulatory body*
  - Ranging from 1 (DE) to 2(FR) documents

The four relevant indicators for the registration with the regulatory body requirement are:

- *Fee for registration with the regulatory body*
  - Ranging from 0 EUR (LV) to 257 (+493 extra fee) EUR (UK)
- *Waiting Time for registration with the regulatory body*
  - Ranging from 13 days (LV) to approximately 112 days (FR, NL, SI).
- *The total number of documents necessary for the registration with the regulatory body*
  - Ranging from 0 (NL, SE) to 16 (FR) documents.
- *The total number of certified translations necessary for the obligatory registration with the regulatory body*
  - Ranging from 0 (LV, NL, SI, UK)) to 4 (FR) documents

These indicators illustrate that there is substantial variation between MSs in terms of the required fee, waiting time and number of (certified) documents for the registration with the regulatory body.

For the registration with the regulatory body, a lot of supporting documents are required in most MS; for example proof of insurance, certificates from competent authorities in home MS, police clearance certificates, and agreement to the code of conduct.

Based on the indicators, the expected resource demands associated with the registration at the regulatory body are substantially higher in FR compared to the other MS. In the UK especially, the costs of the registration is high: 257 EUR.

In FR, the highest number of certified translations is required, namely 4 out of the 16 required documents. Estimated costs related to certified translations are 30-80 EUR per page. In FR, a request for registration with the regulatory body also needs to be done before the actual registration can be submitted.

Box 9.2 Input from interviewees

Interviewees from PL wishing to offer health services in NL mentioned that the BIG registration is 85 EUR and additional costs are the translation of the documents and required language skills. The translation of required documents has cost one stakeholder 900 EUR up to today, and the second interviewee 630 EUR in total.

A physiotherapist from IT explained that the application for recognition of his degree cost a small fee of 45 EUR, and a total waiting time from applying for the recognition until registration of approximately 4 months (one month for the recognition of qualifications and three months for the registration with the regulatory body), whereas peers had to wait for over 6 months in total. The main obstacle was the costs for the required certified translations of more than 300 EUR.

Language knowledge

The relevant indicators for this requirement are:

- *The costs for the language course*
  - Ranging from approximately 6 EUR per hour (LV) to approximately 15 EUR per hour (FR)
- *The time of the language course*
  - Ranging from 60 days (FR, IT, NL and SE) to 137.5 days (LV and SI).

These indicators illustrate that there is substantial variation between MSs in terms of the required costs and time to achieve the necessary language knowledge level (based on the assumption that somebody without knowledge of the language needs to attain level B1. The level of B1 is expected to be the requirement for most MSs with the exception of LV and DE (B2)). Of course, this requirement is not applicable when the healthcare professional already speaks the language, or can be substantially lower when having basic language knowledge.

The NL has the lowest value on both indicators. Furthermore there seems to be an inverse relationship between time and costs. For example, FR has the highest language course costs per hour (15 EUR) and the lowest time requirements (60 days), whereas LV has one of the lowest hourly language course costs (6 EUR) and the highest requirement in terms of time (137.5 days).

Box 9.3 Input from interviewees

Language requirements are considered an obstacle for providing physiotherapist services in the NL and DE. It took a Dutch physiotherapist practising in DE three months to prepare for the B2 level German test. This is in contrast to the interviewee from IT who did not perceive any language barrier for MT since the required language is English.

Requirements relating to the place of work

Table 9.8 provides the costs and (waiting) time associated with each requirement relating to the place of work in scenario 3. For every indicator the source of information for each value is denoted with a superscript, where:

1. Refers to information in the country fiche (Annex III);
2. Refers to information received during the stakeholder consultations and/or review;
3. Refers to information on costs and duration of language courses (sources provided in the Reference List);
4. and up, refers to information received from desk research.

As discussed in Chapter 6, all these requirements apply equally to national and cross-border providers.

Table 22 Resource demands of the most common requirements relating to the place of work – scenario 3

Requirement	Type of resource demands	FR	DE	IT	LV	MT	NL	PL	SI	SE	UK
Requirements relating to the place of work											
Obligatory insurance	Costs	± €50 per year [88]	NIA	± €50 per year[1,2]		€0 publ.)/ ± €50 p/year (priv.) [1,2]	± €60 per year[1,2, 89]	€24[1,2]	± €50 per year[1,2]	± €50 per year[1,2]	± 72 per year[1,2]
Certificate to open practice (self-employment)	Costs	NIA			€60[1,2]			€24[1,2]	€221[1,2]	€218[90]	
	Waiting time				2-6 months[1,2]			1 month[1,2]	2 months[1,2]	10 months[1,2]	
Organisational rules/quality requirements	Costs							Min. €24			
	Waiting time							1 month			
Company registration	Costs	Max. 250[91]		€120[1,2]	€85-100[1,2]	NIA	€50[1,2]	0**-100***[1,2]		€100-240[1,2, 92]	NIA
	Waiting time	NIA		NIA	20-40 days[1,2]	NIA	NIA	1**-30***days[1,2]		4-10 weeks[1,2]	10 -21 days[1,2]

[88] http://www.gmc-uk.org/doctors/fees.asp
[89] https://www.vvaa.nl/verzekeringen/beroepsaansprakelijkheidsverzekering
[90] http://www.migrationsverket.se/English/Private-individuals/Working-in-Sweden/Fees.html
[91] https://www.french-property.com/guides/france/working-in-france/starting-a-business/registration/
[92] http://www.business-sweden.se/en/invest/inspiration/establishment-guides/setting-up-and-registering-as-a-self-employed-person-in-sweden2/

Requirement	Type of resource demands	FR	DE	IT	LV	MT	NL	PL	SI	SE	UK
Finance obligations											
Registration with tax authorities (stems from business registration)	Costs	NIA	€0[1,2]	NIA	€0 *[1,2]	NIA	€0 *[1,2]	€0 *[1,2]	NIA	NIA	€0*[1,2]
	Waiting time	NIA			30 – 365 days [1,2]	NIA		7 days[1,2]	NIA		21 days[1, 2]
	Efficiency	1[1]	1[1]	1[1]	0[1]	1[1]	0[1]	1[1]	1[1]	1[1]	1[1]
Registration with pension scheme	No. of supporting documents	2[1]									
	Estimated no. of certified translations	1									

*costs are included in the business registration (stems from business registration). **registration in the Central Registration and Information on Economic Activity (CEIDG)**Registration in the ***Registry on Entities Performing Medical Activity run by regional authorities. NIA = No information available.

The requirements for which it was possible to identify resource demands for one or more MSs include:

- Insurance (FR, IT, MT, NL, PL, SI, SE, UK);
- Certificate to open practice (self-employment) (LV, PL, SI and SE);
- Company registration (FR, IT, LV, NL, PL, SE);
- Registration with tax authorities (all MS); and
- Registration with pension scheme (FR).

For those requirements where information for multiple MSs is available, a comparison across MS is presented, based on the identified data and relevant indicators.

Insurance

Data on the costs related to insurance was collected for eight MSs (FR, IT, MT, NL, PL, SI, SE and UK). The relevant indicator for insurance is:

- *Cost for insurance*
  - Ranging from 24 EUR (PL) to 72 EUR (UK)

The indicator shows that there are almost no differences between the MSs as in most MSs the costs are approximately 50 EUR (FR, IT, MT, NL, SI, SE), with 50% variance in the UK and PL.

As mentioned before, requirements relating to the place of work apply equally to national and cross-border providers and hence, there are no additional resource demands for cross-border providers associated with these requirements.

Certificate to open practice (self-employment)

Data is available on the costs and waiting time to open a practice for four MSs (LV, PL, SI, SE).

The relevant indicators are:

- *Fee for the certificate*
  - Ranging from 24 EUR (PL) to 218 EUR (SE)
- *Waiting time*
  - Ranging from 30 days (PL) to approximately 280 days (SE).

Company registration

Data on costs for the company registration was collected for six MSs (FR, IT, LV, NL, PL, SE). Waiting time associated with the company registration was identified for four out of these six MSs. The relevant indicators therefore are:

- *Fee for company registration*
  - Ranging from 50 EUR (NL) to 250 EUR (FR)
- *Waiting time for company registration*
  - Ranging from 21 days (UK) to approximately 70 days (SE).

These indicators show some differences between MSs. For both indicators, SE has the highest value, which suggests that among the MSs for which information on these indicators is available; this requirement is most burdensome in terms of resource demands in SE.

Registration with tax authorities

With regard to the requirement for registration with tax authorities, costs for four MSs were identified (DE, LV, NL, UK). The relevant indicator for this requirement is:

- *Fee for registration with the tax authority*
  - 0 EUR for all MSs
- *Efficiency (0-1) of registration because registration stems from business registration*
  - Ranging from 0 (efficient – LV and NL), to 1 (inefficient – FR, DE, IT, MT, PL, SI, SE, UK).

This indicator illustrates that the costs associated with the registration with the tax authorities in scenario 3, cannot be considered a barrier because they are equal to 0. Furthermore, efficiency of the registration increases when they can be combined with the business registration (LV and NL).

Requirements relating to public funding coverage

Table 9.9 provides the costs and (waiting) time associated with each requirement relating to public funding coverage in scenario 3. For every indicator the source of information for each value is denoted with a superscript, where:

1. Refers to information in the country fiche (Annex III);
2. Refers to information received during the stakeholder consultations and/or review;
3. Refers to information on costs and duration of language courses (sources provided in the Reference List);
4. and up, refers to information received from desk research.

Table 23 Resource demands of the most common requirements relating to public funding coverage – scenario 3

Requirement	Type of resource demands	*FR*	*DE*	*IT*	*LV*	*MT*	*NL*	*PL*	*SI*	*SE*	*UK*
Requirements relating to public funding coverage											
Registration for public funding											
Registration for public funding (based on number of doc)	Total no. of supporting documents	4[1,2]	0[1,2]	0[1,2]	0[1,2]	0[1,2]	1[1,2]	1[1,2]	0[1,2]	0[1,2]	0[1,2]
	Estimated no. of certified translations	1	0	0	0	0	0	0	0	1	0
Contact with local authority	Costs & waiting time								NIA		
Referral from physician (primary care)	Costs		€0[1,2]								€0[1,2]
Registration code (AGB) for practice and physiotherapist	Costs						€0[1,2]				
	Waiting time						3-6 weeks[1,2]				
Registration CQR (Centre Quality Register)	Costs						€242[1,2]				
	Waiting time						NIA				

NIA = No information available

Overall, limited information on resource demands relating to public funding was identified, with the exception of the registration for public funding and the registration code for practice and physiotherapists. For the registration for public funding requirement, it was possible to identify resource demands for all MS:

- Registration for public funding (all MS);
- Registration code for practice and physiotherapists (NL); and
- Registration Centre Quality Register (NL).

For those requirements where information for multiple MSs is available, a comparison across MSs is presented, based on the identified data and relevant indicators.

Registration

The relevant indicators for this requirement are:

- *The total number of documents necessary for the registration with the regulatory body*
  - Ranging from 0 (DE, IT, LV, MT, SI, SE) to 4 (FR) documents.
- *The total number of certified translations necessary for the obligatory registration with the regulatory body*
  - Ranging from 0 to 1 (FR, PL) document.

These indicators illustrate that there are multiple supporting documents required for registration for public funding. Overall, the amount seems to be limited for all MSs and includes for example the insurance contract with the NHS and a copy of the relevant medical qualification(s).

9.4 Scenario 4

This section presents the results of the collection of the resource demands (time and costs to fulfil the requirements) for Scenario 4:

> *"A medical services laboratory in one MS offering diagnosis services (for example, standard blood sample analysis) in another MS"*

As discussed in Chapter 7, the requirements for scenario 4 can be broadly divided into three types:

- Requirements relating to the individual running the laboratory;
- Requirements relating to the place of work/the laboratory itself;
- Requirements relating to the public funding coverage.

This section presents the results with regard to the resource demands in scenario 4, per type of requirement.

Requirements relating to the individuals

Table 9.10 presents the available information on the costs and waiting time per requirement relating to the individual in scenario 4. For every indicator the source of information for each value is denoted with a superscript, where:

1. Refers to information in the country fiche (Annex III);
2. Refers to information received during the stakeholder consultations and/or review;
3. Refers to information on costs and duration of language courses (sources provided in the Reference List);
4. and up, refers to information received from desk research.

Table 24 Resource demands of the most common requirements relating to the individuals – scenario 4

Requirement	Type of resource demands	FR	DE	IT	LV	MT	NL	PL	SI	SE	UK
Requirements relating to the individuals											
Recognition of qualifications	Costs				NIA			€24[1,2]	€494[1,2]		NIA
	Waiting time				NIA			7days[1,2]	NIA		NIA
Obligatory registration with the regulatory body (as a specialist)	No. of supporting doc					5[1,2]	4[1,2]	3[1,2]	4[1,2]		6
	Estimated no. of certified translations					1	1	0	2		0
Knowledge of measurement	Costs & waiting time	NIA				NIA					NIA
Criminal record check	Costs										€56
Language knowledge											
Language knowledge	Level	*	B2	*	B2	*	*	*	*	*	*
	Indication Costs per hour	€15[3]	€12[3]	€12[3]	€6[3]	€12[3]	€12[3]	€12[3]	€13[3]	€13[3]	€11[3]
	Indication Time (hour)	480[3]	720[3]	480[3]	1100[3]	500-600[3]	480[3]	720[3]	1100[3]	480[3]	500-600[3]

*Sufficient language knowledge: The estimated resource demands for a language course assume that somebody with no knowledge of the language needs to attain level B1. If a cross-border provider is already fluent in the language or has at least basic knowledge, these costs may be lower or even non-existent.
NIA = No information available

For those requirements where information for multiple MSs is available, a comparison across MSs is presented, based on the identified data and relevant indicators. As shown in the table, this includes:

- The recognition of qualifications (PL, SI);
- Obligatory registration with the regulatory body (MT, NL, PL, SI, UK); and
- Requirements relating to language knowledge (all MSs).

The requirement for which no information on (indicators of) resource demands is available is 'knowledge of measurement' (presented in the table as 'NIA', 'No information available').

Recognition of qualifications

The relevant indicators for this requirement are:

- *The costs for the recognition of qualifications*
  - Ranging from 24 EUR per hour (PL) to 494 EUR (SI).

The costs for the recognition of qualifications are 20 times higher in SI compared to PL. Hence, amongst the two MSs for which data for the indicators is available, the risk for potential obstacles because of resource demands associated with recognition of qualifications appears to be lowest in PL, both in terms of costs and waiting times.

As recognition of qualifications is an additional requirement for cross-border professionals, so are the associated resource demands.

Obligatory registration with the regulatory body

The requirements relating to registration with the regulatory body (as a specialist) are quantified based on the necessary number of supporting documents that have to be submitted for registration.

Data was collected on the necessary documents, which include the rather expensive certified translations, for all MSs that have this requirement. Required documents include: proof of identity, a criminal record check, evidence of qualifications, evidence of language skills, previous references and employment and adherence to the code of conduct (insurance).

The relevant indicators for this requirement are:

- *The total number of documents necessary for the obligatory registration*
  - Ranging from to 3 (PL) to 6 (UK).
- *The total number of certified translations necessary for the obligatory registration*
  - Ranging from 0 (PL, UK) to 2 (SI).

Hence, the variation in the total number of documents required is bigger than the variation in the number of certified translations that is required.

Based on these indicators, the expected resource demands associated with the obligatory registration with the regulatory body are highest for MT and the UK when considering, respectively, the total number of documents and the number of certified translations.

Language knowledge

The relevant indicators for this requirement are:

- *The costs for the language course*

    - Ranging from approximately 6 EUR per hour (LV) to approximately 15 EUR per hour (FR)
- *The time of the language course*
    - Ranging from 60 days (FR, IT, NL and SE) to 137.5 days (LV and SI).

These indicators illustrate that there is substantial variation between MSs in terms of the required costs and time to achieve the necessary language knowledge level (based on the assumption that somebody without knowledge of the language needs to attain level B1. The level of B1 is expected to be the requirement for most MSs with the exception of LV and DE (B2)). Of course, this requirement is not applicable when the healthcare professional already speaks the language, or can be substantially lower when having basic language knowledge.

Box 9.4 Input from interviewees

An interviewee in DE specified that there are also other barriers that can cause costs such as achieving an understanding of the system (resulting into additional costs for lawyers and consultants). Moreover, additional resource demands may be associated with the fulfilment of the national requirements relating to qualifications, in particular to become a human medicine physician with a specialisation in laboratory. On top of this, this stakeholder mentioned the costs related to language skills.

Requirements relating to the place of work

Table 9.11 provides the costs and waiting time per requirement relating to the place of work in scenario 4. For every indicator the source of information for each value is denoted with a superscript, where:

1. Refers to information in the country fiche (Annex III);
2. Refers to information received during the stakeholder consultations and/or review;
3. Refers to information on costs and duration of language courses (sources provided in the Reference List);
4. and up, refers to information received from desk research.

Table 25 Resource demands of the most common requirements relating to the place of work – scenario 4

Requirement	Type of resource demands	FR	DE	IT	LV	MT	NL	PL	SI	SE	UK
Requirements relating to place of work											
Registration with inspectorate	Costs				€0*[1,2]	NIA					NIA
	Waiting time				Max 1 week[1,2]	NIA					
Licencing by public health authority	Costs	NIA							€ 221[1,2]	NIA	
	Waiting time	NIA							8 weeks[1,2]	NIA	
Company registration	Costs				0[1,2]	NIA		€0-120 [1,2]			
	Waiting time				7 days[1,2]	NIA		1-14 days[1,2]			
Register for entities performing medical activity	Costs							€100[1,2]			
	Waiting time							30 days[1,2]			
Register for laboratories	Costs							€12[1,2]			

*Including compliance check by inspectorate
NIA = No information available

As shown in the table, data on the resource demands relating to the place of work are only available for LV, PL and SI. Licencing by the public health authority will cost the healthcare provider 221 EUR and takes two months' time. This licencing relates to the review of the premises where the practice will be performed. Business registration in the commercial register costs at most 120 EUR and takes 1-14 days' time in PL. Registration with the inspectorate will take some time in LV, more specifics in textbox 9.5 (max 1 week). For the other MSs, no further information on time and cost was identified for the requirements (presented in the table as 'NIA', 'No information') or was not applicable.

Box 9.5 Input from consulted stakeholders

A stakeholder from LV mentioned that the Health Inspectorate of LV processes the registration of applications, conducts the checks and decides on eligibility of the medical care establishment for registration within five working days from the filling of the application. Processing of applications for registration in the Registry of Medical Institutions and compliance checks conducted by the Health Inspectorate prior to registration are free of charge. Additional fees/charges (e.g., reconstruction project design fees, project approval costs related to local construction board) and different terms may apply depending on whether the medical care establishment needs to convert its building (physical work environment), i.e. fully or partially reconstruct or modify the use of its building/premises without transforming, or develop and agree on specific technical solutions for environmental accessibility.

Requirements relating to the public funding coverage

Table 9.12 provides the costs and waiting time per requirement relating to public funding coverage in scenario 4. For every indicator the source of information for each value is denoted with a superscript, where:

1. Refers to information in the country fiche (Annex III);
2. Refers to information received during the stakeholder consultations and/or review;
3. Refers to information on costs and duration of language courses (sources provided in the Reference List);
4. and up, refers to information received from desk research.

Table 26 Resource demands of the most common requirements relating to public funding coverage – scenario 4

Requirement	Type of resource demands	FR	DE	IT	LV	MT	NL	PL	SI	SE	UK
Requirements relating to public funding coverage											
Registration for public funding											
Prescription/referral from authorised person	Costs & waiting time	NIA									
Inclusion on public reimbursement list	Costs & waiting time										
Permission to get on fee schedule	Costs & waiting time		NIA								

Contract with NHS/insurance company	Costs & waiting time			NIA					NIA		
Contract with local authority/ county council	Costs & waiting time									NIA	
Contract with service provider	Costs & waiting time							1 month €0[1,2]			
Registration code (AGB) for laboratory	Costs						€0 [1,2]				
	Waiting time						3-6 weeks[1,2]				

NIA = No information available

As shown in the table, information on resource demands for requirements relating to public funding coverage is only available for NL and PL. For most MSs, no information on time and cost was identified for the majority of the requirements (presented in the table as ‘NIA’, ‘No information’). Therefore no comparisons can be made.

9.5 Scenario 5

This section presents the results of the collection of the resource demands (time and costs to fulfil the requirements) for Scenario 5:

"A hospital wishing to open a subsidiary branch in another MS"

As discussed in Chapter 8, the requirements for scenario 5 can be broadly divided into two types:

- Requirements relating to the place of work; and
- Requirements relating to public funding.

The next section presents the available information on the resource demands per type of requirement.

Requirements relating to the place of work

Table 9.13 provides the costs and (waiting) time associated with each requirement relating to the place of work in scenario 5. For every indicator the source of information for each value is denoted with a superscript, where:

1. Refers to information in the country fiche (Annex III);
2. Refers to information received during the stakeholder consultations and/or review;
3. Refers to information on costs and duration of language courses (sources provided in the Reference List);
4. and up, refers to information received from desk research.

As discussed in Chapter 8, all these requirements apply equally to national and cross-border providers.

Table 27 Resource demands of the most common requirements relating to the place of work – scenario 5

Requirement	Type of resource demands	FR	DE	IT	LV	MT	NL	PL	SI	SE	UK
Requirements relating to place of work											
Obligatory authorisation from government body	Costs	NIA	€278-2,930 or €500-10,000[1,2]	NIA	€0 [1,2]	NIA					
	Waiting time	NIA	NIA	NIA	Max 35 days[1,2]	NIA					
Compliance check	Costs & waiting time	NIA		NIA			NIA				NIA
Registration with National Court Register	Costs							€0-120[1,2]			
	Waiting time							1-14 days[1,2]			
Register Performing Medical Activity	Costs							€100[1,2]			
	Waiting time							30 days[1,2]			
Registration with professional association	Costs & waiting time			NIA			NIA				NIA
Company registration	Costs	NIA		NIA	NIA	€ 310[1,2,93]	€ 50[1,2]		NIA		€19
	Waiting time	NIA		NIA			±7 days[1,2]		NIA		NIA
Compliance with health/ hygiene standards	Costs & waiting time		NIA					NIA			NIA

NIA = No information available

[93] https://registry.mfsa.com.mt/

For most MSs, no information on time and cost was identified for the majority of the requirements (presented in the table as 'NIA', 'No information available'). The requirements for which it was possible to identify resource demands for one or more MSs include:

- Authorisation from government body (DE, LV);
- Registration with the national court register (PL);
- Register performing medical activity (PL); and
- Business registration under company law (MT, NL, UK).

For those requirements where information for multiple MSs is available, a comparison across MSs is presented, based on the identified data and relevant indicators.

Authorisation from government body

Data on costs for authorisation of a subsidiary branch by a government body was collected for two MSs (LV and DE (for two Länder)). Waiting time associated with this requirement was identified for only one MS (LV).

The relevant indicator for this requirement is:

- *Fee for authorisation from the government body*
  - ranging from 0 EUR (LV) to 10,000 EUR (DE – Bavaria)

The range of this indicator is very large: while the obligatory authorisation of the hospital subsidiary branch is free of charge in LV, it can cost up to 10,000 EUR in Bavaria, Germany. The reason for these big differences is not known, but it can be argued that LV may want to stimulate the set-up of new subsidiaries by making it free of cost. It is also worth mentioning that the results in Germany show high variation both between and within Länder: the costs can range between 278 EUR and 2,930 EUR in Brandenburg and between 500 EUR and 10,000 EUR in Bavaria.

Company registration

With regard to the requirement for company registration, costs were identified for three MSs (MT, NL, UK) and waiting time for only two of these MSs (NL and UK).

The relevant indicators for this requirement are:

- *Fee for company registration*
  - Ranging from 19 EUR (UK) to 310 EUR (MT)
- *Waiting time for company registration*
  - Ranging from 1 day (UK) to approximately 7 days (NL).

These indicators illustrate that there is a variation between MSs in terms of the required fee and waiting time for business registration of a subsidiary branch of a hospital. For both indicators the UK has the lowest value, which suggests that among the MSs for which information on these indicators is available, this requirement is least burdensome in terms of resource demands in the UK.

Important to note is that because all requirements relating to the place of work apply equally to national and cross-borders providers in this scenario, the resource demands are expected to be similar across providers.

Box 9.7 Estimated resource demands by a national stakeholder

An interviewee from NL *estimated* that fulfilling all requirements relating to the place of work in scenario 5 will cost between 50,000 and 100,000 EUR and between 30 and 50 days. As these resource demands are merely estimation, they are not used to operationalise the indicator for this MS.

Requirements relating to public funding

Table 9.14 provides the costs and (waiting) time associated with each requirement relating to public funding coverage in scenario 5. For every indicator the source of information for each value is denoted with a superscript, where:

1. Refers to information in the country fiche (Annex III);
2. Refers to information received during the stakeholder consultations and/or review;
3. Refers to information on costs and duration of language courses (sources provided in the Reference List);
4. and up, refers to information received from desk research.

As discussed in Chapter 8, all these requirements apply equally to national and cross-border providers.

Table 9.14 Resource demands of the most common requirements relating to public funding coverage – scenario 5

Requirement	Type of resource demands	FR	DE	IT	LV	MT	NL	PL	SI	SE	UK
Requirements relating to public funding coverage											
Registration for public funding											
Proof of authorisation form government body	Costs & waiting time	NIA									
Compliance with public tariff for specific types	Cost	€ 0[1,2]					€ 0[1,2]				
Being included in a Hospital Plan	Cost		€ 0[1,2]								
Registration code (AGB) for hospital	Costs						€ 0[1,2]				
	Waiting time						3-6 weeks[1,2]				
Entering into agreement with public healthcare services	Costs		NIA						NIA	NIA	
	Waiting time									20 days[1,2]	

Patient's affiliation to public healthcare system	Costs & waiting time	€ 0[1,2]		€ 0[1,2]		
Must become concessionaire	Costs & waiting time				NIA	

NIA = No information available

The requirements differ between MSs, however a notable observation is that for many of the requirements, the costs are estimated to be equal to zero. This may be explained by the fact that these specific requirements relate to compliance with rules set out by, or decisions made by, other parties as part of other (previously met) requirements.

With regard to (waiting) time, with the exception of one requirement in NL, no information on time was identified (presented in the table with NIA, 'No information available'). Due to the fact that information on requirements is not available for more than one MSs, no indicators on the resource demands are defined for requirements relating to public funding in scenario 5.

10 COMPARISON OF RESULTS WITHIN MEMBER STATES

The previous chapters compared the requirements, potential obstacles, and associated resource demands for cross-border providers *per scenario, across MSs.* In this chapter, the most commonly mentioned potential obstacles are compared *across scenarios, within MSs*.

Hence, based on the input from previous chapters, this section provides insights per MS. For each MS information is provided on obstacles that cross-border providers may face in multiple scenarios and how these differ across scenarios. Section 10.1 discusses the language requirement: this is considered to be one of the most time consuming and challenging obstacles in all MSs. Subsequently, sections 10.2 and 10.3 discuss the resource demands associated with the regulatory body registration and resource demands associated with the company registration, respectively[94]. Both of these requirements are applicable in multiple scenarios in the majority of MSs.

10.1 Languages skills

France

In FR, applicants for GP registration with the National Medical Council must demonstrate sufficient knowledge of French and may provide any evidence to prove linguistic skills. In case of doubt, the president of the Medical Departmental Council (or their representative) may hear the applicant. A doctor, appointed by the head of the Health Regional Agency, may subject the applicant to a language control check if so required by the Medical Council or the applicant him/herself. In addition, FR is the only country, of the 10 selected MSs, which requires language skills for the provision of online consultations (notably it is also the only country with rules on online consultations). To do so the GP must have the language skills needed for the provision of medical services. The National Medical Council may ask the applicant to bring any evidence showing that (s)he has a sufficient knowledge of the French language and may decide to hear him/her. This is also a requirement for physiotherapists regarding registration with the Physiotherapists Council. The Public Health Code does not seem to set down a measurable standard further than "sufficient".

Germany

In DE, sufficient German language skills are a requirement for approbation (licence to practise, obtained from one of the 17 State Associations of Statutory Health Insurance). As of 2016, applicants will have to take a language test (as opposed to simply provide a certificate). In both *Länder* studied, a C1 (Effective operational proficiency or advanced) level[95] is required (the test costs 275 EUR in Brandenburg). Physiotherapists applying for permission from one of the state offices (depending on the *Land*), must provide a certificate attesting their language skills. For physiotherapists, both Bavaria and Brandenburg require a B2 (Vantage or upper intermediate) level.

[94] This Chapter builds on the information presented in previous chapters. The sources for this information can be found in Chapter 9 (Resource Demand Analysis) and the country fiches (Annex III).

[95] Common European Framework of Reference for Languages.

Italy

There appears to be no legal or administrative requirement to demonstrate language skills in IT in each of the scenarios. The proof of language knowledge is more practical than formal. It is up to the relevant registration authorities to set and check language requirements, which typically consists of a practical test.

Latvia

In LV, the Official Language Law 1999 requires use of the national language, i.e. Latvian, referring to the fact that healthcare is one of the areas of legitimate public interests. Under Article 6.1, state employees must be fluent in the official language, and under Article 6.2, private sector employees must use the official language if their activities affect the lawful interests of the public, including healthcare. While generally, according to annex 5 of the rules, the majority of healthcare professionals require level C1 (doctors, nurses, midwife), physiotherapists require level B2. Article 6.4 of the Official Language Law applies specifically to non-Latvians, and states that foreign experts and members of foreign boards of undertakings who work in LV shall be fluent in and use the official language to the extent that is necessary for the performance of their professional duties and duties of office, or shall themselves ensure translation into the official language. This therefore covers the employees of the medical laboratory in scenario 4 – the exact requirements of which depend on the position.

Malta

In MT, the Health Care and Professions Act 2003 requires doctors to have "*knowledge of languages necessary for practising the profession in MT*". This is further clarified by explanatory notes of the Medical Council, which oversees obligatory registration requiring proficiency in Maltese and English. However, it is not clear how this proficiency in Maltese and English is required to be demonstrated. The same legislation applies to physiotherapists, who must apply for registration with the Council for Professions Complementary to Medicine, which states that all correspondence and interviews will be carried out in Maltese or English (therefore obliging the applicant to be fluent and functional in one or both languages).

Netherlands

In NL, while learning Dutch in order to understand your patient is not set down as a rule, it is considered to be an obligation for GPs under Art. 7:448 of the Dutch Civil Code; stating that the person responsible for the medical treatment of a patient should inform his patient. This therefore applies to both GPs – scenario 1 – and physiotherapists – scenario 3. In addition, the Decision Training Requirements Physicians 1997 defines the competences of the medical profession; with Annex 1 including a provision on communication: "*the physician will apply the Dutch language (orally and in writing) adequately*", but without clarifying what is meant by an adequate level. This is comparable to the Decision Training Requirements Physiotherapist, which defines the required language skills as "*the ability to communicate effectively with the patient*", without further clarification. In scenario 4 (medical services laboratory), the medical practitioner running the laboratory must be registered by the NL Society for Clinical Chemistry and Laboratory Medicine, an application for which requires proof of a working knowledge of Dutch language.

As of January 2017, there is a legal basis to assess the language level of cross-border healthcare providers in NL. This will be a requirement for registration in the public register for healthcare professionals who want to establish and work individually in healthcare in the Netherlands (medical doctors, dentists, pharmacists, nurses, midwives, physiotherapists, healthcare psychologist and psychotherapist). A language assessment will not be applicable in the case of providing incidental or temporary services in the Netherlands.

Poland

In PL, GPs must register with the Supreme Medical Council in order to practice, including a personal declaration of their good command of Polish (in both speech and writing, to the extent necessary to practice the profession). The declaration should be less than three months old. As there is no regulation of physiotherapy, the same does not apply. However, in order to receive public funding, a contract with the National Health Fund is required and while this does not appear to be conditional on language skills, it seems unlikely that such a contract would be possible to obtain without language skills. Both the legal requirements and practical requirements of language skills therefore should be taken into account when calculating the obstacles for cross-border providers.

Slovenia

In SI, the Medical Practitioners Act requires doctors to use Slovenian (and in bilingual areas, Italian or Hungarian in addition). While there are no formal language requirements as a condition of registration with the Medical Chamber of SI, in practice, for the purposes of employment, a secondary or other educational institution certificate would be required. The same applies to physiotherapists, who must have the appropriate knowledge of Slovenian (and in some parts of the country, additional Italian/Hungarian).

Sweden

In SE, the individual professional applying for a licence to practise medicine (as per Scenario 1) is responsible for ensuring that they have sufficient knowledge of the Swedish language under Article 53 of the EC Directive (2005/36 / EC) for practicing in Sweden. To get a licence in Sweden you need to have language skills at level C1 in accordance with the Common European Framework of Reference for Languages. This also applies to physiotherapists, who go through the same registration process. However, it is up to the employer to assess these competences.

UK

The UK imposes language requirements in Scenario 1 – in order to register with the GMC, the applicant must demonstrate the necessary knowledge of English to communicate effectively so that the safety of patients is not at risk. In practice this should be either an IELTS examination certificate or a certificate attesting courses taken in English. In Scenario 3, a physiotherapist need not provide the Health Care Professions Council with any proof of language knowledge for registration.

10.2 Resource demands for registration with regulatory body

For several MSs, information on the resource demands for registration with the regulatory body in both scenario 1 and 3 is available:

- Fee: DE, NL, PL, and UK;
- Number of supporting documents and estimated number of certified translations: all 10 MS; and
- Waiting time: NL and UK.

For these MSs a comparison is made across scenarios, within the MSs.

France
In FR, there is a substantial difference between scenario 1 and scenario 3 in terms of the number of supporting documents that is required for registration with a regulatory body. A cross-border GP needs to submit six documents, of which two are estimated to be certified translations, whereas a cross-border physiotherapist needs to submit 16, of which four are estimated to be certified translations. This suggests that in FR, the expected resource demands associated with this requirement are higher in scenario 3 than in scenario 1. This however may change as a result of the introduction of the EPC for scenario 3, which is expected to reduce both the required number of supporting documents and certified translations.

Germany
In DE, the resource demands for registration with the regulatory body seem to be higher for scenario 1 than scenario 3. While the number of required supporting documents is the same in both scenarios, i.e. nine documents, both the estimated number of certified translations (two vs. one) and the fee (maximum of EUR 460 vs. maximum of EUR 150) is higher in scenario 1. This difference may be exacerbated by the introduction of the EPC for physiotherapists.

Italy
In IT, the expected resource demands for registration with the regulatory body are higher for scenario 3 than for scenario 1. Where cross-border GPs have to provide four supporting documents, of which one is expected to be a certified translation, cross-border physiotherapists need to submit six supporting documents, of which three are expected to be certified translations. This difference may reduce as a result of the introduction of the EPC for scenario 3.

Latvia
In LV, the expected resource demands for registration with the regulatory body in scenario 3 is almost double that for scenario 1. Where cross-border GPs have to provide two supporting documents, cross-border physiotherapists need to submit five supporting documents. For both scenarios, no certified translations are expected to be required. The difference in the required number of supporting documents may reduce as a result of the introduction of the EPC for scenario 3.

Malta
In MT, the expected resource demands for registration with the regulatory body appear to be somewhat higher for scenario 3 than for scenario 1, though they are very similar. Cross-border GPs have to provide six supporting documents, of which two are expected to be a certified translation, and cross-border physiotherapists need to submit seven supporting documents, of which 1 is expected to be a certified translation. Hence, while the number of

supporting documents is (one) higher in scenario 3, the expected number of certified translations is (one) higher in scenario 1.

Netherlands
In NL, the expected resource demands for registration with the regulatory body are the same for scenario 1 and 3. This is true in terms of fee (85 EUR), waiting time (4 months), and the number of supporting documents (0). In NL, no supporting documents are required as the registration stems from the recognition of professional qualifications (for which supporting documents are required).

Poland
In PL, the number of supporting documents is six for scenario 1 and 8 for scenario 3. The expected number of certified translations is the same in both scenarios, namely two. The fee is however different: where cross-border GPs pay 20 EUR for the registration with the regulatory body, cross-border physiotherapists have to pay 155 EUR.

Slovenia
In SI, both the number of supporting documents as well as the estimated number of certified translations is higher in scenario 1 (nine vs. two) than in scenario 3 (nine and two vs. two and zero). This difference may be exacerbated by the introduction of the EPC for physiotherapists.

Sweden
In SE, cross-border GPs have to submit three supporting documents and cross-border physiotherapists two. In both scenarios one certified translations is expected. This difference may be exacerbated by the introduction of the EPC for physiotherapists.

United Kingdom
Whether scenario 1 or 3 has the highest resource demands in the UK depends on which indicator you consider. In terms of fee and waiting time, the burden is highest for cross-border GPs (respectively 538 EUR vs. 257 EUR and 84 days vs. 35 days). In terms of the number of supporting documents and estimated number of certified translations, the demands are highest for cross-border physiotherapists (respectively 2 vs. 7 and 1 vs. 3). However, with the introduction of the EPC the difference on these last two indicators is expected to decrease.

10.3 Resource demands for company registration

For several MSs, information on the resource demands for company registration is available for multiple scenarios:

- Costs: FR, NL, PL and UK.
- Waiting time: PL and UK.

France *(information available for scenario 1 and 3)*
In FR, the costs for company registration vary between 50 EUR in scenario 1 to a maximum of 250 EUR in scenario 3. This may be explained by the fact that costs can differ depending on the type of practice that is set-up, which may require registration in multiple registers and thereby payment of multiple fees.

Netherlands *(information available for scenario 1, 3 and 5)*
In NL, the costs for company registration are equal to 50 EUR for all scenarios.

Poland *(information available for scenario 1, 3 and 4)*
In PL, costs for company registrations are equal to 100 EUR in scenarios 1 and 3 and 120 EUR in scenario 4. Waiting time is also the same in scenarios 1 and 3, namely 30 days. In scenario 4, the estimated waiting time for company registration is only 14 days. Hence, while the fees are lower in scenario 1 and 3 than in scenario 4, the waiting time for the latter scenario is (over 50%) shorter. Hence, the resource demands for company registration in PL are the same for scenarios 1 and 3 and highest for scenario 4.

United Kingdom *(information available for scenario 1, 3 and 5)*
In the UK, the costs for company registration vary from 0 EUR in scenario 1 to 19 EUR in scenario 5. There are also differences across scenarios in terms of the estimated waiting time: this varies from 1 day in scenario 5, to 14 days in scenario 1, to 21 days in scenario 3. As in FR, these differences in estimates may results from differences in the forms of practice that are available.

11 CONCLUSIONS & RECOMMENDATIONS FOR FURTHER RESEARCH

This study aimed to identify the different requirements placed on healthcare providers wishing to either establish themselves in another MS, or provide services in one MS whilst established in another (i.e. cross-border services). This study had three specific objectives:

- To identify healthcare sector specific and cross-sectorial national requirements for providers, when providing cross-border health services (the 'additional requirements');
- 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 provider in order to comply with the different requirements.

Information on the (additional) requirements, as well as the potential obstacles and resource demands cross-border healthcare providers might face, were identified using a combination of desk research and (national) stakeholder consultations. The data collection and subsequent analysis focussed on five scenarios:

- Scenario 1: a GP/family doctor wishing to set up a practice in another MS to offer standard GP services to patients;
- 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 established in another MS;
- Scenario 3: A physiotherapist wishing to establish 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.

This chapter presents the study's conclusions with regard to the potential obstacles faced by cross-border healthcare providers in the ten selected MSs. First, the most common additional requirements that are imposed on cross-border providers compared to national providers (objective 1) are discussed. Secondly, the potential obstacles cross-border providers may face when wishing to provide cross-border health services, both in terms of requirements and resource demands, are described (objectives 2 and 3) as well as potential policy implications. Lastly, the limitations of this study and recommendations for further research are discussed.

11.1 Conclusions

Additional requirements for cross-border providers

The results of the study indicate that the legislation at MS-level on setting up subsidiary hospitals (scenario 5) almost never distinguishes between national and cross-border providers. For the scenarios 1 to 4, on the other hand, 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 for scenarios 1 and 3 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 same holds in most MSs for the individual running the medical services laboratory in scenario 4. In those MSs that have legislation in place for scenario 2, the GPs wishing to offer ePrescriptions or online consultations typically also need to have their qualifications recognised. 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 nor for persons running a medical services laboratory (for which requirements in terms of qualifications differ across MSs), the requirement of recognition of qualifications is expected to be more challenging for professionals in scenario 3 and 4, compared to the GPs in scenarios 1 and 2.

  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. In some MSs, scenario 1 requires most documents and translations, whereas in other MSs it is the other way around.

  The variation in fees for the recognition of qualifications across MSs is rather high and typically higher in scenario 1 compared to scenario 3. 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, physiotherapists, and professionals running a medical services laboratory. However, proof of language knowledge is not a formal requirement in all MSs – in some MSs it is rather a practical, de-facto requirement. This is for example 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. In 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 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 'sectoral 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 (i) the place of work and (ii) public funding coverage typically apply equally to both cross-border and national providers. While the requirements relating to the practice 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 sectoral requirements. These requirements are very specific and indicate the extreme complexity of the rules regulating coverage by the healthcare system. For both requirements efficiency improves when one registration stems for another, for example tax registration stems from business registration.

While the cross-border provision of GP- and physiotherapists services (scenarios 1 and 3) are highly regulated, most MSs have not legislated for the possibility of either ePrescriptions, online consultations, or cross-border medical laboratories (scenarios 2 and 4). In some MSs, these scenarios do not even appear to be realistic or in process at the time of writing this report. It is therefore difficult to say with certainty whether or not the requirements in these two scenarios differ between national and cross-border providers, and if so, to what extent. However, it is worth noting that those MSs that have regulated these scenarios typically do impose additional requirements on cross-border providers, such as the need for recognition of professional qualifications. Discussion with stakeholders revealed that scenario 2 is considered to have much potential, and hence, additional legislation at the MS- or EU-level is expected to be developed in the coming years. With regard to scenarios 4 and 5, stakeholders indicated that there are relatively few real life examples at the moment and this is not expected to change much over the future given amongst other things the low economic incentives for these forms of cross-border healthcare provision.

Potential obstacles

The analysis shows 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 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.

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, as illustrated by the analysis of resource demands and the consultation of actual cases (as presented in Chapter 9), 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 demand, differs substantially among MSs. This difference, as well as the number of requirements and resource demands, is likely to decrease in the (near) future for Physiotherapists (scenario 3) due to the introduction of the European Professional Card (EPC) for this profession.

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). 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.

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.

Policy implications – which obstacle to tackle first

The written comments and review meeting for this study revealed that stakeholders consider the length of the procedures for recognition of qualifications and/or registration with the regulatory body an important, but difficult obstacle to tackle. This length differs substantially across the EU and it is up to the MSs to improve this. The main problem is how to incentivise MSs to do this. The Directive on the Recognition of Professional Qualifications sets time limits for the administration office – the clock starts ticking once the dossier is complete. In addition, the use of the IMI System between

competent authorities – which checks the validity of diplomas and makes is easier to check qualifications or reach out to the home MS - is now compulsory, which should help improve on these waiting times. The level of awareness amongst MSs for the benefits of using this system could however be improved. Stakeholders indicated that they see a role for the EC in this matter.

It was also mentioned that it is crucial that providers have access to accurate information. Because of the large differences between countries, stakeholders feel that the EU needs to prioritise the goal of providing access to this information. It is the responsibility of the MS to provide information on mobility as in the Professional Qualifications Directive is mentioned – "*Each Member State shall designate, no later than 18 January 2016, an assistance center whose remit shall be to provide citizens, as well as assistance centers of the other Member States, with assistance concerning the recognition of professional qualifications provided for in this Directive, including information on the national legislation governing the professionals and the pursuit of those professionals, social legislation, and, where appropriate, the rules of ethics*".[96] National stakeholders should be incentivised to increase the level of information on their website in order to make cross-border professionals and providers more familiar with the specifics of the healthcare system and the applicable requirements.

11.2 Limitations and recommendations for further research

Scope of the research

One of the limitations of this study is that it focuses on 10 MSs, although these MSs were selected in such a way as to ensure a representative picture. 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 (IQ-based tests are aptitude tests which differ from knowledge-based tests such as linguistic capacity assessments).

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.

[96] http://www.erwcpt.eu/eu_and_advocacy/recognition_of_professional_qualification

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.

Methods for collection information on requirements

The data collection for this study faced several difficulties related to limited data availability as well as limited access to national stakeholders. For some MSs and scenarios, it was more challenging to find information than for others, e.g. for scenario 2 both the sources for desk research as well as the actual response to the consultation were very limited. In addition, information on resource demands and requirements for public funding coverage - for all scenarios - proved rather challenging to obtain.

For some scenarios, these limitations may be explained by the fact that the scenarios are not yet very common in practice and/or are not yet explicitly legislated for (e.g. scenarios 2 and 4). This makes both desk research and consultation of stakeholders more challenging. In addition, the limited response rate for the national stakeholder consultation may also partly be related to the choice of using only written enquiries.

One of the reasons for choosing written enquiries was to ensure that a larger number of national stakeholders could be included, given the set timeframe and budget. However, for further research, the study would suggest to combine written enquiries with face-to-face interviews with national stakeholders. Including fieldwork in the research will have a substantial impact on the project budget, which may reduce the number of MSs that can be covered in the study, but it will most likely also lead to more (in-depth) information for the selected MS. Particularly for information regarding the public funding coverage, in-depth interviews could prove useful, given the complexity of healthcare systems.

Including real-life experiences in the research

As part of this study, actual cases were interviewed by phone to discuss their experiences. For further research, it may be interesting to also consider focus groups/group interviews with these actual cases. Given the fact that it is rather difficult to identify these cases and that they are located in different MSs, face-to-face focus groups may be difficult. However, a group interview via a webinar may be an interesting way to explore their experiences in more detail. The study would recommend organising such webinars per scenario rather than per MS, such that comparisons across the EU are facilitated. If for privacy or other reasons people are not eager to participate in webinars, an alternative may be to facilitate discussions between providers on experienced obstacles by hosting an online platform/fora or by developing mobile applications for professionals going through that process allowing them to rate their experiences and input constructive feedback on the process itself.

Another method for gathering real-life experiences that could be interesting to explore in further research, particularly to identify resource demands, is the use of mystery shopping or pseudo-patient (or pseudo-provider in this case)

investigations. Essentially, these methods create actual cases that experience the resource burden placed on them when going through the process. However, given the long waiting times, this may prove difficult to execute within a limited timeframe.

Impact of the European Professional Card

At the time of the research for this study, the use of the EPC was still in the rather early stages. As the introduction of the EPC is expected to have an impact on the resource demands for scenario 3 – through the number of required documents and certified translations – the study recommends that the results of this study are revisited in a few years. Once the EPC is common practice, it would be interesting to evaluate the impacts of its adoption on the results of this study. This could also shed light on the potential for savings on resource demands in other scenarios, if the EPC were also introduced for those professions.

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ANNEX I: RESEARCH PROTOCOL FOR COUNTRY RESEARCH IN TASK 1

RESEARCH PROTOCOL

Study on cross-border health services: potential obstacles for healthcare providers
Chafea 2014/Health/10

Under the assignment of the European Commission
Directorate General for Health and Food Safety & Consumers, Health, Agriculture and Food Executive Agency

To:
From:
Date:

Preface

This Research Protocol has been produced for the Study on cross-border health services: potential obstacles for healthcare providers (Chafea/2014/Health/10), recently awarded to a consortium of Ecorys, Erasmus University Rotterdam, and Spark Legal Network and Consultancy, with the support of you, our team of country correspondents.

The first task of the study will be to conduct desk research into the specific and cross-sectorial national requirements placed on health professionals when providing healthcare services abroad. This document will contain guidance as to how the research should be approached, questions that should be answered, and an example of completed research.

The Research Protocol consists of a general introduction to the study (objectives, background, methodology, and timeline), and guidance notes on how to conduct your research. There are two annexes:

1. the 'Template Country Report' comprising a short questionnaire corresponding to each of the five scenarios outlined by the European Commission;
2. the 'Model Country Report' which is the result of a pilot carried out using the questions above, providing an example of the level of detail required for the national reports.

This document will serve as the framework for your work as country correspondents – you are therefore invited to read it carefully as it will be an indispensable tool for your work, and contact us with any questions or comments you may have.

Contours of the study

In March 2015, the consortium of Ecorys, Erasmus University Rotterdam and Spark, supported by a network of country correspondents were selected by the European Commission (DG SANTE) to conduct the study 'Study on cross-border health services: potential obstacles for healthcare providers (Chafea/2014/Health/10). In order to clarify your participation in the context of the study, the background, objectives, methodology, and timeline are addressed below.

Objectives of the study

The objectives of this study are to:

1. Identify specific and cross-sectorial national requirements for health professionals, when providing healthcare services abroad;
2. Explain the rationale of the requirements, assess their purpose, and identify the main barriers to delivering cross-border health services;
3. Provide an estimation of the amount of resources necessary to invest in order to comply with the different requirements.

Your work as a country correspondent will contribute to objective 1: identifying the requirements placed on professionals in each of five given scenarios, provided by the European Commission.

Background of the study

Freedom of movement in the healthcare sector is integral to EU citizens, both as workers and as patients. In addition to the free movement rights enshrined in the treaties and supported by delegated legislation, there are several key European Directives which facilitate the free movement of health professionals. Directive 2011/24/EU on the application of patients' rights in cross-border healthcare provides rules and procedures regarding access to and reimbursement for healthcare received abroad. It clarifies that EU citizens may receive reimbursement for healthcare in another MS where the type and cost of the treatment would normally be covered by their own healthcare system. In 2013 Directive 2005/36/EC2 on the recognition of professional qualifications was modernised; the goal of this Directive is to ensure the portability of qualifications of medical doctors, dentists, registered nurses and midwives, and to facilitate the mobility of these health professionals across the MSs.

These professions tend to be highly regulated at the national level. The requirements for practice in each MS may create a barrier for health professionals who consider working there. While these Directives have aimed to facilitate the free movement of healthcare professionals, in practice, migrating health professionals are still confronted with different rules and administrative requirements, including cross-sectorial requirements and procedures. Challenges also remain in the mutual recognition of profession qualifications. The 2011 Evaluation Report of Directive 2005/36/EC highlighted the differences in training programmes (including requirements for continuing professional development) and the scope of practice between MSs. In some cases this may limit employment opportunities for qualified professionals in other MSs.

In this study the Commission wishes to move beyond the requirements in Directives 2011/24/EC and 2005/36/EC and focus on the free movement of providers in practice, through the prism of specific examples applied to different national contexts. We therefore look to identify different requirements placed on providers wishing to either establish themselves in another MS, or provide cross-border services in one MS while established in another. In addition we will analyse the policy aims of such requirements, and the ease (or lack thereof) with which providers may fulfil them.

Methodology of the study

The focus of this study is on healthcare professionals who either want to relocate to a host MS and deliver healthcare services, or to provide cross-border services in one MS while located in another.

The requirements identified in your national research will be grouped according to an initial broad categorisation:

- Requirements applying equally to all health providers in the MSs, or only to cross-border healthcare providers (e.g. language skills, recognition of qualifications);
- Sectoral requirements (e.g. applicable specifically to the medical professional in each scenario such as education and training in the relevant field, licencing and registration with regulatory bodies) or cross-sectorial requirements (e.g. regulations applying across the economy, irrespective of profession such as business or tax registration);
- Requirements applying specifically to the public sector, the private sector, or both.

Our key focus is the identification of potential obstacles to the free movement of healthcare service providers and whether additional requirements are imposed on providers who wish to offer cross-border healthcare services in comparison to providers operating from within the MS in question.

Timeline of the study

The anticipated duration of the study is 21 months, however, your research is conducted early in the study. Please note that your report has a deadline of 10th August 2015.

Template Country Report

The Template Country Report contains a short questionnaire for each of the five scenarios. An explanation for each scenario can be found below. Please answer the questions, detailing the requirements for each scenario of your MS only.

The questions should be answered on the basis of desk research – we do not foresee the need to contact any stakeholders or authorities at this stage of the study. Task 2 of the study (to be performed by our partners at Ecorys) will include interviews with relevant stakeholders, such as national authorities, regulatory bodies, etc. We have therefore left room for you to mention where information in your desk research is missing or unclear, and to make suggestions for further enquiries.

Please ensure that your answers are concise, but note that our focus in this study is on the practical requirements placed on health professionals, therefore each stage of the scenarios should be addressed. Names (of job titles, organisations, laws, etc.) should be provided both in your native language and in English. Each question should be addressed; where a question does not apply to your MS, please state "not applicable", rather than leaving the answer blank.

Scenario 1

A general practitioner / family doctor wishing to set up a practice in another MS to offer standard GP services to patients.

Scenario 1 aims to shed light on cross-border obstacles imposed on cross-border health practitioners who wish to set up a practice in an EU MS, having been trained (and possibly having practised) as GPs in another EU MS. In other words, the focus is on cross-border obstacles that host MS impose on GPs who exercise their freedom of establishment.

Your task will therefore consist of making an inventory of the various requirements that must be fulfilled by a GP wishing to set up a practice in your MS, and specify where the requirements apply only to GPs who have trained or practised in another EU MS.

Scenario 2

A general practitioner 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 established in another MS.

Scenario 2 aims to shed light on cross-border obstacles that are imposed on GPs wishing to provide online consultations and ePrescriptions services to patients in your MS, while remaining established in another EU MS. In other words, this scenario pertains to cross-border obstacles imposed by host MS on GPs exercising their freedom to provide services.

Your task will therefore consist of making an inventory of the various requirements that must be fulfilled by a GP wishing to provide online consultations and ePrescriptions in your MS, and specify where the requirements apply only to GPs providing these as cross-border services while established in other EU MS.

Scenario 3

A physiotherapist wishing to establish as an independent practitioner offering physiotherapy services in another MS.

Scenario 3 concentrates on the freedom of establishment. Its purpose is to ascertain whether your MS imposes additional requirements on physiotherapists who wish to establish themselves having been trained (and possibly having practised) as physiotherapists in another EU MS.

Your task will therefore consist of making an inventory of the various requirements that must be fulfilled by a physiotherapist wishing to establish themselves independently in your MS, and specify where the requirements apply only to physiotherapists who have trained or practised in another EU MS.

Scenario 4

A medical services laboratory in one MS offering diagnosis services (for example, standard blood sample analysis) in another MS.

Scenario 4 concerns the freedom to provide services. It aims to assess whether your MS imposes cross-border obstacles on medical services laboratories that are established in other EU MS.

Your task will therefore consist of making an inventory of the various requirements that must be fulfilled by a laboratory providing diagnosis services, and specify where the requirements only apply to laboratories established in other EU MS.

Scenario 5

A hospital wishing to open a subsidiary branch in another MS.

Scenario 5, which relates to the freedom of establishment, aims to compare the requirements that are imposed, respectively, on a hospital established in your MS and a hospital established in another EU MS, when opening a subsidiary branch in your MS.

Your task will therefore consist in making an inventory of the various requirements that must be fulfilled by a hospital wishing to open a subsidiary branch in your MS, and specify where the requirements only apply to hospitals established in other EU MSs.

Model Country Report

In addition to the blank template described above, we have produced a model report, which should be used as an example, to give you an indication of the level of detail we require in your research. Please note that the model is an example only and the number of requirements for each scenario may differ considerably in your MS. We also expect the content of the reports to vary, therefore it is important that you do not stick too rigidly to the scope of the model.

Support by Spark

Finally, you will of course be assisted as much as possible during the period of your research. To that end, we will have a brief call with you over the next week to discuss this document, and address any preliminary questions you might have. Thereafter, you will have a contact point at Spark (Jasmine Simpson, jasmine@sparklegalnetwork.eu, 0044 20 88403860) to whom you may direct any further issues that arise during your research. You will be contacted during the research period for a brief check-in, however we will be available at any time to answer questions.

Please do not hesitate to contact us if you have any questions whatsoever during your research.

ANNEX II: QUESTIONNAIRE NATIONAL STAKEHOLDER CONSULTATION

In this Annex we present the questionnaire that was used for the national stakeholder consultation that was conducted as part of Task 2 and Task 3.

NATIONAL STAKEHOLDER CONSULTATION FOR THE STUDY ON CROSS-BORDER HEALTH SERVICES: POTENTIAL OBSTACLES FOR HEALTHCARE PROVIDERS

Ecorys together with Spark Legal Network and Consultancy Ltd (UK) and Erasmus University Rotterdam (NL), have been assigned a contract to carry out a study on potential obstacles for healthcare providers wishing to establish themselves in another MS. The study was commissioned by the European Commission (Chafea / DG SANTE). The study started in March 2015 and is scheduled to run for a maximum of 21 months.

As part of the *study on cross-border health services: potential obstacles for healthcare providers,* we kindly invite you to participate in the national stakeholder consultation by filling in this questionnaire.

Objectives of the study

The study aims to analyse the legal, administrative and additional requirements by country which may constitute barriers to EU healthcare providers wishing to offer their services in another MS.

The following specific objectives will be addressed:

- Identify specific and cross-sectorial national requirements for healthcare providers, when providing services abroad;
- Explain the rationale of the requirements, assess their purpose and identify the main obstacles to delivering cross-border health services, by considering how the requirements apply in practice in a number of scenarios:
  - **Scenario 1:** GP/ family doctor wishing to set up a practice in another MS to offer standard GP services to patients;
  - **Scenario 2:** A GP wishing to offer online consultations and ePrescriptions to patients (both private patients and patients covered by or claiming reimbursement from the public healthcare system) in one MS whilst 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 wishing to offer diagnostic services (for example, standard blood sample analysis) in another MS;
  - **Scenario 5:** A hospital wishing to open a subsidiary branch in another MS.
- Estimate the amount of (financial and time) resources necessary to invest in order to comply with the different requirements (including in terms of the opportunity cost incurred by foreign providers wishing to offer cross-border health services compared to the difficulties faced by domestic health providers).

Consultation of national stakeholders

The aim of the consultation of national stakeholder is two-fold:

- To validate and, if necessary, complement the overview of requirements for each scenario (both formal requirements and daily practice); and
- To estimate the resource demands for meeting these requirements.

The questionnaire for the national stakeholder consultation consists of two parts:

4. **Scenario specific questions** regarding;
   a. Legal and administrative requirements;
   b. Additional requirements;
   c. Resource demands; and
   d. Real-life examples.
5. **Additional information** you would like to share with regard to this topic.

The questionnaire refers to a infographic summarising the requirements. The information in the infographic stems from in-depth desk research. This infographic was attached to the e-mail as a separate document (infographic scenario <*scenario #*> – <*MS*>).

We would appreciate to receive your answers to this questionnaire by <*date*> 2016. All answers will be processed confidentially. Please send your filled in questionnaire to crossborder@ecorys.com.

If you have any questions with regard to this consultation, please do not hesitate to contact us at the same email address.

Thank you in advance for your input and willingness to cooperate to this study.

Questionnaire

Completed by:	
Name/ title (Prof, Dr, Mr, Mrs, Ms etc.)	
Function/position	
Organisation/Department	

Questions on scenario <scenario #> for <MS>: <description scenario>

Legal and administrative requirements

Based on the information presented in the attached infographics that summarise the applicable requirements:

- Is the information presented in the infographics correct and complete?

Yes/No

If not, could you please specify the missing requirements for (a) national professionals and providers, and (b) non-national EU professionals and providers?

Additional requirements

- Do you think that there are additional requirements for non-national EU professionals and providers (e.g. because of common practice, 'unwritten rules', or cultural aspects) that are not summarized in the infographics for scenario <*scenario #*>?

Yes/No

If yes, which additional requirements are there?

- In your experience, do non-national EU professionals and providers face any obstacles in this scenario?

Resource demands

- Can you give an indication of the resource demand, in terms of time and costs, non-national EU providers face in scenario <*scenario #*>, both based on the legal and administrative requirements as well as the additional requirements they face in daily practice?

Real-life examples[97]

- Are you aware of any real-life examples of <*description scenario*>.

Yes/No

97 Real-life examples are examples of actual <*description scenario*>.

If yes, would you be willing and able to get us into contact with these providers?

Yes/No

Additional comments

- If there is any additional information you would like to share on this topic, please use the space provided below.

- In case the project team has any follow-up questions, do you give them permission to contact you again in the context of this study?

Yes/No

Thank you for your time and input.

ANNEX III: COUNTRY FICHES

In this Annex we present the country fiches that summarise the results of the initial mapping and the national stakeholder consultation per MS, per scenario.

The table below presents the names of the country correspondents for the initial mapping.

Name	Affiliation	MS(s)
Lena Boucon	Spark Legal Network and Consultancy ltd.	FR
Jasmine Simpson	Spark Legal Network and Consultancy ltd.	MT, UK
Dr. André den Exter	Lecturer in health law at the Institute of Health Policy and Management, Erasmus University Rotterdam, the Netherlands	NL
Dr. Matej Avbelj	Associate Professor of European Law, Graduate School of Government and European Studies, Slovenia	SI
Grzegorz Glanowski	Department of Bioethics and Medical Law, Jagiellonian University	PL
Julia Hornung	Institute for German, European and International Medical Law, Public Health Law and Bioethics	DE
Dr. Titti Mattsson	Professor of Public Law, Faculty of Law Lund University	SE
Dr. Alceste Santuari	Senior Lecturer of Law and Economics - Law of Non Profit Organisations - International Health and Law - Public-Private Partnerships (PPPs), University of Bologna	IT
Santa Slokenberga	researcher at Uppsala University Faculty of Law and Centre for Research Ethics and Bioethics	LV

France

National Health System

The French system is largely a centralised system. Originally insurance-based, the funding of the French healthcare system increasingly depends on tax contributions. The system increasingly moves towards a benefits-in-kind system. Key organisations in policy are the Ministry of Social Affairs and Health, the Ministry of Finance, which both supervise the Social Security Directory which, in turn, supervises the three main social security funds.

Scenario 1

Main regulatory body
French National Medical Council
Requirements pertaining to the individual
Nationality requirements
Holding French nationality or nationality from another Member State.
Recognition of qualifications
The applicant must hold a French diploma of doctor in medicine. If the applicant obtained his/her diploma in an EU Member State/EEA party, the law sets out which GP diplomas are recognized in France. The diplomas must be accompanied by a certificate delivered by the competent national authorities attesting that EU requirements are fulfilled. There are specific rules for GPs established in certain Member States and who have obtained a GP diploma before certain dates which does not comply with EU law requirements (31 Dec. 1994: BE, DK, DE, EL, ES, IT, IR, LUX, NT, AT, PT, FI, UK; 1st May 2004: CZ, EE, CY, LT, LV, HU, MTPO, SK, SI; 1st Jan. 2007: BU, RO, 1st July 2013: CT). If the GP's diploma is not mentioned, its holder must obtain a certificate delivered by the competent national authorities attesting that EU law requirements are fulfilled and that the diploma is, in the home MS, assimilated to the diploma recognized. There are specific rules for diplomas delivered by former Czechoslovakia, USSR, Yugoslavia or before the independence of the Czech Republic, Slovakia, Latvia, Estonia, Lithuania and Slovenia apply. If an EU national has obtained his/her diploma in a third country, the French authorities may recognize this diploma on an individual basis provided that it is recognized in another EU Member State. If there is a substantial discrepancy between the EU national's professional training and what is required in France, the French authorities may subject the EU national to compensation measures (aptitude test or completion of adaptation period).
Registration with a regulator
In order to register with the French Medical Council, a doctor must apply to the Departmental Medical Council where (s)he sets up his/her professional residency. The applicant must fill out a form and make an appointment with the competent Departmental Medical Council. The following are required: proof of identity/Nationality: copy of valid ID or proof of ID, diploma or degree: Copy of relevant French diplomas, morality and worthiness: a solemn declaration must be provided attesting that the applicant is not subject to any proceedings that could give rise to a sentence or a sanction that could affect his/her registration, language skills: sufficient knowledge of French language, fee: An annual fee must be paid to the Departmental Medical Council. In 2015 = €320. First-registration fees amount to half of the regular amount (i.e. in 2015, €160), CV, other supporting documents: certificate attesting that the applicant is no longer registered with another Departmental Medical Council; or solemn declaration attesting that (s)he has never been registered. + Any contract or additional contract relating to the GP's medical practice, to the use of medical equipment and to the premises must be provided to the Departmental Medical Council upon registration (see below) + If applicable: copy of the charter of the company (see below). Procedure for Registration: The applicant must fill out a form, gather all the supporting documents and then make an appointment with the competent Medical

Departmental Council.
Any other requirements
NA.
Requirements relating to place of work
Location of practice
Free, but (tax) incentives exist to encourage doctors to set up their practice in areas where doctors/patients rates are low.
Type of practice
A GP may have his own individual medical practice (self-employed or self-employed with limited liability), or be part of a group practice: o Joint Exercise Convention o Civil Company of Production Must be registered with the Commercial Register and with the Departmental Medical Council. Supporting documents to be provided to the Departmental Medical Council. O Independent Exercise Company Same rules as those applicable to SCPs apply except the following: SELs may comprise up to a hundred doctors. Supporting documents to be provided to the Departmental Medical Council. O Civil Company of Means: all contracts and additional contracts must be passed on the Departmental Medical Council. O Common Expenses Exercise Contract o Interprofessional Company for Outpatient Care Locum: Two groups may practise as locums: doctors – they must be registered with the Departmental Medical Council; and medical Students. GPs may also be independent associates: This type of practice may only concern two GPs registered with the Departmental Medical Council.
Professional insurance
All medical professionals must subscribe to a professional civil and administrative liability insurance. All medical professionals must pay a flat-rate contribution to a national fund covering damages resulting from medical care, medical preventing acts or medical diagnostics made by independent medical practitioners (between €15-25, set by Ministerial Order).
Business registration
Individual medical practice: The GP must register him/herself as well as his/her practice with Urssaf (Union de Recouvrement des cotisations de Sécurité Sociale et d'Allocations familiales) network (in charge of collecting social contributions). Group medical practice: In case GPs set up companies, they must register it within the registrar of the Commercial Court in the Commercial Register. Urssaf and Commercial Courts are called Centres of Companies' Formalities (CFE – Centres de Formalités des Entreprises). They are in charge of passing on the various relevant forms filled out by the GP/company's partners to: CPAM or RSI where applicable (i.e. social security fund of personal affiliation), CAF (GPs having their own practice have the same rights as employees regarding family allowances), Tax Office, and INSEE (who is going to give the practice its identification number).
Registration for tax
Registration with an Association de Gestion Agréée (Certified Accounting Association) or an accountant certified by the tax administration (non-compulsory): Such registration is not obligatory. However, a GP is imposed a 25% tax increase if (s)he does not do so. Registration with tax authorities: See above, under "business registration."
Registration with second regulator or professional association
Registration with a professional association (non-obligatory): Optional membership with a GP Union e.g.: Union Généraliste (http://www.uniongeneraliste.org), MGFrance (http://www.mgfrance.org), SMG (http://www.smg-pratiques.info), etc.
Any other relevant requirements
Registration with CARMF (Caisse autonome de retraite des médecins de France, doctors' pension scheme): obligatory.
Requirements relating to public funding coverage
Registration with the relevant local social security fund: Once the GP is registered with the relevant Departmental Medical Council, (s)he has then to register with its local

social security fund. To do so, (s)he has to make an appointment with the local security fund.
During the meeting, the local social security fund advisor:
- Checks that the GP has all the relevant supporting documents;
- Asks the GP under which reimbursement scheme (s)he wishes to practise and registers him/her with the social security fund system. The GP indeed has the choice between:
(1) adhering to the national convention passed between the National Union of Healthcare Funds (Union nationale des Caisses d'Assurance Maladie) and the professional associations representing doctors (Confédération des Syndicats Médicaux Français, Syndicat des Médecins Libéraux, Fédération Française des Médecins Généralistes).
If (s)he opts for adhering to the national convention, the GP must then decide whether (s)he will practise in Sector 1 (which means (s)he will apply the conventional fees set by the healthcare fund) or in Sector 2 (which means (s)he will set his/her fees freely but with "tact and moderation" – Article 36 of the Convention).
(2) not adhering to the national convention. In this case, the reimbursement rate is set by a Ministerial Order based on a "156onces d'autorité" (authority tariff), which currently amounts to 16% of conventional fees of technical acts (Art. L. 162-5-10 SSC).
- Helps the GP to personally register and to register his/her practice with social security.

Scenario 2

Rules applicable to online consultations and ePrescriptions
Definition of online consultations under national law
Fall under telemedicine in the Public Health Code "remote medical practice through ICTs."
Definition of ePrescriptions under national law
Prescriptions may be via email under the Loi relative à l'assurance maladie.
Conditions for the provision of online consultations? (both applying equally and applicable to cross-border providers)
Applying equally: The Public Health Code requires telemedicine: be part of national programme under Ministerial Order, in multi-year contracts, subject to a contract with the Health Regional Agency. The doctor must: fulfil conditions for qualification or fulfil requirements of cross-border provision of medical services under the PHC or have authorisation from the Minister of Health. Cross-border: The doctor must: practise legally in other Member State, complete a declaration, possess language skills, comply with French professional rules. The French Medical Council then gives permission.
Conditions for the provision of ePrescriptions? (both applying equally and applicable to cross-border providers)
Applying equally: The Loi relative à l'assurance maladie (requiring identification of the author, confidentiality, and clinical exam if in case of emergency) Cross border: Under the Public Health Code pharmacists must deliver drugs prescribed in another EU Member State by a practitioner legally authorized to prescribe in that Member State (except for reasons of patient health or legitimate and justified doubts as to theprescription or the health practitioner).
Requirements relating to coverage by the public health system
Conditions for coverage for online consultations via 1) a public insurance fund 2) a national health service 3) patient reimbursement (both applying equally and applicable to cross-border providers)
Applying equally: The Public Health Code states that telemedicine acts, including online consultations, are reimbursed in similar manner as other medical acts. Cross border: It can be inferred that the Public Health Code provides that patients regularly affiliated to the French healthcare system will be reimbursed for online consultations carried out by a provider of medical services established in another EU Member State.
Conditions for coverage for ePrescriptions via 1) a public insurance fund 2) a national health service 3) patient reimbursement (both applying equally and

applicable to cross-border providers)
As long as prescriptions comply with conditions they will be reimbursed.
Any other relevant requirements?
NA.

Scenario 3

Main regulatory body
Physiotherapists' Council.
Requirements pertaining to the individual
Nationality requirements
NA.
Recognition of qualifications
Physiotherapy is a regulated profession in France. People wishing to practice physiotherapy must therefore hold specific diplomas in order to practice. Cross-border individuals: The competent authority may authorize them, on an individual basis, to practice as physiotherapist provided that: - they hold a diploma delivered by another Member State which is required to practice as a physiotherapist in that Member State (i.e. Member States where physiotherapy is a regulated profession); - or, if they have practiced in another EU Member State which does not regulate the access to/exercise of the physiotherapy profession, they hold an academic title certifying that they are trained to practice together with a certificate attesting that they have practice two years in that Member State over the past ten years; - or an academic title delivered by a third country and recognized in another Member State where it allows to legally practice as a physiotherapist. In these cases, when it turns out that there are substantial differences between what is required in other Member States/third countries and what is required in France, the competent authority may subject the applicant to "compensation measures," which consists, depending on what the applicant opts for, of an aptitude test or an undergo period.
Registration with a regulator
Registration with the Physiotherapists' Council. The applicant must provide several supporting documents; Applicants must moreover pay a fee, the amount of which varies depending on the status of the physiotherapist (independent, employed…). + Language Requirement + Knowledge of weight and measurement systems used in France Requirement. Cross-border individuals: Request for an authorization to practice in France: this request must take place before the registration with the Physiotherapists' Council. It must be addressed to the central administration of the region where the physiotherapist intends to practice. All the supporting documents must be in French or translated into French by a chartered translator: Registration with the Physiotherapists' Council: cross-border physiotherapists are subject to the same requirements as physiotherapists trained in France despite a few exceptions (in particular: certificate of no more than three months old attesting that the applicant fulfills morality and worthiness conditions issued by the competent authorities of the home MS (if this Member State requires such a proof).
Any other requirements
Registration on the ADELI Database: independent physiotherapists must register on the ADELI Database one month after they start their activities at the latest. They must register with the ARS (Health Regional Agency) of the département where their practice is established. Registration with CARPIMKO: CARPIMKO is a pension scheme and any independent physiotherapist must register. Cross-border individuals: Registration on the ADELI Database: Physiotherapists who have obtained diploma in other Member States must provide originals of their diplomas, translation into French and authorization to practice in France.
Requirements relating to place of work
Location of practice
Free

Type of practice
Independent physiotherapists have different options: - Individual surgery, - Group surgery, - Practice taking exclusively place at patients' homes, - Companies: as seen under Scenario 1, physiotherapists may opt for SCP, SEL, SISA, SCM… The same rules as those seen above apply. - Locum.
Professional insurance
Obligatory.
Business registration
URSSAF serves as "Companies' Centre of Formalities" ("CFE," Centre de Formalités des Entreprises), which is in charge of gathering and centralising information that it subsequently passes on to various administrations (e.g. tax authorities). Independent physiotherapists must register with URSSAF 8 days after the start of their practice at the latest. They must provide information relating to their personal status, their activity (place of practice, type of practice, social security status, tax, accounting etc.).
Registration for tax
See above, under "business registration."
Registration with second regulator or professional association
Such registration is possible but not obligatory.
Any other relevant requirements
NA.
Requirements relating to public funding coverage
Registration with the social security fund: If physiotherapists wish to work within the framework of the convention signed between associations/unions of physiotherapists and the social security funds, they must register with the local social security fund of their place of practice. Therefore, such a registration is not obligatory if they wish to practice outside this framework (but this means that their patients will not be reimbursed for their medical expenses).

Scenario 4

Definition of services provided by medical laboratories under national law
Under the Public Health Code the services are "medical" – pre-analytical, analytical and post-analytical phases.
Does national law provide for the possibility to provide cross-border services supplied by laboratories? If so what type?
The Public Health Code allows a laboratory established in another Member State to provide cross-border services, but only analytical phase (pre and post must be done in France).
Requirements for the professionals running the laboratory (both applying equally and applicable to cross-border providers)
Under the Public Health Code: services must be done by a medical biologist, who remains responsible even when a phase is done outside his laboratory, the biologist may be either a doctor or pharmacist, and must have knowledge of French and measurements used in France.
What are the requirements pertaining to the laboratory itself? (both applying equally and applicable to cross-border providers)
Applying equally: The Public Health Code states accreditation is required. Cross-border: Under the Public Health Code 1) conditions for accreditation may be the same in the Member State in which case a declaration can be provided 2) Authorisation standards may be equivalent in which case a declaration can be provided 3) Authorisation must be obtained (acts yet to be implemented)
Conditions for coverage of medical laboratory diagnostic services via: 1) a public insurance fund 2 the national health service 3) patient reimbursement (both applying equally and applicable to cross-border providers)
Public Health Code: for services provided by a laboratory to be reimbursed to the patient, it must be prescribed by an authorised person and be on the list setting out which medical services are covered by the French healthcare system.

Any other relevant requirements?
NA.

Scenario 5

Main regulatory body for hospitals
Regional Health Agencies (as of 2009)
Does national law provide for the possibility for hospitals to open subsidiary branches?
Yes.
Is there a requirement for the subsidiary to take a particular legal form? (both applying equally and applicable to subsidiaries of cross-border providers)
Not-for-profit facilities (associations, foundations, mutual funds) or for-profit facilities (companies) which should be set up according to respective laws.
What are the requirements for each form the subsidiary may take? (both applying equally and applicable to subsidiaries of cross-border providers)
NA.
Which authorisation or licensing is required by the regulatory authority? (both applying equally and applicable to subsidiaries of cross-border providers)
Under the Public Health Code authorisation is required from the Regional Health Agency (creation plan has to meet population needs and interregional scheme, and fulfil technical requirements of creation and functioning). Compliance check must be done within six months.
Requirements relating to the legal form
Professional insurance (both applying equally and applicable to subsidiaries of cross-border providers)
NA.
Business registration (both applying equally and applicable to subsidiaries of cross-border providers)
The rules commonly applicable to associations, companies and other legal forms are applicable.
Registration with accountants/tax authorities (both applying equally and applicable to subsidiaries of cross-border providers)
The rules usually applicable apply.
Registration with a regulatory body or professional association (both applying equally and applicable to subsidiaries of cross-border providers)
NA.
Any other requirements (both applying equally and applicable to subsidiaries of cross-border providers)
NA.
Which conditions must the hospital meet regarding the costs of treatment to: 1) receive the cost from the public insurance fund 2) receive the cost from the national health service 3) ensure the patient is reimbursed (both applying equally and applicable to subsidiaries of cross-border providers)
Public Health Code: authorisation allows hospitals to provide reimbursable services. May be denied if tariffs out of proportion.

Sources
www.social-sante.gouv.fr www.securite-sociale.fr www.adecri.org (Agency for the Development and Coordination of International Relations): has drafted a Report, in English, on *The French Social Protection System* (2009) available at http://www.adecri.org/userfiles/files/brochure/Protection%20Sociale%20en%20France%20-%20V%20GB%202008.pdf Legal documentation available at http://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000020930148&fastpos=3&fast ReqId=2003921168&categorieLien=cid&oldAction=rechTexte.

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https://www.cofrac.fr/documentation/SH-REF-02
https://www.cofrac.fr/fr/documentation/index.php?fol_id=64.

Germany

National Health System

The German system is a combination is based on the federal organisation of the state and therefore divided between national (centralised) authorities in charge of setting out the legal framework, and the states (*lander*) who implement the policies regionally. Funding is a combination of statutory (SHI) and private (PHI) health insurance (the former may be either compulsory or voluntary depending on the status of the citizen). Statutory funding is coordinated centrally.

Scenario 1

Main regulatory body
The Federal Parliament, Ministry of Health, Federal Council, Federal government. (governmental bodies) set out the overarching legal framework. The 17 State Associations of statutory health insurance physicians grant admission to a GP (and other physicians) to provide healthcare services to members of the statutory scheme. They are also entitled to plan the distribution of physicians (based on demand/requirement planning) for their geographic area of responsibility states. The National Association of SHI Physicians develops the fee schedule for the work of statutory physicians.
Requirements pertaining to the individual
Nationality requirements
None mentioned
Recognition of qualifications
Requirements for a statutory health insurance GP: licence to practise medicine, licence for medical specialisation as a GP, compliance with requirements of Art. 28 EU Directive 2005/36/EC (specific training in general medical practice), statutory duty of SHI GPs to obtain further education; the content of further training is determined by the National Association of SHI Physicians. Requirements for all GPs (therefore also private health insurance GPs): licence to practice medicine, licence for medical specialization as a GP (to obtain the licence for medical specialization as a GP the candidate needs to fulfil the criteria laid down in the Decree on Further Education passed by the responsible State Chamber of Physicians), (non-statutory) duty to obtain further education. For approbation (licence to practise medicine) applicants must: be reliable and worthy in regards to practice medicine, be healthy enough to practice medicine, have finished at least 6 years of university studies, and have sufficient German language skills. Non-German EU-citizens do not need to have done 6 full years of university as above; with regards to the licence for medical specialization as a GP, the licence for a medical specialisation as a GP from another EU Member State will be recognized in accordance to EU Directive 2005/36/EC.
Registration with a regulator
For the licence to practice medicine (Approbation), applicants require: supporting documents – certified translations if not in German, payment of a fee (€150 in Bayern, between €230 and €460 in Brandenburg), and membership with one of the 17 State chambers of physicians. For SHI GPs, the following is required: entry in the physicians register, selection of location, and admission by one of the 17 Associations of SHI Physicians. An additional fee of €400 will apply when permission to set up as a SHI GP has been granted. Cross-border individuals require: a licence to practice medicine, supporting documents, proof of knowledge of German language necessary for practice (In Brandenburg, C1 skills are required, and a test taken for a €275 fee. In Bavaria, C1 skills are also required, and a test is being introduced as of autumn 2015, but fee is not known at this time). In addition payment of a further fee is necessary for the recognition of a licence to practice obtained in another Member State (€150 in Bayern,

between €230 and €460 in Brandenburg).
Any other requirements
NA
Requirements relating to place of work
Location of practice
Free for PHI physicians. For SHI physicians, each of the 17 State Associations is required to have a demand-requirement plan ensuring adequate medical treatment availability in their state. They therefore give permission to set up practices in accordance with this plan.
Type of practice
A GP normally has his own practice where he works permanently. He can also share practice spaces with other GPs. It is also possible to obtain permission from the relevant State Association to work at a SHI hospital. A GP who is not self-employed may be employed at another practice, hospital or medical centre. Cross-border GPs without a licence to practice medicine within the German territory may only offer healthcare services temporary in Germany. In this case, he has to be established in another EU Member State.
Professional insurance
De facto obligatory.
Business registration
Each SHI Physician is assigned a number by their Association of SHI Physicians, which they have to use when they bill their Association for the medical services they delivered. Each permanent establishment is assigned a separate establishment number, also used for the process of billing. PHI Physicians do not get such numbers.
Registration for tax
A GP has to notify the responsible state *tax authority* that he is beginning to offer medical services in his own practice as self-employed.
Registration with second regulator or professional association
Compulsory membership in the State Chambers of Physicians for both SHI and PHI physicians and compulsory membership for SHI GPs as well in the responsible State Association of SHI Physicians.
Any other relevant requirements
NA
Requirements relating to public funding coverage
Only SHI physicians receive the costs of treatment of SHI members from the SHI Funds. They are paid by the State Association of SHI Physicians they themselves are a member of. System incredibly complex. PHI Physicians are directly paid by their patients. Members of a PHI company have to claim the costs of treatment back from their PHI company. SHI patient only have to pay their physician directly for medical services and treatments that are not covered by the national benefit catalogue of the SHI. In this case, the Medical Fee Schedule determines costs for the healthcare services. The patient won't be reimbursed by his SHI Fund for these treatments, as they are not part of the SHI benefit catalogue.

Scenario 2

Rules applicable to online consultations and ePrescriptions
Definition of online consultations under national law
No legal definition. Some industry use of the terms "telemedicine" (professional association bilateral contract), "telemedical procedures" (Lander Code of Conduct), "remote treatment" (state courts).
Definition of ePrescriptions under national law
No definition, no ePrescriptions used – must be paper, but Electronic Statutory Health Insurance Card to include ePrescription in the future.
Conditions for the provision of online consultations? (both applying equally and applicable to cross-border providers)
Applying equally Doctors require licence to practise, and must comply with Lander Code of Conduct which bans treatment solely via print and media, doctor must guarantee he treats patients directly. Online consultations disputed overall. There are no special rules for cross-border providers; citizens covered by Statutory Health

Insurance allowed to receive services in other Member State from providers authorised/licensed by that country. Not clear how this applies to "virtual" services.
Conditions for the provision of ePrescriptions? (both applying equally and applicable to cross-border providers)
No system in place
Requirements relating to coverage by the public health system
Conditions for coverage for online consultations via 1) a public insurance fund 2) a national health service 3) patient reimbursement (both applying equally and applicable to cross-border providers)
The doctors fee schedule adopted by Federal Association of Statutory Health Insurance Physicians and the Federal Association of Health Insurance Funds sets out which services can be billed – if a service is not featured it cannot be billed. Telephone services feature but online services do not. The private system does not provide the possibility to bill for online services either. Statutory Health Fund members receive reimbursement for treatment abroad but it is not clear if this covers online consultation (expert suggests it may depend on the Statutory Health Insurance fund or the Private Health Insurance company in question).
Conditions for coverage for ePrescriptions via 1) a public insurance fund 2) a national health service 3) patient reimbursement (both applying equally and applicable to cross-border providers)
No system in place.
Any other relevant requirements?
It is prohibited to advertise remote diagnosis or remote treatment.

Scenario 3

Main regulatory body
Ministry of Health, State/Federal Association of Statutory Health Insurance Funds, Umbrella organization of the associations of remedy providers, Federal association of SHI physicians
Requirements pertaining to the individual
Nationality requirements
NA.
Recognition of qualifications
Physiotherapists who provide services on a GP prescription need a permission to use the term "physiotherapist". This is granted if: the necessary education has been completed, the person is reliable, is healthy enough to practice physiotherapy, and the candidate has sufficient German language skills to offer physiotherapeutic services. For cross-border individuals, under Directive 2005/36/EC: their education has to be equivalent to German physiotherapy education (equivalency will be assessed by the responsible lander body/office). The cross-border individual may have to do an adaption training course of up to 3 years or an assessment, if either the education was 1 year shorter than the German requirements, the content of the education differed substantially, the permission to offer physiotherapy services issued by an EU Member State does not cover services and activities that are covered by German legislation, or the candidate's diploma only fulfils the requirements of Art. 11 (b) Directive 2005/36/EC (a secondary certificate not degree). Sufficient professional work experience (regardless where it has been undertaken) may compensate for these deficits. If a physiotherapist wants to treat patients without a GP prescription, he needs an extra permission, the so-called permission to offer medicine without being a licensed physician.
Registration with a regulator
Physiotherapists are not subject to compulsory membership in any association. Permission must be granted by the relevant state office (in Bavaria this is one of the 7 district governments; the district office requires a set of documents that have to be filed with the application and a fee of €25 must be paid. In Brandenburg the Ministry for Social Affairs and Care is responsible, however, the physiotherapist application has to be filed with the Ministry for Environment, Health and Consumer Protection and a fee of €40-150 must be paid). For SHI physiotherapists, the responsible State Association of SHI Funds must grant

permission, with the 3 following criteria to be met: the necessary education and training as well as the permission to use the professional title "physiotherapist" under German law, practice rooms and equipment that allow to provide physiotherapy services and the candidate's acknowledgement of the agreements regarding the service provisions to SHI members. The responsible State Association of SHI Funds will examine the rooms and the equipment. For cross-border individuals, permission of the relevant state office includes the recognition of qualifications and assessment whether education and training is equal to the German versions. The following may be required: a police clearance certificate (to prove reliability and trustworthiness), a health certificate (issued by the country of origin), certificate attesting language skills (in Bavaria and Brandenburg a B2 level is required). The application has to be filed with the responsible State office (in Bavaria: the responsible district government, in Brandenburg: Ministry for Environment, Health and Consumer Protection). In Bavaria, the Code on Recognition of Foreign Professional Qualification lists the necessary application documents: a list of all completed education and work experiences (in German); proof identification; foreign diplomas (and certified translation of diplomas); certificates of work experience (and certified translations); a statement whether an application already has been submitted at another office. Supporting documents vary, depending on the state concerned. There are sometimes extra fees for the recognition of qualficiations obtained in other Member States.
Any other requirements
NA.
Requirements relating to place of work
Location of practice
Free
Type of practice
Mostly permanent. Most physiotherapists opt for a location in a healthcare centre or at least near physicians who regularly prescribe physiotherapy (such as orthopaedists).
Professional insurance
All non-medical health care professions (and therefore physiotherapists) must have professional insurance (liability / third party insurance).
Business registration
In accordance with tax registration as a self-employed individual.
Registration for tax
A physiotherapist has to notify the responsible state tax authority that he is beginning to offer physiotherapy services in his own practice as being self-employed. He will then be assigned a tax number for his business.
Registration with second regulator or professional association
NA
Any other relevant requirements
NA
Requirements relating to public funding coverage
A physiotherapist needs permission to be reimbursed for services he offers to SHI members. Any physiotherapy service not covered by the SHI benefit catalogue has to be paid out of pocket by the SHI member (unless the person has a supplementary private policy). The physiotherapists will bill the SHI Fund to which their patient belongs. Reimbursement generally only applies to members of a PHI company. What services will be reimbursed depends on the terms of the policy and therefore varies from case to case. Generally, a PHI patient needs a prescription for physiotherapy services. If a patient without a prescription goes to a physiotherapist (with a non-medical permission in accordance with the Non-Medical Practitioners Act), the terms of his policy determine whether he will be reimbursed by his PHI company (there are special policies for non-medical practitioner services / alternative healing methods).

Scenario 4

Definition of services provided by medical laboratories under national law
No specific definition under German law, but it covers provision, quality, and

reimbursement on laboratory services.
Does national law provide for the possibility to provide cross-border services supplied by laboratories? If so what type?
No
Requirements for the professionals running the laboratory (both applying equally and applicable to cross-border providers)
The laboratory must be run by a physician in order to be billable (who can only offer services for which they have the education and training – they may also be a laboratory physician)
What are the requirements pertaining to the laboratory itself? (both applying equally and applicable to cross-border providers)
Relevant codes may apply to the laboratory depending on the equipment and substances used. The Federal Decree on the Use of Medical Devices requires every medical laboratory to comply with the Decree of the German Medical Association on the Quality Assurance of Medical Laboratory Services. Moreover, medical laboratories have to comply with DIN EN ISO 1518 and can apply for accreditation, if they offer laboratory services that are subject to the DIN Code. Germany's National Accreditation Body will assess conformity.
Conditions for coverage of medical laboratory diagnostic services via: 1) a public insurance fund 2 the national health service 3) patient reimbursement (both applying equally and applicable to cross-border providers)
In the public sector, the treating physician must usually provide the services directly himself in order to bill for them (Federal Master Treaty for Medical Practitioners). The doctors fee schedule (Federal Association of Statutory Health Insurance Physicians and the Federal Association of Health Insurance Funds) decides what services are covered by the Statutory Health Insurance fund. In order to be covered services must be provided in compliance with German Medical Association standards. The Federal Association of Statutory Health Insurance Physicians requires practitioners get an extra Billing Permission for laboratory services. In the private sector the Medical Fee Schedule sets conditions for reimbursement including for medical laboratory services. In theory there is nothing to prevent laboratory analysis taking place in another Member State but to be reimbursed by the public funds it would have to be on the doctors fee schedule, which is unlikely.
Any other relevant requirements?
NA

Scenario 5

Main regulatory body for hospitals
The German Hospital Foundation is an umbrella group for State Associations of Hospitals and Associations of Hospital Operators. The Institute for the Compensation System in Hospitals (owned by the Federal Association of Statutory Health Insurance funds, the Association of Private Health Insurance companies and the German Hospital Foundation) is responsible for the fee system, which applies to all hospitals except fully-funded private hospitals.
Does national law provide for the possibility for hospitals to open subsidiary branches?
No explicit law but there is a Swiss company which has hospitals in Germany. The relevant laws do not refer to the nationality of the operator thus they may be German or foreign.
Is there a requirement for the subsidiary to take a particular legal form? (both applying equally and applicable to subsidiaries of cross-border providers)
No requirements to take a particular legal form. The hospital operator (or owner) can be natural person, a corporate body under private law or public law (non-profit or for-profit)
What are the requirements for each form the subsidiary may take? (both applying equally and applicable to subsidiaries of cross-border providers)
NA – company law may apply.
Which authorisation or licensing is required by the regulatory authority?

(both applying equally and applicable to subsidiaries of cross-border providers)
Hospitals may be privately financed (no supplementary government funding) or receive funds from the State (the responsible authority of each State decides which hospitals will be funded. The relevant criteria for this decision is in the Act on Financing Hospitals, the Act on Hospitals and the Hospital Plan. Inclusion in the Hospital Plan also allows hospitals to participate in the Statutory Health Insurance system. Hospital operators may be 1) Non-profit (e.g. church) 2) entities under public law (e.g. the State itself, a city, municipality) 3) entities under private law (e.g. Ltd., trading company) – these require a concession/business licence. Hospital operators who are entities under private law can also be included in the Hospital Plan and funded by the State. Hospitals can treat 1) Statutory Heath Insurance members (to bill, the hospital must be admitted into the public system) 2) Private Health Insurance members 3) Patients who pay out of pocket (because their insurance does not cover the costs).
Requirements relating to the legal form
Professional insurance (both applying equally and applicable to subsidiaries of cross-border providers)
Liability insurance required – no specific provision however.
Business registration (both applying equally and applicable to subsidiaries of cross-border providers)
Business licence is required for private entities. This is issued at federal level and requires: being reliable, ensuring sufficient provision of healthcare services, compliance with public health requirements for buildings and technical equipment, (where the hospital does not have a building for itself, it must not have adverse effects on or endanger the entities/persons it share the building with), (where the hospital will admit persons with infectious diseases or mental illnesses, this must not have adverse effects on or endanger its neighbours). The required supporting documents for application for a license include: a detailed construction- and equipment plan for the romes, docoments regarding the future employees, documents regarding the operatior, and a detailed describition op the business model for the hospital.
Registration with accountants/tax authorities (both applying equally and applicable to subsidiaries of cross-border providers)
Registration with tax authorities
Registration with a regulatory body or professional association (both applying equally and applicable to subsidiaries of cross-border providers)
NA
Any other requirements (both applying equally and applicable to subsidiaries of cross-border providers)
NA
Which conditions must the hospital meet regarding the costs of treatment to: 1) receive the cost from the public insurance fund 2) receive the cost from the national health service 3) ensure the patient is reimbursed (both applying equally and applicable to subsidiaries of cross-border providers)
Only hospitals that have been admitted to the Statutory Health Insurance system can bill the Statutory Health Insurance funds for services provided to their members. To do so the hospital must: 1) be a university hospital 2) be included in the respective Länder's Hospital Plan (this is a legal decision) 3) Have a contract with State Association (rare). In Brandenburg for example a privately funded hospital that has been included in Hospital Plan does not need to apply for a business licence anymore. A hospital not admitted to the Statutory Health Insurance system will treat mainly Private Health Insurance patients who it will bill directly.

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Italy

National Health System

The Italian healthcare system is largely regional: the national government sets objectives and principles, but the regional governments are in charge of delivery. It is tax-funded. Key organisations in policy are the Ministry of Health, the State and Regions' Coordination Committee and regional governments.

Scenario 1

Main regulatory body
NA.
Requirements pertaining to the individual
Nationality requirements
Proof of identity
Recognition of qualifications
All GPs have to get a university degree in Medicine, including a training period as well as a three-year specialisation course. After the university degree, GPs have also to pass an examination to be qualified to practice their medical profession. Cross-border individuals: Students coming from an EU country requested to apply to the Ministry of Health for the recognition of his/her degree and to pass an examination reserved to incoming students. As for incoming GPS, once the recognition of their diplomas obtained, they can apply for direct registration.
Registration with a regulator
GPs must be registered in the local GPs' Register. The application form must state that the applicant has a university degree in Medicine, passed the professional qualification examination, no criminal record and paid the admission fee (€ 324).
Any other requirements
NA.
Requirements relating to place of work
Location of practice
Free.
Type of practice
GPs usually practice as locum at the beginning of their career. In this case, they have to apply to the local health authorities for a provisional regional code. On the contrary, if a GP practices as a private practitioner he/she does not need any provisional regional code since it acts as a private entrepreneur.
Professional insurance
It is currently not oligatory to have professional insurance.
Business registration
No business registration is required for self-employed. However, if GPs are grouped together under the form of a company, this needs to registered with the local Chamber of Commerce.
Registration for tax
Before starting their activity, GPs must register with the Italian tax authority, which grants them a VAT identification number that has to be referred to on any invoice.
Registration with second regulator or professional association
NA.
Any other relevant requirements
NA.
Requirements relating to public funding coverage
Once GPs have been registered in the local Register, they are automatically enrolled with their professional social security fund (ENPAM). The relationship between GPs and the Italian NHS is governed by national and regional collective agreements. Therefore, GPs generally supply their services free of charge. They can also charge patients for

some services only: the list of relevant prices must be clearly stated in the GP's studio.

Scenario 2

Rules applicable to online consultations and ePrescriptions
Definition of online consultations under national law
No specific legislation and little evidence of use.
Definition of ePrescriptions under national law
Treasury Decree 12 November 2011 allows GPs to use ePrescriptions, requiring a number and authentication code. In some regions ePrescriptions are sent straight to the pharmacy (implementation of the legislation is uneven).
Conditions for the provision of online consultations? (both applying equally and applicable to cross-border providers)
NA.
Conditions for the provision of ePrescriptions? (both applying equally and applicable to cross-border providers)
NA.
Requirements relating to coverage by the public health system
Conditions for coverage for online consultations via 1) a public insurance fund 2) a national health service 3) patient reimbursement (both applying equally and applicable to cross-border providers)
NA.
Conditions for coverage for ePrescriptions via 1) a public insurance fund 2) a national health service 3) patient reimbursement (both applying equally and applicable to cross-border providers)
NA.
Any other relevant requirements?
NA

Scenario 3

Main regulatory body
Associazione Italiana Fisioterapisti
Requirements pertaining to the individual
Nationality requirements
Proof of identity.
Recognition of qualifications
In order to become a qualified physiotherapist applicants must graduate from a Faculty of Medicine after completing their degree in Physiotherapy. Cross-border individuals: If a person of an EU country wishes to work as a physiotherapist in Italy on a permanent basis he/she will have to submit the following documents to a specific government office based in Rome: – Copy of an identity proof; – Certificate or other certificate released by the competent authorities of the country allowing the exercise of the profession of the applicant; – Certified copy of diploma; – Detailed studies program; – Certificate which shows in detail the professional activities possibly carried out after graduation; – Certificate stating any periods of practical training carried out, specialization courses, other securities; – • Any delegation (in case the applicant uses a lawyer).
Registration with a regulator
As stated above, physiotherapists become members of the A.I.Fi., which can be regarded as the regulatory body of these health professionals. To become members of the association, candidates must apply to the Board of Directors stating the following: – They have got a university degree in Physiotherapy; – They are willing to pay the annual membership fee (€100); – They commit themselves to the Association's Code of Conduct.

Any other requirements
NA.
Requirements relating to place of work
Location of practice
There is no restrictions on Physiotherapists as to the choice of their location of practice. In order to start up the activity, physiotherapists are requested to inform the local Mayor by submitting a specific application form.
Type of practice
Physiotherapists usually practice on a permanent basis. Physiotherapists carry out their professional activity in both public and private health centres by being either employees or consultants. The practice can be carried out both individually or in partnership with other physiotherapists.
Professional insurance
Obligatory.
Business registration
If physiotherapists set up a company, they have to apply to the local Chamber of Commerce for registration.
Registration for tax
Before starting their activity as physiotherapists, like any other professional, they must register with the Italian tax authority, which grants them a VAT identification number that has to be referred to on any invoice. The same applies to physiotherapists who intend to group with other physiotherapists to practice.
Registration with second regulator or professional association
NA.
Any other relevant requirements
NA.
Requirements relating to public funding coverage
The physiotherapist (or the rehabilitation centre which he/she works for) must have an agreement with the Italian NHS (patients are requested to co-pay to a certain extent). The agreement takes the form of a publicly recognized agreement usually concluded by the professionals' trade unions at the regional level. In order to qualify for this agreement, the centres must comply with all the conditions stated above.

Scenario 4

Definition of services provided by medical laboratories under national law
Different legal provisions due to regional competence for healthcare services (they therefore qualify as medical services). Public laboratories are incorporated into the national health service and managed regionally. Private laboratories must be authorised by regional health authorities and meet the same standard as public laboratories.
Does national law provide for the possibility to provide cross-border services supplied by laboratories? If so what type?
Yes – the laws which implement EU free movement Directives and Regulations.
Requirements for the professionals running the laboratory (both applying equally and applicable to cross-border providers)
Government Decree 1984 sets out the requirements and qualifications for professionals. Regional authorities may have additional requirements. The manager-director must have a degree in medicine, biology or chemistry according to the specialisation of the laboratory.
What are the requirements pertaining to the laboratory itself? (both applying equally and applicable to cross-border providers)
Authorisation by the regional health authorities are required. This varies depending on the region in question.
Conditions for coverage of medical laboratory diagnostic services via: 1) a public insurance fund 2 the national health service 3) patient reimbursement (both applying equally and applicable to cross-border providers)
Services are paid for by the national health service funding if they are authorised by the regional authorities.

Any other relevant requirements?
NA.

Scenario 5

Main regulatory body for hospitals
Ministry of Health, regional health authorities.
Does national law provide for the possibility for hospitals to open subsidiary branches?
Every healthcare facility providing in-patient care covered by the Italian national health service has to comply with the conditions set by national and regional laws, irrespective of nationality. There are a few examples of international hospitals in Italy (Rome and Milan). Private hospitals or clinics may operate in the private market without national health service reimbursement but are still subject to the standard health regulations and authorisations.
Is there a requirement for the subsidiary to take a particular legal form? (both applying equally and applicable to subsidiaries of cross-border providers)
No.
What are the requirements for each form the subsidiary may take? (both applying equally and applicable to subsidiaries of cross-border providers)
NA.
Which authorisation or licensing is required by the regulatory authority? (both applying equally and applicable to subsidiaries of cross-border providers)
As with other health providers (authorisation from regional health authorities).
Requirements relating to the legal form
Professional insurance (both applying equally and applicable to subsidiaries of cross-border providers)
NA.
Business registration (both applying equally and applicable to subsidiaries of cross-border providers)
The subsidiary hospital needs to be registered with the Chamber of Commerce or the regional tax authority.
Registration with accountants/tax authorities (both applying equally and applicable to subsidiaries of cross-border providers)
See above.
Registration with a regulatory body or professional association (both applying equally and applicable to subsidiaries of cross-border providers)
NA.
Any other requirements (both applying equally and applicable to subsidiaries of cross-border providers)
NA.
Which conditions must the hospital meet regarding the costs of treatment to: 1) receive the cost from the public insurance fund 2) receive the cost from the national health service 3) ensure the patient is reimbursed (both applying equally and applicable to subsidiaries of cross-border providers)
Authorisation from the Regional Health Authority is required for reimbursement from the national health service.

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Latvia

National Health System

The Latvian healthcare system is centralised. It is a tax-funded statutory system, complemented by private insurance plans. It falls within the benefits-in-kind category. Key organisations in policy are the Ministry of Health, the National Health Service, and the Health Inspectorate.

Scenario 1

Main regulatory body
The 17 State Associations of statutory health insurance physicians grant admission to a GP (and other physicians) to provide healthcare services to members of the statutory scheme. They are also entitled to plan the distribution of physicians (based on demand/requirement planning) for their geographic area of responsibility states. The National Association of SHI Physicians develops the fee schedule for the work of statutory physicians.
Requirements pertaining to the individual
Nationality requirements
Proof of identity
Recognition of qualifications
The duration of the basic medical training is 6 years or 5500 contact hours. GP is considered a primary specialty, and the residency training is 3 years. Cross-border individuals 1) The documents shall be submitted to Academic Information Centre (Akadēmiskās informācijas centrs); 2) Latvijas Ārstu biedrība (Latvian Medical Association) decides on the recognition, partial recognition or non-recognition; 3) In case of recognition, in order a person can practice, it shall be registered in the Medical Personal Register of the Health Inspectorate (Veselības inspekcijas Ārstniecības personu reģistrs). For GPs the decision may take up to 3 months.
Registration with a regulator
Those GPs wishing to practice medicine shall be registered with the Medical Personal Register of the Health Inspectorate (Veselības inspekcijas Ārstniecības personu reģistrs). Those GPs wishing to establish themselves as commercial actors shall be registered with the Register of Health Institutions, which is managed by the Health Inspectorate (Veselības inspekcijas ārstniecības iestāžu reģistrs).
Any other requirements
When practicing, GPs are required to observe the requirements concerning the national language in a workplace laid down in Official Language Law //Valsts valodas likums 1999. In accordance with Article 6.1, employees of companies in which the majority of the share capital is owned by the State or a local government shall be fluent in and use the official language to the extent necessary for the performance of their professional duties. In accordance with Article 6.2, employees of private institutions, organisations and undertakings, and self-employed persons, shall use the official language if their activities affect the lawful interests of the public, including health care. Generally, according to annex 5 of the rules, the majority of healthcare professionals require level C1 (doctors, nurses, midwifes). Under the above legislation (Official Language Law) Article 6.4 specifically applies to non-Latvians. It states that foreign experts and members of foreign boards of undertakings who work in Latvia shall be fluent in and use the official language to the extent that is necessary for the performance of their professional duties and duties of office, or shall themselves ensure translation into the official language. In practice this means that in order a healthcare professional can practice, sometimes involvement of a translator has been necessary.
Requirements relating to place of work
Location of practice

Those GPs that provide state funded healthcare services, comply with the territorial requirements. However, if a GP does not wish to provide state funded healthcare services, no further planning regulations apply.
Type of practice
A GP's practice may be established as a separate legal entity, or integrated within already existing healthcare institution (except for secondary stationary healthcare institutions – hospitals). GPs generally can work temporarily (such as substituting another GP), and permanently. In order to work within the state funded healthcare, GPs must contract with the National Health Service after being selected from a waiting list.
Professional insurance
There is no compulsory requirement to have a civil insurance against any possible liability.
Business registration
Obligation to notify the relevant municipality, Health Inspectorate and the State Revenue Service (Valsts ieņēmumu dienests). Limited liability companies and joint stock companies shall be registered in the Commercial Register (Komercreģistrs) managed by the State authority Register of Enterprises of Latvia (Latvijas Republikas Uzņēmumu reģistrs).
Registration for tax
For limited liability companies and joint stock companies generally a separate registration with the State Revenue Service (Valsts ieņēmumu dienests) is not necessary. The taxpayer certificate is issued upon the registration at the commercial register and the taxpayer shall comply with the relevant tax laws. The self-employed and the individual merchants do not need a separate registration with the State Revenue Service (Valsts ieņēmumu dienests). The obligation to comply with tax law arises upon the registration.
Registration with second regulator or professional association
No compulsory registration with professional associations.
Any other relevant requirements
Environmental access is an important requirement to start a practice in LV.
Requirements relating to public funding coverage
The GP in question must enter in contractual relations with the National health service in order to provide state funded healthcare.

Scenario 2

Rules applicable to online consultations and ePrescriptions
Definition of online consultations under national law
The Medical Treatment Law defines telemedicine as the delivery of healthcare services from a distance by the means of information and communication technologies.
Definition of ePrescriptions under national law
Not included in legislation, not used.
Conditions for the provision of online consultations? (both applying equally and applicable to cross-border providers)
Telemedicine is a form of health services, without specific conditions. Online consultations are not yet allowed.
Conditions for the provision of ePrescriptions? (both applying equally and applicable to cross-border providers)
There is no facility for this at present.
Requirements relating to coverage by the public health system
Conditions for coverage for online consultations via 1) a public insurance fund 2) a national health service 3) patient reimbursement (both applying equally and applicable to cross-border providers)
General rules for providing cross-border health services apply: the care must be covered by the Cabinet of Minister Rules on healthcare organization and financing. The patient must submit an application for reimbursement containing information (including reason the care was provided outside Latvia), provider details, proof of payment, and information on the services.
Conditions for coverage for ePrescriptions via 1) a public insurance fund 2) a

national health service 3) patient reimbursement (both applying equally and applicable to cross-border providers)
See previous answer.
Any other relevant requirements?
Neither online consultations nor ePrescriptions are regulated. ePrescription rules and the platform should be in place from 2016

Scenario 3

Main regulatory body
The Cabinet of Ministers (Ministru kabinets) sets educational requirements and enlists the areas of competence for physiotherapists (in Latvian – fizioterapeits). Latvijas Ārstu biedrība (Latvian Medical Association) has been delegated a function to perform the certification of medical doctors and dentists.
Requirements pertaining to the individual
Nationality requirements
Proof of identity.
Recognition of qualifications
Physiotherapists shall obtain an undergraduate degree (bacalaurate) and a qualification. Cross-border individuals: Academic Information Centre is the competent State authority that undertakes the recognition of professional qualifications of the regulated professions. Academic Information Centre administers the qualification recognition procedure, but it does not issue the certificate of recognition of professional qualification. For physiotherapists, the institution that undertakes the qualification recognition procedure is Latvijas Ārstu biedrība (Latvian Medical Association). Supporting documents must be submitted, the documents shall be translated into Latvian. http://www.aic.lv/portal/arvalstu-diplomu-atzisana/arvalstis-iegutas-profesionalas-kvalifikacijas-atzisana-latvija, Fee 56,90EUR +VAT.
Registration with a regulator
Under Article 26 of Medical Treatment Law//Ārstniecības likums, in order that a certified health care professionals, including the physiotherapists, can practice in the profession, they must be registered in the Register of medical practitioners. The authority that performs the registration and monitors the register is the Health Inspectorate (Veselības inspekcija). There is no compulsory registration with any professional body/professional association/trade union. If physiotherapists wish to establish a health institution (practices as a legal person) they shall be registered in the Register of Health Institutions, which is managed by the Health Inspectorate (Veselības inspekcijas ārstniecības iestāžu reģistrs).
Any other requirements
The same language requirements under the Official Language Law apply as under Scenario 1. While generally, according to annex 5 of the rules, the majority of healthcare professionals require level C1 (doctors, nurses, midwifes), physiotherapists require level B2.
Requirements relating to place of work
Location of practice
Free
Type of practice
NA.
Professional insurance
There is no compulsory requirement to have a civil insurance against any possible liability.
Business registration
General laws regulating commercial practices are applicable. The physiotherapists practice may take such forms as a limited liability company, although it is not practiced, registering a physiotherapist's practice as a joint stock company is a possibility, individual merchants, and self-employed person. While individual merchants and self-employed persons are registered only with the State Revenue Service, the limited liability companies and joint stock companies shall be registered in the Commercial Register managed by the State authority Register of

Enterprises of Latvia.
Registration for tax
For limited liability companies and joint stock companies generally a separate registration with the State Revenue Service is not necessary. The taxpayer certificate is issued upon the registration at the commercial register and the taxpayer shall comply with the relevant tax laws.
Registration with second regulator or professional association
If physiotherapists have established a health institution (practices as a legal person) they shall be registered in the Register of Health Institutions, which is managed by the Health Inspectorate. Those physiotherapists wishing to practice medicine shall be registered at Medical Personal Register of the Health Inspectorate.
Any other relevant requirements
NA
Requirements relating to public funding coverage
When the National Health Service initiates the section proceeding, the physiotherapist wishing to provide the services shall submit a proposal, when there is a call for the service providers.

Scenario 4

Definition of services provided by medical laboratories under national law
The Medical Law 1997 defines medical institutions, of which medical laboratories are included. The Patients Rights Act defines health services as those which are provided to a patient within the framework of healthcare for a certain medical necessity. Thus this also covers medical laboratories as a health service.
Does national law provide for the possibility to provide cross-border services supplied by laboratories? If so what type?
Not explicitly but follow the same rules on cross-border healthcare as other services, i.e. if it is covered by the Cabinet of Ministers Rules on healthcare organization and financing, a reimbursement may be claimed.
Requirements for the professionals running the laboratory (both applying equally and applicable to cross-border providers)
The manager of the laboratory has to have appropriate competence in organizational, administrative, educational, consultative and technical operations and quality system management within the laboratory service sector. The Official Language Law applies: state employees must be fluent and private sector employees must use the official language. Non-Latvians must be fluent in and use the official language to the extent that is necessary for the performance of their professional duties and duties of office, or shall themselves ensure translation into the official language. Detailed requirements depend on specific positions.
What are the requirements pertaining to the laboratory itself? (both applying equally and applicable to cross-border providers)
The Cabinet of Ministers Rules laying down obligatory requirements for medical institutions and their departments specifies certain requirements, unless the laboratories have been accredited by LVS EN ISO 15189:2013 – in fact this standard will be the main source of requirements from 2016. The laboratory needs to have relevant documents demonstrating the manager's competence. Also Registration in the Commercial Register of Latvia and with the Health Inspectorate in the Register of Health Institutions is required.
Conditions for coverage of medical laboratory diagnostic services via: 1) a public insurance fund 2 the national health service 3) patient reimbursement (both applying equally and applicable to cross-border providers)
Laboratories have to enter an agreement with the national health service. They must a) correspond to the relevant requirements for laboratories; b) not have any social tax or other tax debt. (In principle this is done through procurement but the lack of laboratories mean that these two conditions are basically the requirements)
Any other relevant requirements?
At least one medical practitioner in the medical services laboratory should be licensed and certified in Latvia and all foreign employees should have their qualifications

recognised in Latvia before registering their activities there.

Scenario 5

Main regulatory body for hospitals
The Health Inspectorate is responsible for checking compliance with legal requirements and registering medical institutions. The Cabinet of Ministers sets out the requirements and laws themselves.
Does national law provide for the possibility for hospitals to open subsidiary branches?
Yes.
Is there a requirement for the subsidiary to take a particular legal form? (both applying equally and applicable to subsidiaries of cross-border providers)
The specific legal form is "subsidiary" which is not a separate legal entity.
What are the requirements for each form the subsidiary may take? (both applying equally and applicable to subsidiaries of cross-border providers)
A foreign corporation must register their subsidiary in the Commercial Register. To do so requires: an application, document or a notarized copy proving the establishment of a corporation in another country (if foreign national laws require), permission to establish a subsidiary (if the foreign national laws require), notarized copy of statutes, contract of establishment of a corporation (or similar) power of attorney the scope of the power of attorney, payment for the registration in the commercial register, and payment for publication in the official journal. A separate daughter company may also be established and this has a list of requirements. In addition, the subsidiary needs to register with the Health Institutions Register, which is managed by the Health Inspectorate and meet the provisions of the Cabinet of Ministers.
Which authorisation or licensing is required by the regulatory authority? (both applying equally and applicable to subsidiaries of cross-border providers)
Certification of medical care establishments and their subsidiaries is a voluntary process. However, when certified, these establishments are eligible for preferential contracts with the National Health Service.
Requirements relating to the legal form
Professional insurance (both applying equally and applicable to subsidiaries of cross-border providers)
Depending on the size and type of employee body the Medical Venture Fund invoices the hospital – no additional insurance is required.
Business registration (both applying equally and applicable to subsidiaries of cross-border providers)
A foreign corporation must register their subsidiary in the Commercial Register.
Registration with accountants/tax authorities (both applying equally and applicable to subsidiaries of cross-border providers)
Upon registration in the commercial register a taxpayer certificate will have been issued thus separate registration is not necessary.
Registration with a regulatory body or professional association (both applying equally and applicable to subsidiaries of cross-border providers)
The institution must be on the Health Inspectorate's Register of Medical Institutions. To register a medical care establishment, it should at least include one medical practitioner that is licensed and certified in Latvia.
Any other requirements (both applying equally and applicable to subsidiaries of cross-border providers)
All hospital branches that operate in LV should meet all the provisions of Cabinet of Ministers Regulation 60 Mandatory Requirements for Medical Treatment Institutions and their Structural Units, of 20 January 2009.
Which conditions must the hospital meet regarding the costs of treatment to: 1) receive the cost from the public insurance fund 2) receive the cost from the national health service 3) ensure the patient is reimbursed (both applying equally and applicable to subsidiaries of cross-border providers)
Institutions including hospitals enter into an agreement with the national health

service via procurement.

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http://www.aic.lv/portal/arvalstu-diplomu-atzisana/arvalstis-iegutas-profesionalas-kvalifikacijas-atzisana-latvija
The provisions of Cabinet of Ministers rules of November 5, 2013 No 1268 'Medical venture fund rules'// Ministru kabineta 2013.gada 5.novembra noteikumi Nr.1268 'Ārstniecības riska fonda darbības noteikumi'.

Primary laws

- Act 'On Local Governments'// Par pašvaldībām
- Medical Treatment Law//Ārstniecības likums
- Latvian Administrative Violations Code//Latvijas Administratīvo pārkāpumu kodekss
- Law On the Rights of Patients//Pacientu tiesību likums
- 'Commercial law'// Komerclikums
- Act 'On the Regulated Professions and the Recognition of Professional Qualifications'// likums Par reglamentētajām profesijām un profesionālās kvalifikācijas atzīšanu

Secondary laws

- Rules of the Cabinet of Ministers of January 20, 2009 No 60 'Rules laying down mandatory requirements for medical institutions and their departments'// Ministru kabineta 2009.gada 20.janvāra noteikumi Nr.60 'Noteikumi par obligātajām prasībām ārstniecības iestādēm un to struktūrvienībām'
- Cabinet of Ministers rules No 76 of February 5, 2008 'The regulation of health inspectorate'//Ministru kabineta 2008.gada 5.februāra noteikumi Nr.76 'Veselības inspekcijas nolikums'
- Cabinet of Ministers rules: Cabinet of Ministers rules of March 24, 2009 No 268 'Regulation on medical personnel and students, who acquire the first or second level higher professional medical education programs, therapeutic expertise and their theoretical and practical knowledge'// Ministru kabineta 2009.gada 24.marta noteikumi Nr. 268 'Noteikumi par ārstniecības personu un studējošo, kuri apgūst pirmā vai otrā līmeņa profesionālās augstākās medicīniskās izglītības programmas, kompetenci ārstniecībā un šo personu teorētisko un praktisko zināšanu apjomu'
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Malta

National Health System

The Maltese system is centralised and is a mixture of public, tax-funded services, and private care, funded by patient payment. Public health services are free at the point of delivery and available to all citizens through the social security scheme (except for certain specialised services which are means-tested). Funding for public health is through tax revenue while private funding is through out of pocket payments and voluntary health insurance.

Scenario 1

Main regulatory body
Medical Council
Requirements pertaining to the individual
Nationality requirements
Citizenship of Malta or Member State, or otherwise authorised to work in Malta
Recognition of qualifications
Under the Health Care Professions Act 2003, while citizens of Member States benefit from mutual recognition, the Medical Council can require verification of: confirmation of authenticity and that training requirements have been met, certification of education establishment (in the Member State of origin of the award), evidence of formal qualifications, professional rights (in the Member State of origin of the award), and a solemn oath or sworn statement.
Registration with a regulator
Doctors must have their qualifications recognised and be on the Medical Practitioners Register of the Medical Council. The Medical Council will then recommend the applicant to the President of Malta to be issued with a licence to practice. Persons wishing to practice family medicine in the public sector must be entered on the respective specialist register of the Medical Council. Registration with the Medical Council on the specialist register is subject to evaluation and approval by the Medical Specialist Accreditation Committee. For EU professionals therefore the application to the specialist register requires supporting documents to be provided.
Any other requirements
Knowledge of "languages necessary for practising the profession in Malta" (HCPA 2003), proof of good conduct.
Requirements relating to place of work
Location of practice
None specific
Type of practice
Only family doctors/GPS on the specialist register may practise in public healthcare. Those who are qualified and registered with the Medical Council but are not specialists may only work in the private sector.
Professional insurance
Obligatory
Business registration
Registration with the Registry of Companies (including data protection registration).
Registration for tax
The tax identification number is obtained when the company is registered.
Registration with second regulator or professional association
Examples of associations: Medical Association of Malta, Malta College of Family Doctors (voluntary membership).
Any other relevant requirements
NA
Requirements relating to public funding coverage
A GP/family doctor either works in a government-funded health service (i.e. and therefore be a specialist) in which case his work is covered by taxation/national insurance and the public budget, or works as a private sector doctor, in which case he

is either funded via private health insurance or on a pay as you go system. To be able to get public funding coverage, registration in the Specialist Accreditation Register is required. To be able to work in government health centres, the GP needs to be registered in the Specialist Accreditation Register as "Specialist in Family Medicine".

Scenario 2

Rules applicable to online consultations and ePrescriptions
Definition of online consultations under national law
No legal definition
Definition of ePrescriptions under national law
No legal definition
Conditions for the provision of online consultations? (both applying equally and applicable to cross-border providers)
NA
Conditions for the provision of ePrescriptions? (both applying equally and applicable to cross-border providers)
Under the Medicines Act 2003 there are some requirements for regular prescriptions, and these are also required for "electronically generated prescriptions", i.e.: legible, written in an indelible manner, bearing the date and details of the prescriber, bearing details of the patient, and name of the medicine as well as information regarding treatment.
Requirements relating to coverage by the public health system
Conditions for coverage for online consultations via 1) a public insurance fund 2) a national health service 3) patient reimbursement (both applying equally and applicable to cross-border providers)
NA
Conditions for coverage for ePrescriptions via 1) a public insurance fund 2) a national health service 3) patient reimbursement (both applying equally and applicable to cross-border providers)
NA
Any other relevant requirements?
NA

Scenario 3

Main regulatory body
Council of Professionals Complementary to Medicine (CPCM): in charge of registration.
Requirements pertaining to the individual
Nationality requirements
The applicant for registration with the CPCM must be a citizen of Malta or a Member State or otherwise authorised to work in Malta.
Recognition of qualifications
At the university of Malta the degree is four years long with three to study and one for clinical training. If the professional qualification is not obtained from an accredited institution in Malta, a letter is to be submitted from the Malta Qualifications Recognition Information Centre certifying that the institution from which the qualification is obtained is duly accredited, placing it on a level within the Malta Qualifications Framework. In practice, the CPCM registrar usually requests the transcripts of prospective registrants, in order to check the number of hours and credits held by the applicant.
Registration with a regulator
Physiotherapists in Malta must be registered with the CPCM. This requires: 1. the completed application form for registration with the CPCM; 2. the professional degree or diploma, with a detailed transcript of the theoretical and practical training undertaken, and the number of hours, associated with the professional syllabus at the university of college (this has to be endorsed by the official registrar of the university or college); 3. In addition to the application form, the following should be provided: a recent police conduct certificate, a letter of reference (in English), a recent verification certificate of current registration and good standing with the Council the applicant is registered

with, and a CV. In addition to registering with the CPCM, physiotherapists obtain a licence from the President of Malta after a certain period in practice.
Any other requirements
NA
Requirements relating to place of work
Location of practice
Free
Type of practice
Physiotherapists working in the private sector usually work at private clinics, which are regulated by the Department of Commerce, who conducts annual assessments of the practice.
Professional insurance
Obligatory in the private sector.
Business registration
To set themselves up as a company, physiotherapists would have to follow the same steps as listed in Scenario 1.
Registration for tax
Physiotherapy in Malta is VAT exempt as a medical service. Therefore physiotherapists are required to state their earnings in a tax return.
Registration with second regulator or professional association
Malta Association of Physiotherapists (voluntary membership). Membership requires: 1. A completed application form; 2. Registration with the CPCM (registration number must be provided); 3. Payment of a fee (which depends on whether insurance is also desired by the applicant. The fee is up to €145 including indemnity cover).
Any other relevant requirements
NA
Requirements relating to public funding coverage
A physiotherapist may practise in Malta either in the public sector, private sector, voluntarily or with an independent organisation. Funding for public sector physiotherapists is centralised and comes from the government (tax-funded) budget. In the private sector, most is "out of pocket" payment.

Scenario 4

Definition of services provided by medical laboratories under national law
Subsidiary Legislation Licensing of Private Medical Diagnostic Laboratories 1996 applies to all private medical diagnostic laboratories and covers any facility, building or otherwise, used for the purpose of biological, microbiological, serological, chemical, immunohaematological, haematological, biophysical, cytological, pathological, or other examination of material derived from the human or animal body, or for the purpose of providing information for the diagnosis, prevention or treatment of any disease, condition or impairment of health, or for the assessment of the state of health of a person or animal, but does not include a government laboratory.
Does national law provide for the possibility to provide cross-border services supplied by laboratories? If so what type?
No explicit reference under Maltese law
Requirements for the professionals running the laboratory (both applying equally and applicable to cross-border providers)
Medical laboratory scientists are regulated by Council for the Professions Complementary to Medicine, who are required to keep a register of all professionals who are citizens of Malta or the EU, or are entitled to work in Malta, of good conduct, and are on one of the professional registers due to having either: 1) the prescribed qualification obtained in Malta (in various ways) 2) a qualification obtained from a Member State and recognised in accordance with the Mutual Recognition, or 3) a qualification obtained from any other university, college or school recognized by the said Council (provided that the Council may require a professional and linguistic proficiency test).
What are the requirements pertaining to the laboratory itself? (both applying equally and applicable to cross-border providers)

The 1996 Legislation on Private Medical Diagnostic Laboratories states that a valid licence is required from the Minister for Health. For the licence to be granted an application to the Minister should be made in writing including a list of the tests and other activities carried out or intended to be carried out at the lab, a list of all the staff employed or intended to be employed at the lab including name and surname, a legally valid ID document number, address, date of birth, date of employment, academic qualifications, and duties and responsibilities, a list of equipment used or intended to be used at the premises, a list of animals kept or intended to be kept or used for such tests, policy and procedures for quality control and safety.
Conditions for coverage of medical laboratory diagnostic services via: 1) a public insurance fund 2 the national health service 3) patient reimbursement (both applying equally and applicable to cross-border providers)
Public hospitals have their own laboratories. Private laboratories are contracted by private hospitals and clinics. Exceptionally individuals may go to laboratories and pay out of pocket – they may be reimbursed by insurers (though not be the state).
Any other relevant requirements?
For a medical laboratory scientist the Code of Practice must be followed.

Scenario 5

Main regulatory body for hospitals
The Ministry of Health and the Superintendent of Public Health
Does national law provide for the possibility for hospitals to open subsidiary branches?
Subsidiary Legislation Licensing of Private Medical Clinics Regulations governs the opening and licensing of private medical clinics in general.
Is there a requirement for the subsidiary to take a particular legal form? (both applying equally and applicable to subsidiaries of cross-border providers)
The First Schedule allows for the licence application to be made by: a company, society, association or body but it is not clear if these are legal terms.
What are the requirements for each form the subsidiary may take? (both applying equally and applicable to subsidiaries of cross-border providers)
A hospital may be set up in the same way as a company.
Which authorisation or licensing is required by the regulatory authority? (both applying equally and applicable to subsidiaries of cross-border providers)
A licence from the Minister for Health is required. An application should be made in writing, containing information on the applicant, plans for the clinic and arrangements for management.
Requirements relating to the legal form
Professional insurance (both applying equally and applicable to subsidiaries of cross-border providers)
Proof of insurance is required for the licence from the Minister to be obtained.
Business registration (both applying equally and applicable to subsidiaries of cross-border providers)
Requirements for registering with the Registry of Companies. A company already established overseas will have to provide documentation to the registrar.
Registration with accountants/tax authorities (both applying equally and applicable to subsidiaries of cross-border providers)
Registration with the tax authorities is required.
Registration with a regulatory body or professional association (both applying equally and applicable to subsidiaries of cross-border providers)
NA
Any other requirements (both applying equally and applicable to subsidiaries of cross-border providers)
The premises should observe planning rules, and the licensed clinic must adhere to rules on quality of treatment, data, inspections, and premises. The clinic must be in the charge of a medical professional or registered nurse to obtain a licence from the Minister. Public doctors working in a private clinic during their contracted hours must obtain a leave of absence.

Which conditions must the hospital meet regarding the costs of treatment to: 1) receive the cost from the public insurance fund 2) receive the cost from the national health service 3) ensure the patient is reimbursed (both applying equally and applicable to subsidiaries of cross-border providers)
Public hospitals are funded directly by the national system private hospitals must enter into agreements with insurers or the patients pay out of pocket.

Sources
http://health.gov.mt/en/Pages/health.aspx *Azzopardi Muscat N., Calleja N., Calleja A., Cylus J. Malta: health system review. Health Systems in Transition, 2014, 16(1):1–97* http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=8930&l=1 Part II 9 HCPA 2003https://healthcms.gov.mt/en/regcounc/medicalcouncil/Pages/Forms_Downloads.aspx http://justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=11263&l=1 http://www.mam.org.mt/pics/statute.pdf http://mcfd.org.mt/documents/2013/12/mcfd-membership-application-form.pdf http://justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=11287&l=1 https://health.gov.mt/en/regcounc/cpcm/Pages/Publications.aspx https://health.gov.mt/en/regcounc/cpcm/Pages/Publications.aspx http://www.physiomalta.com/index.php/map/history.html . http://etc.gov.mt/resources/file/forms/engagement%20form%20for%20self-employed.pdf http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=11265&l=1 http://health.gov.mt/en/regcounc/cpcm/Pages/cpcm.aspx http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=8591 http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=11263&l=1 https://registry.mfsa.com.mt/.

The Netherlands

National Health System

The Dutch healthcare system is centralised. It is insurance-based and may be described as a "managed competition" system: social health insurance scheme is carried out by private health insurance companies. It is a mix of benefits-in-kind and reimbursement. Key organisations in policy are the Ministry of Health, the Ministry of Social Affairs, the Dutch Health Care Authority and the Health Directorate.

Scenario 1

Main regulatory body
The CIBG: Agency of the Ministry of Health, responsible for administrating the registration of healthcare professionals in the BIG-register. The main professional bodies with self-regulatory competences, include: the Koninklijke Nederlandsche Maatschappij tot bevordering der Geneeskunst, Royal Dutch Medical Association (KNMG), the umbrella organization of associations of physicians, regulates the vocational training and the licensing of physicians. There are also several professional organizations for primary care physicians.
Requirements pertaining to the individual
Nationality requirements
None.
Recognition of qualifications
Education, qualification and recognised degree has been regulated by the College Geneeskundige Specialismen (CGS). The education programs are conducted by different academic hospitals. The CGS monitors these education programs. It is a 3 year program. After the completion of the training, the physician may bear the title of huisarts (family doctor). Cross-border individuals: There are 2 procedures to fulfil: 1. Recognition of the diploma as a physician without specialisation is done by the CIBG; 2. For specialists, as also for GPs it is the RGS (Registratiecommissie Geneeskundige Specialisten), which oversees the recognition of the specialisation. After recognition, the physician will be registered in the BIG-register as a GP.
Registration with a regulator
In order to obtain the registration with the RGS, a professional needs to show that in five years before filing the application he or she: (a) Worked as GP for at least 16 hours every week; (b) Followed 200 hours of relevant educational activities; and (c) Can sufficiently communicate in Dutch. The registration is valid for five years, after which a GP (both nationally qualified and cross-border), needs to re-register.
Any other requirements
Learning Dutch in order to understand your patient is not set down as a rule, but is considered to be an obligation because of Art. 7:448 BW (part of the Patient's Act which is incorporated in civil law (Burgerlijk wetboek) stating that the person responsible for the medical treatment of a patient should inform his patient. In addition, the Besluit Opleidingseisen artsen (Decision Training Requirements Physicians 1997) defines the competences of the medical profession; with Annex 1 including a provision on communication: "the physician will apply the Dutch language (orally and in writing) adequately", but without clarifying what is meant by an adequate level.
Requirements relating to place of work
Location of practice
Free.
Type of practice
GPs work on their own in their own practice or work in a health centre. GPs may work in a health centre as an employee or self-employed. Some GPs even work as an

employee of one or more other GPs. GPs work in temporary positions and in permanent positions in GP practices, not in hospitals. Those GP practices could be stand-alone practices or a practice composed of more physicians. And in 'first-line health centres', in which also other healthcare workers practise.
Professional insurance
A GP working on his own doesn't have an obligation to insure himself against liability. But working in a health centre the other doctors may ask him to insure himself against liability as condition to join the company If doctors work as a salaried employees there is no need for liability insurance as the employer is legally liable for his employees.
Business registration
If a GP works on his own account he has the obligation to register himself at the Chamber of commerce.
Registration for tax
When registering himself at the Chamber of Commerce he will be automatically registered by tax authorities as a GP working on his own account. The GP is then considered as an entrepreneur.
Registration with second regulator or professional association
NA.
Any other relevant requirements
NA.
Requirements relating to public funding coverage
A doctor may have to make agreements with social health insurers in order to get patients who have a so called budget policy, otherwise those patients will only be reimbursed for up to 75% of their treatment (this percentage is set in different court rulings based on art. 13 Health Insurance Act)). Patients with a 'restitution policy' enjoy complete reimbursement. On the basis of art. 12 a health insurance company may offer both kind of policies. Reimbursement is for the so called 'basic care', mentioned in the Health Insurance Act, art.10 and 11). If patients ask for care outside the 'basic package', they need to have a supplementary insurance. To be able to receive reimbursement from the health insurance companies, a GP and practice need to have a so-called "AGB code". Registration in the register of the RGS is a requirements for receiving this code.

Scenario 2

Rules applicable to online consultations and ePrescriptions
Definition of online consultations under national law
Not regulated by law but defined by guidelines of the doctors professional association: "online doctor-patient contacts (no face-to-face contact) for advising, starting farmacotherapy and prescribing repeat prescriptions".
Definition of ePrescriptions under national law
Not regulated by law but defined by guidelines of the doctors professional association: "prescribing medicines by using an electronic system that enables to secure /safeguarding unsafe situations"
Conditions for the provision of online consultations? (both applying equally and applicable to cross-border providers)
Guidelines of the doctors professional association require an existing doctor/patient relationship except for exceptional cases, and general rules applicable for treatment e.g. adequate healthcare, information provided to the patient, updated medical files, storing records, and respecting other patients.All of the doctors details should be available on his website.
Conditions for the provision of ePrescriptions? (both applying equally and applicable to cross-border providers)
No distinction is made between national and cross-border ePrescriptions. Guidelines of the doctors professional association make ePrescription obligatory – all medications have to be submitted to pharmacists electronically. There are requirements for the system and functionalities.
Requirements relating to coverage by the public health system
Conditions for coverage for online consultations via 1) a public insurance fund

2) a national health service 3) patient reimbursement (both applying equally and applicable to cross-border providers)
The Dutch Health Insurance Act covers online consultation as "primary care provided by GPs". There is a maximum tariff set by law.
Conditions for coverage for ePrescriptions via 1) a public insurance fund 2) a national health service 3) patient reimbursement (both applying equally and applicable to cross-border providers)
The Dutch Health Insurance Act covers ePrescriptions as "primary care provided by GPs". There is a maximum tariff set by law. To be able to receive reimbursement from the health insurance companies, a GP needs to have a so-called "AGB code". Registration in the register of the RGS is a requirements for receiving this code.
Any other relevant requirements?
NA

Scenario 3

Main regulatory body
The Royal Dutch Society for Physical Therapy is the professional organization for physiotherapy. There is a body which manages this register, the Beleidsorgaan Centraal Kwaliteitsregister (BOCK), which is the register based on the law on health professionals (BIG). The KNGF also created the Beroepsprofiel Fysiotherapeut, contents of the profession of physiotherapy in which contains the general requirements for physiotherapy.
Requirements pertaining to the individual
Nationality requirements
NA.
Recognition of qualifications
The physiotherapist has to have completed a relevant education program for physiotherapy. A physiotherapist has to register in the BIG-register for physiotherapists. The regulation is set in the Regelement Centraal Kwaliteitsregister Fysiotherapie. (Regulation on the quality of physiotherapy). There are nine different registers corresponding with the specialisation of the physiotherapist. There is no compulsory membership for physiotherapists. Cross-border individuals: The KNGF could require supplementary education if the standards of the Dutch physiotherapy haven't been met. There is confusion about the details of this, possibly down to lack of regulation.
Registration with a regulator
To get registered as physiotherapists, educated an certified abroad, one should apply via the 'Commissie Buienslands gediplomeerden' (CBG or commission for people certified abroad). They assess the application of the physiotherapist and decide whether the level meets the Dutch standard which is required to get a BIG-registration. There is compulsory registration in the register of the BIG for physiotherapy. At the moment it is not clear what the influence of the European Professional Card will be on the procedure of the CBG. Without the BIG-registration, one is not allowed to perform as the concerning healthcare professional nor to use the profession's title, e.g. physiotherapists. There is no compulsory membership of a professional body. A physiotherapist is allowed to set up his own practice or to work as an employee of some institute, such like a hospital or in a maatschap (cooperation) of physiotherapists.
Any other requirements
The requirement to learn Dutch is considered to be an obligation under Art. 7:448 Burgerlijk wetboek (BW; part of the Patient's Act) which is incorporated in civil law concerning the relationship between the health provider and patient, and therefore is applicable to all health professionals, including physiotherapists. In addition, the Decision Training Requirements Physiotherapist define the required language skills as "the ability to communicate effectively with the patient", but without clarifying further. There is not an obligation to be a member of the KNGF as the KNGF is a private and not a public organisation. This fact does not set aside that the KNGF sets regulations which are based on the law (BIG) and could be seen as public regulations. The KNGF houses and administers the Centraal Kwaliteits Register (CKR) or Central Quality Register. The main pre-condition to register in the CKR is the BIG-registration. The

CKR is more focussed on topics as 'life long learning'and based on branche-based products as guidelines and profiles of competence (CanMEDS). The CKR, in contrast to the BIG-register, distinguishes nine registers for 'specialized' physiotherapists.
Requirements relating to place of work
Location of practice
Free
Type of practice
A physiotherapist may work for own account on himself or in a cooperation of physiotherapists or as an employee of a hospital or whatever company this may be.
Professional insurance
A physiotherapist working on his own doesn't have an obligation to insure himself against liability. But working in a health centre the other doctors may ask him to insure himself against liability as condition to join the company. If physiotherapist work as a salaried employee there is no need for insurance as the employer is legally liable for his employees. Insurance companies, responsible for coverage of healthcare (physiotherapy) might request registration in the CKR. This applies only in primary care and is obligatory by the contract between the insurance company and the physiotherapy practice or physiotherapists.
Business registration
If a physiotherapist works for his own account he has the obligation to register himself at the Chamber of commerce. See for details under scenario 1 GP.
Registration for tax
When registering himself at the Chamber of Commerce tax authorities automatically register the physiotherapist as working on his own account. He is then considered as an entrepreneur.
Registration with second regulator or professional association
NA.
Any other relevant requirements
NA
Requirements relating to public funding coverage
A physiotherapist may contract with healthcare insurance companies in order to get reimbursed for treatments. As described above it depends on the kind of policy which rights for reimbursements patients may have. There is not a legal obligation to contract, but without such a contract it will be much more difficult to maintain a practice. For details: see under scenario 1 (GP).

Scenario 4

Definition of services provided by medical laboratories under national law
There is no legal definition, but a professional association defines medical laboratory as: "laboratory for the biological, microbiological, immunological, chemical, immunohaematological, haematological, biophysical, cytological, pathological, genetic or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, management, prevention and treatment of disease in, or assessment of the health of, human beings, and which may provide a consultant advisory service covering all aspects of laboratory investigation including the interpretation of results and advice on further appropriate investigation." Healthcare entities which provide health services covered by social health insurance require a licence – this applies to private medical laboratories but not public (hospital) laboratories as these are covered by the hospital licence.
Does national law provide for the possibility to provide cross-border services supplied by laboratories? If so what type?
For reimbursement of services under the Health Insurance Act, admission by the Ministry of Health is required. This is available to all facilities established in the Netherlands. Cross border laboratories may contract with Dutch health insurance companies, as per the Health Insurance Act. As long as the cross-border laboratories comply with their own national laws, the insurers will reimburse patients for their services. ISO compliance will also be required.
Requirements for the professionals running the laboratory (both applying

equally and applicable to cross-border providers)
Applying equally: A European Specialist in Laboratory Medicine must be responsible for diagnosis, with: entry in the national register as a Specialist in Laboratory Medicine/ Netherlands Society for Clinical Chemistry and Laboratory Medicine, compliance with requirements. Cross border Foreign candidates require assessment of qualifications and degrees (assessment by the Ministry of Health), plus working knowledge of Dutch.
What are the requirements pertaining to the laboratory itself? (both applying equally and applicable to cross-border providers)
Applying equally: Admission by the Ministry of Health, transparency, ISO compliance and accreditation, 24/7 availability
Conditions for coverage of medical laboratory diagnostic services via: 1) a public insurance fund 2 the national health service 3) patient reimbursement (both applying equally and applicable to cross-border providers)
All citizens, and inhabitants with a legal permit to stay, have to be insured by social health insurance (obligatory insurance), requiring, registration at one of the health insurance companies. Reimbursement thus depends on the type of health insurance policy (benefits-in-kind or reimbursement policy). For a benefit in kind policy, under social health insurance schemes, patients are entitled to services provided by a laboratory contracted by the insurance company (either national or cross-border provider). If not, when there is no contract, the laboratory services may be partially reimbursed (max. 70-80%) of the Dutch tariff. Under a reimbursement policy, the patient is entitled to laboratory services as defined under the social health insurance scheme, and complying equivalent conditions set by national law. To be able to receive reimbursement from the health insurance companies, a healthcare provider needs to have a so-called "AGB code".
Any other relevant requirements?
Medical laboratories admitted under the Health care facilities act, are not-for-profit entities. Dutch Commercial Registers Act Civil Code, and tariff limitations all apply.

Scenario 5

Main regulatory body for hospitals
Ministry of Health
Does national law provide for the possibility for hospitals to open subsidiary branches?
Every healthcare facility providing in-patient care covered by social insurance has to comply with the conditions set by national law, irrespective of nationality.
Is there a requirement for the subsidiary to take a particular legal form? (both applying equally and applicable to subsidiaries of cross-border providers)
A new entity providing care under social health insurance must be a not-for-profit i.e. foundation, association, cooperative society, otherwise if they do not provide care under social health insurance a for-profit, or limited liability company is allowed.
What are the requirements for each form the subsidiary may take? (both applying equally and applicable to subsidiaries of cross-border providers)
To provide care covered by social insurance: compliance with Good governance principles (transparency: clear governance structure of the legal entity, including: a two-tiered board (board of directors/ and board of supervisory directors, of which supervisory board members are operating independently, publishing annual report and financial report (public), tariffs (compliance with maximum tariffs, set by Dutch Health Care Authority), compliance with Civil Code requirements, legal entities (deposit statutes approved by a notary, employees council (> 50 employees), and registration with Dutch Commercial Registers Act (Chamber of Commerce). For facilities not covered by social insurance: compliance with Civil Code on private limited companies (statutes, general meeting shareholders, shares, minimum requirements annual report, internal supervision/board of supervisory directors, balance sheet requirements, Requirements regarding the profit and loss account; legal requirements regarding the principles for valuation and for the assessment of results; Publication of financial statements in the commercial register).
Which authorisation or licensing is required by the regulatory authority?

(both applying equally and applicable to subsidiaries of cross-border providers)
Admission by Ministry of Health under Health Care Facilities Act conditional to all hospitals/healthcare entities that provide health services covered by social health insurance.
Requirements relating to the legal form
Professional insurance (both applying equally and applicable to subsidiaries of cross-border providers)
Not obligatory.
Business registration (both applying equally and applicable to subsidiaries of cross-border providers)
Registration under the Dutch Commercial Registers Act (Chamber of Commerce).
Registration with accountants/tax authorities (both applying equally and applicable to subsidiaries of cross-border providers)
Annual approval of the financial report by an appointed accountant.
Registration with a regulatory body or professional association (both applying equally and applicable to subsidiaries of cross-border providers)
Membership of the national association of hospitals (association according to Civil law) is voluntary. However, an admission (licence) under the Health Care Admission Act is conditional for membership.
Any other requirements (both applying equally and applicable to subsidiaries of cross-border providers)
NA.
Which conditions must the hospital meet regarding the costs of treatment to: 1) receive the cost from the public insurance fund 2) receive the cost from the national health service 3) ensure the patient is reimbursed (both applying equally and applicable to subsidiaries of cross-border providers)
Depends on reimbursement or benefits in kind insurance of patient. However, in order to be operational a hospital has to enter into contracts with private health insurers. In addition, to be able to receive reimbursement from the health insurance companies, a healthcare provider needs to have a so-called "AGB code".

Sources
HiT, the Netherlands 2010, www.wetten.nl, Den Exter, Health System Reforms in The Netherlands: From Public to Private and its Effects on Equal Access to Health Care Eur. J. Health Law 2010) 17 (2010) 223-23 KNMG (KNMG Guideline on electronic prescriptions 2013) **and** the Online Doctor Patient Contact Guideline (KNMG 2007/2011) WTZi, art 5 requirement: Admitted by the Minister of Health; following admission procedure and providing the requested information, art. 6 WTZi, art. 4.1 Bylaw WTZi 2005 art.10, 11, 12 and 13 Health Insurance Act Besluit Opleidingseisen artsen (Decision Training Requirements Physicians 1997) *Handelsregisterwet* (Commerce Register Act) Art. 7:448 Burgerlijk wetboek (BW; part of the Patient's Act)

Poland

National Health System

The Polish healthcare system is largely a centralised system, composed of a National Health Fund with regional branches. Its funding consists of income-based contributions to public funds. Key organisations in policy are the Ministry of Health and the National Health Fund.

Scenario 1

Main regulatory body
Polish chamber of physicians and dentists; Regional medical chambers The self-government has a vast autonomy in representing the interests of physicians and administering professional community. The medical self-government notably has a register function.
Requirements pertaining to the individual
Nationality requirements
Proof of identity
Recognition of qualifications
The process of educatioNAcquiring qualifications should be divided into two stages: The first is obtaining a licence from the Regional Medical Council to exercise the profession. The second stage involves the acquisition of knowledge, which is profiled according to a particular specialization. For EU/EEA citizens, the EU Directive 2005/36/EC on the recognition of professional qualifications applies. They can therefore apply for direct registration based on this automatic recognition.
Registration with a regulator
Every physician due to the exercise of the medical profession is a member of the medical self-government under law. Supreme Medical Council keeps the Central Register of Physicians. Entry in the register is obligatory and it is carried out on the basis of information provided during the application for granting licence to practice the profession; the applicant must provide: a completed registration form, certified copy of diploma and certificate with official translation into Polish, copy of passport or ID document, original or certified copy of a declaration by the competent authority which issued the diploma stating that the applicant is qualified for the profession and has no limitations to their competence, personal declaration about full capacity to perform acts in law, personal declaration about being healthy enough to practice medicine (or dentistry), personal declaration about impeccable ethical conduct (or declaration by the competent authority in EU Member Country if issued), personal declaration about good command of Polish in speech and writing to the extent necessary to practice the profession (all declarations should be less than three months old), address and contact data.
Any other requirements
All doctors in PL have to pass a test of Polish language in the medical scope. This test is organised by the Polish Chamber of Physicians and Dentists. In addition, compliance with Organisational Regulations for doctors running their own practice, e.g. is required.
Requirements relating to place of work
Location of practice
Free.
Type of practice
The category of GP/family doctor is a category set up for the public health system in Poland. GP/family doctor may work in permanent manner conducting his own practice. At the same time he may be employed permanently or temporarily by other doctors or entities, additionally or instead of second physician.
Professional insurance
Obligatory.

Business registration
Entry into the Central Registration and Information on Economic Activity (CEIDG). All entities carrying out medical activities must be entered in the Register of Entities Performing Medical Activity (ran by the viovodes). The fee is 80 zł (191oncess. 20 euros).
Registration for tax
Registration with accountants not obligatory. The doctor performing economic activity shall be reported to the tax office which gives them a tax identification number and registers them as a payer of income tax.
Registration with second regulator or professional association
NA.
Any other relevant requirements
The existence of any additional obligations depends on whether GP/family doctor has a contract with the NHF or not.
Requirements relating to public funding coverage
GP has to have a signed agreement with the National Health Fund for the provision of health services. The agreement is signed on the request of anyone who meets the statutory requirements and carried out appropriate registration activities.

Scenario 2

Rules applicable to online consultations and ePrescriptions
Definition of online consultations under national law
No legal basis.
Definition of ePrescriptions under national law
No legal basis.
Conditions for the provision of online consultations? (both applying equally and applicable to cross-border providers)
NA.
Conditions for the provision of ePrescriptions? (both applying equally and applicable to cross-border providers)
NA.
Requirements relating to coverage by the public health system
Conditions for coverage for online consultations via 1) a public insurance fund 2) a national health service 3) patient reimbursement (both applying equally and applicable to cross-border providers)
NA.
Conditions for coverage for ePrescriptions via 1) a public insurance fund 2) a national health service 3) patient reimbursement (both applying equally and applicable to cross-border providers)
NA.
Any other relevant requirements?
NA.

Scenario 3

Main regulatory body
The State Chamber of Physiotherapists, established by the Act of 25 September 2015, is the self-governing body for physiotherapists. Previously physiotherapy was not a regulated profession in Poland and thus implementation of the new law is still underway. In order to practise physiotherapy legally the applicant must obtain a licence and entry to the Central Register, overseen by the Supreme Council of Physiotherapists (an organ of the State Chamber).
Requirements pertaining to the individual
Nationality requirements
NA.
Recognition of qualifications
In order to obtain a licence and entry to the Central Register, the applicant must:

1. Provide a diploma or certificate showing either qualification in Poland, in another EU Member State or in a third country, which has to be recognised in Poland;
2. Hold specialisation in the field of physiotherapy, obtained within Poland over four years with 570 hours of theory, 875 hours of medical residency, and 238 hours of compulsory courses (as part of a basic internship of 3,200 hours in total). For physiotherapists qualified in other Member States the title can be obtained where the period of specialisation held abroad does not differ, and the specialisation program (in terms of required theoretical knowledge and practical skills) corresponds.

As the NHF funds certain areas of physiotherapy, they have also set down certain standardised qualification requirements, which must be met; a physiotherapist is recognized by the NHF as:

a. a person with the title of Masters of Physiotherapy;
b. a person who, after 30 September 2012, started higher education studies in the field of physiotherapy, including at least 2,435 hours of training in the field of physiotherapy, and received a bachelor's degree;
c. a person who, after 31 December 1997, started. Higher education studies in the field of physiotherapy, in accordance with the standards of education set out in separate regulations, and received a bachelor's degree in this field;
d. a person who completed a public or non- public (with public school entitlements) post-secondary school and obtained the professional title of physiotherapy technician (this is a historical aspect, i.e. unusual).

Registration with a regulator

In order to obtain entry on the Central Register, a licence must be obtained from the Supreme Council of the State Chamber of Physiotherapists. This requires, in addition to the aforementioned qualifications:

1. legal capacity (usually adult natural persons and all legal persons have legal competence);
2. good health (certified by a medical decision);
3. knowledge of Polish (as per a written statement by the applicant);
4. guarantee of ethical behaviour and no criminal convictions;
5. payment of a fee[98].

The issuing of the licence then forms the basis for entry to the register.

Any other requirements

NA

Requirements relating to place of work

Location of practice

Free

Type of practice

A physiotherapist may work independently on a permanent basis conducting his own practice (as economic activity). At the same time he/she may be employed permanently or temporarily by other doctors or entities, additionally or instead of second physiotherapist.

Professional insurance

Obligatory.

Business registration

As a medical activity and therefore economic activity, a physiotherapist practice must be entered on the Central Registration and Information on Economic Activity (CEIDG), run by the Ministry of Economy. Entry is free and filling out the form requires basic personal data of the entrepreneur, place of business, an indication of the tax office, etc.

Registration for tax

The physiotherapist performing economic activity shall be reported to the tax office which gives them a tax identification number and registers them as a payer of income

[98] As yet the amount is unknown, undoubtedly due to the very recent nature of the regulation.

tax. This registration takes place while entering them in the Central Registration and Information on Economic Activity (CEIDG) and calls for the indication of more information on the location of the tax office in the above-mentioned form.
Registration with second regulator or professional association
NA.
Any other relevant requirements
All entities carrying out medical activities must be entered in the Register of Entities Performing Medical Activity (Act of 15 April 2011 on medical activity). This includes physiotherapists. The application form contains data about the physiotherapists, their insurance, location and profile of their activities. The application is generally accompanied by the decision of the State Sanitary Inspection, accepting the standards of the premises and equipment which the physiotherapist will operate, as well as a civil liability insurance contract. The fee is 193oncess. €90.
Requirements relating to public funding coverage
The National Health Fund will only fund certain specific contract products (e.g. physiotherapy visit, physiotherapy treatment mainly in outpatient or home conditions), provided by persons having the status of a physiotherapist or a person with a specialization in physiotherapy – in the meaning of the Guidelines of the National Health Fund. (There are also qualification standardisation requirements which the professional must adhere to – see above). The physiotherapist has to have a signed agreement with the National Health Fund for the provision of health services. The agreement may be signed by the entity selected in the competition proceedings. Physiotherapist or an entity that employs him will receive payment from the National Health Fund only if they provide services under the conditions and to the extent described in the Act. Only then will such provision have the status of guaranteed benefits financed by the National Health Fund.

Scenario 4

Definition of services provided by medical laboratories under national law
2001 Act on laboratory diagnostics does not distinguish between phases of care but states laboratory activities include: "laboratory tests to determine the physical, chemical and biological characteristics and composition of body fluids, secretions, excretions and tissues collected for preventive, diagnostic, therapeutic or sanitary-epidemiological purposes, microbiological laboratory test of body fluids, secretions, excretions and tissues collected for preventive, diagnostic, therapeutic or sanitary-epidemiological purposes, efforts to determine tissue compatibility, performance of evaluation of the quality and value of diagnostic tests referred to in points 1-3, and laboratory test result interpretation and authorization, scientific and educational activities conducted in the field of laboratory diagnostics."
Does national law provide for the possibility to provide cross-border services supplied by laboratories? If so what type?
Not expressly addressed however private sector provisions allow freedom to contract (i.e. with foreign entities). For publicly funded services, the provider must reveal all subcontractors when contract is signed with the National Health Fund, who must be on the system of the National Health Fund. A foreign laboratory would have to set up an account on the National Health Fund system.
Requirements for the professionals running the laboratory (both applying equally and applicable to cross-border providers)
The law specifies a list of the required professional qualifications for different position in a medical services laboratory. A laboratory diagnostician must hold the professional title of doctor and the right to practice medicine as well as the knowledge and skills to perform the activities of the laboratory diagnostics. An assistant may be a professional medical analysis technician, with a Bachelor of Medical Analytics, having graduated institution of higher education in the fields: biology or pharmacy and obtained a Master's degree, chemistry or biotechnology, and obtained a Master's degree or Master of Science; veterinary medicine and obtained professional title of veterinarian and completed post-graduate education. Both must have the right to practice the profession, have full legal capacity, be able to perform work as a laboratory diagnostician, be registered on the laboratory diagnosticians list.

What are the requirements pertaining to the laboratory itself? (both applying equally and applicable to cross-border providers)
General registration with the Ministry of Economy Central Registration and Information on Economic Activity, special registration inn the Register of Entities Performing Medical Activity, special registration in the Register of Laboratories kept by National Council of Laboratory Diagnostician
Conditions for coverage of medical laboratory diagnostic services via: 1) a public insurance fund 2 the national health service 3) patient reimbursement (both applying equally and applicable to cross-border providers)
The laboratory receives funding via a contract with the National Health Fund (the entity running the laboratory is actually paid by the service provider, who received money for the treatment of a patient from the National Health Fund). Patients have tests via a GP referral.
Any other relevant requirements?
The entity must have organisational rules, and abide by quality standards of the Minister of Health.

Scenario 5

Main regulatory body for hospitals
Minister of Health, Voivode (territorial division), local government unit.
Does national law provide for the possibility for hospitals to open subsidiary branches?
Yes.
Is there a requirement for the subsidiary to take a particular legal form? (both applying equally and applicable to subsidiaries of cross-border providers)
The legal form "Independent State Healthcare Facility (SPZOZ)" is reserved for public entities and hence, not available. There are no other requirements regarding the legal form.
What are the requirements for each form the subsidiary may take? (both applying equally and applicable to subsidiaries of cross-border providers)
As an enterprise the hospital entrepreneur has to be entered in the Central Registration and Information on Economic Activity, entered in the Register of Entrepreneurs of the National Court Register, and entered on the Register of Entities Performing Medical Activity. As an independent state healthcare facility, the hospital has to be 100% publicly owned, entered in the National Court Register, and in the Register of Entities Performing Medical Activity.
Which authorisation or licensing is required by the regulatory authority? (both applying equally and applicable to subsidiaries of cross-border providers)
The Minister of Justice and District Court oversee entry in the National Court Register, the Minister of Economy in the Central Registration and Information on Economic Activity and Voivode the entry in the Register of Entities Performing Medical Activity.
Requirements relating to the legal form
Professional insurance (both applying equally and applicable to subsidiaries of cross-border providers)
Obligatory.
Business registration (both applying equally and applicable to subsidiaries of cross-border providers)
As described.
Registration with accountants/tax authorities (both applying equally and applicable to subsidiaries of cross-border providers)
Registration with tax office.
Registration with a regulatory body or professional association (both applying equally and applicable to subsidiaries of cross-border providers)
NA.
Any other requirements (both applying equally and applicable to subsidiaries of cross-border providers)
Organisational rules (e.g. requirements relating to appropriateness of infrastructure

and medical devices, sanitary requirements and it has to guarantee that health services are provided by healthcare professionals), and requirements stemming from contract with the National Health Fund (if relevant). Civil liability insurance to be required from 2016.
Which conditions must the hospital meet regarding the costs of treatment to: 1) receive the cost from the public insurance fund 2) receive the cost from the national health service 3) ensure the patient is reimbursed (both applying equally and applicable to subsidiaries of cross-border providers)
Contracting with the National Heath Fund is required for public financing, for the provision of services to a person holding the status of a beneficiary.

Sources
Act of 2 December 2009 on the Chambers of Physicians (Journal of Laws of 2015, item 651). EU Directive 2005/36/EC on the recognition of professional qualifications Act of 2 July 2004 on Freedom of Economic Activity (Journal of Laws of 2015, item 584). Act of 15 April 2011 on medical activity (Journal of Laws of 2015, item 618). Act of 25 September 2015 on the Profession of Physiotherapists Act of 27 July 2001 on laboratory diagnostics (Journal of Laws of 2014, item 1384).

Slovenia

National Health System

The Slovenian health system is centralised and coordinated by the Ministry of Health. It is funded by insurance payments, which are either compulsory and voluntary. The Ministry delegates various duties to agencies and institutes including the authority responsible for compulsory health insurance, the Health Insurance Institute of Slovenia. If a patient chooses to be insured on a voluntary basis he can do so via insurance companies.

Scenario 1

Main regulatory body
The Medical Chamber of Slovenia is a public authority for licensing professionals and maintaining the register of medical professionals (including doctors). Membership is therefore obligatory.
Requirements pertaining to the individual
Nationality requirements
Evidence of nationality required for recognition of qualifications.
Recognition of qualifications
A physician must, under the Medical Practitioners Act: have the appropriate qualifications and level of training, be entered in the register of physicians, and hold a licence to independently perform medical services in a specific field of expertise. For cross-border individuals the automatic recognition of qualifications takes effect when they file an application for qualification, providing by post/email to the Ministry of Health: evidence of nationality, the diploma (degree), certificates by competent Member State authorities confirming compliance with the conditions for pursuit of a profession or activity in that country, as required by Directive 2005/36/EC, any other certificates confirming additional professional trainings and experiences, and a €30 fee to the account of the Ministry of Health. The Ministry of Health is the competent authority for the recognition of the professional qualifications for all professions in the health sector.
Registration with a regulator
Entry to the register of physicians is obligatory and made upon request and compliance with the terms provided by the Medical Practitioners Act and the Rules on the Register of Physicians. A doctor must submit a completed application to the Medical Chamber and provide supporting evidence: personal data of the individual (address, date and location of birth, residence, citizenship), title and address of medical employment, type of medical service, doctor's personal number, date and location of medical diploma, date of professional exam, date and type of specialisation, date, type and duration of medical licence, date and type of additional trainings, date and field of obtained scientific titles, obtained professional and academic titles, membership of any associations, statement on the right to conscientious objection and any other relevant information. GP's only have to submit the evidence of conditions set out by the Law and by law – the application and decision from the Ministry of Health of the recognition of qualifications. Private GPs must meet the following additional conditions: proof of possession of ordination; proof that the latter meets the conditions prescribed by the Medical Practitioners Act; other proofs which demonstrate that a physician meets the conditions for private medical practice.
Any other requirements
Under the Medical Practitioners Act doctor is required to use Slovenian while practising medical services, and if working in a mixed bilingual area of Italian or Hungarian national minority, must also use Italian or Hungarian. However, while language knowledge is required to practise as a physician, the Chamber does not list the requirement as a condition for a registration. For the purpose of employment, language knowledge is to be proven by a secondary school certificate or an educational institution certificate. The language requirement is controlled by the Inspectorate at

the Ministry of Culture; if the physician fails to use Slovenian in his contact with patients, his licence may be temporarily removed.
Requirements relating to place of work
Location of practice
Imposed in case of public healthcare services, free in the private sector.
Type of practice
There is no fundamental difference between locum or permanent practice. Both types of physicians have to meet the conditions for an independent practice described above. Those who work in the public sector are employed as "civil servants"; those who work in private practice might be concessionaires* or entirely privately funded. * Practitioners who meet the conditions for a concession to be awarded by the Ministry of Health; these private physicians specialists, who are entitled to independent private medical practice, are then integrated into the public health-care network and the costs of their services are covered by the Health Insurance Institute of Slovenia via compulsory health insurance.
Professional insurance
Employed doctors are insured through their employers, self-employed doctors are self-insured.
Business registration
Legal form for GPs in the private sector is not specifically regulated and can range from self-employment, private company or private institute.
Registration for tax
No specific requirements.
Registration with second regulator or professional association
Only registration with the Medical Chamber.
Any other relevant requirements
NA
Requirements relating to public funding coverage
There are conditions to receive costs or treatment from the public insurance fund: working within the framework of the network of public healthcare services or being a concessionaire. The amount and services covered are determined in a contract between the concessionaire and the Health Insurance Institute of Slovenia, awarded on the basis of the public call. The contract specifies the program (scope) of services that will be paid from the public funds to the private individual acting as a concessionaire.

Scenario 2

Rules applicable to online consultations and ePrescriptions
Definition of online consultations under national law
No legal definition
Definition of ePrescriptions under national law
No legal definition
Conditions for the provision of online consultations? (both applying equally and applicable to cross-border providers)
NA
Conditions for the provision of ePrescriptions? (both applying equally and applicable to cross-border providers)
NA
Requirements relating to coverage by the public health system
Conditions for coverage for online consultations via 1) a public insurance fund 2) a national health service 3) patient reimbursement (both applying equally and applicable to cross-border providers)
NA
Conditions for coverage for ePrescriptions via 1) a public insurance fund 2) a national health service 3) patient reimbursement (both applying equally and applicable to cross-border providers)
NA
Any other relevant requirements?
The eHealth project started in 2008 and is still under construction. It has been

delayed, so there is still no regulated practice of online consultations and ePrescriptions in Slovenia. However, the establishing of ePrescriptions has been listed as a priority of the Ministry of Health, whereas online consultations still appear to be less discussed.

Scenario 3

Main regulatory body
Ministry of Health
Requirements pertaining to the individual
Nationality requirements
Evidence of nationality required for the recognition of qualifications process.
Recognition of qualifications
A physiotherapist can practice independently, if registered and holding a valid licence. Cross-border individuals who would like to establish themselves in Slovenia or practise on a temporary basis must have their qualifications recognised in Slovenia, pursuant to the General system for recognition of professional organizations. To do so they must submit an application to the Ministry of Labor, Family and Social Affairs with: evidence of nationality, the diploma, certificate or other evidence of formal qualification, proof of other qualifications and professional experience, proof of the contents and course of training, including a statement on the duration of study program, field and subjects completed by the candidate, certificates by competent Member State authorities confirming compliance with the conditions for pursuit of a profession or activity in that country. The Ministry of Labor, Family and Social Affairs then forwards the application to the Ministry of Health for a written opinion on the suitability of the candidate. The Ministry of Health is the competent authority for the recognition of the professional qualification for all professions in the health sector. In certain situations an exam or adjustment period might be required. After the procedure has been completed the candidates must still fulfil other legal requirements and conditions to practise legally in Slovenia, such obtaining a licence and registration with the Ministry of Health.
Registration with a regulator
A physiotherapist can practice independently, if he is registered and holds a valid licence. The licence requirement for an EU Member State physiotherapist is replaced by a decision on the recognized professional qualifications in accordance with the law regulating the procedure on recognition of qualifications, which is to be supported by a certificate — less than 3 months old — of current professional status/good standing, from the relevant health authorities in his most recent country of work and residence, confirming that he is legally entitled to work as a physiotherapist and has not been suspended, disqualified or prohibited from practicing. Any service provider who communicates with patents/customers must have an appropriate knowledge of Slovenian as well as Italian and Hungarian depending on the areas in which they reside. The recognition of professional qualifications as part of a registration procedure is subject to €50 fee. Registration of physiotherapists with a national body is still in the establishment phase and has thus not yet begun.
Any other requirements
NA
Requirements relating to place of work
Location of practice
Imposed in the public sector, free in the private sector.
Type of practice
Physiotherapists working in the public sector/concessionaires: concession awarded by public authority through a concession contract. Private physiotherapists, be they concessionaires or not, can practice as self-employed or can establish one of the companies provided by the Companies Act. They can also form a private institute.
Professional insurance
Obligatory.
Business registration
No specific requirement.
Registration for tax
No specific requirement.

Registration with second regulator or professional association
As above
Any other relevant requirements
NA
Requirements relating to public funding coverage
Physiotherapy may be covered by public funding if the physiotherapist works in the public sector or is registered as a concessionaire. When it is provided by the public network of healthcare services, the costs of physiotherapy is covered by compulsory (and voluntary) healthcare insurance. The amount and services covered are determined in a contract between the concessionaire and the Health Insurance Institute of Slovenia, awarded on the basis of the public call. The contract specifies the program (scope) of services that will be paid from the public funds to the private individual acting as a concessionaire. Otherwise patients bear their own costs.

Scenario 4

Definition of services provided by medical laboratories under national law
The relevant rules (Rules on the conditions which have to be met by medical laboratories to conduct services in the field of laboratory medicine) define a medical laboratory as: "any laboratory, which investigates samples such as biological materials, derived from human body and other materials, in order to provide data necessary to establish a diagnosis, appropriate treatment, prevention of diseases or assessment of health conditions of an individual."
Does national law provide for the possibility to provide cross-border services supplied by laboratories? If so what type?
It is not defined in legislation. However, interpretation concludes that that the medical laboratories established in Slovenia can co-operate only with other competent laboratories and medical laboratory experts, who meet the Slovenian conditions and have acquired the required authorization.
Requirements for the professionals running the laboratory (both applying equally and applicable to cross-border providers)
The professionals running the laboratory must have first graduated and then specialized in one of the following fields: anatomic pathology and cytopathology; clinical and medical microbiology, medical biochemistry and transfusion medicine. They must ensure that investigations from designated fields are carried out by a physician, medical worker or medical assistant with a required specialization.
What are the requirements pertaining to the laboratory itself? (both applying equally and applicable to cross-border providers)
Facilities and equipment are regulated in detail. Also service provision is subject to the authorization of the Minister of Health; this can be given for the specialized fields following the completed university degree of: anatomic pathology and cytopathology; clinical and medical microbiology, medical biochemistry and transfusion medicine. The existing public healthcare network and the expert opinions are taken into account. The authorization can be granted for 5 years and can be extended by filing a request at least 30 days prior to the expiry of authorization.
Conditions for coverage of medical laboratory diagnostic services via: 1) a public insurance fund 2 the national health service 3) patient reimbursement (both applying equally and applicable to cross-border providers)
The laboratories which are part of the public healthcare network system or private laboratories with concession are financed by the Health Insurance Institute of Slovenia, which means that the patients' treatment is covered by their compulsory and voluntary insurance. Exclusively private laboratories are paid by their users directly.
Any other relevant requirements?
NA

Scenario 5

Main regulatory body for hospitals
Ministry of Health

Does national law provide for the possibility for hospitals to open subsidiary branches?
Not addressed
Is there a requirement for the subsidiary to take a particular legal form? (both applying equally and applicable to subsidiaries of cross-border providers)
No – and legislation does not stipulate the form of private hospitals as it does for public hospitals, which are public medical entities. Private hospitals are thus opened as companies.
What are the requirements for each form the subsidiary may take? (both applying equally and applicable to subsidiaries of cross-border providers)
NA
Which authorisation or licensing is required by the regulatory authority? (both applying equally and applicable to subsidiaries of cross-border providers)
The licencing and authorisation of the physicians is the only requirement – this is as per Scenario 1.
Requirements relating to the legal form
Professional insurance (both applying equally and applicable to subsidiaries of cross-border providers)
Liability insurance is required
Business registration (both applying equally and applicable to subsidiaries of cross-border providers)
The Companies Act provides the legal forms of private companies available to those who want to set up private hospitals, i.e. a private limited company, and register them with the court administering the company register.
Registration with accountants/tax authorities (both applying equally and applicable to subsidiaries of cross-border providers)
Tax regulations applying to private companies is applicable.
Registration with a regulatory body or professional association (both applying equally and applicable to subsidiaries of cross-border providers)
No
Any other requirements (both applying equally and applicable to subsidiaries of cross-border providers)
No
Which conditions must the hospital meet regarding the costs of treatment to: 1) receive the cost from the public insurance fund 2) receive the cost from the national health service 3) ensure the patient is reimbursed (both applying equally and applicable to subsidiaries of cross-border providers)
A private institution may become a concessionaire by meeting the conditions for a concession to be awarded by the Ministry of Health. Integrated into the public health-care network and the costs of their services are cover by the Health Insurance Institute of Slovenia via compulsory health insurance.

Sources
Health Care and Health Insurance Act [1992, last amended 2015]), Health Services Act OJ 23/95 Health Care and Health Insurance Act OJ 72/06 Medical Practitioners Act, [adopted 1999, last amended 2012] Rules on the Register of Physicians Companies Act (2009, last amended 2015) and Institutes Act (1991, last amended 2006) http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti__pdf/vpk_vloga_spl_rl1.pdf Rules on the conditions which have to be met by medical laboratories to conduct services in the field of laboratory medicine Official Journal of the Republic of Slovenia, 64/04 General practitioners services act, Patient rights act, and regulations adopted on the basis of these acts.

Sweden

National Health System

The Swedish health system is divided between central and regional/local competences. The central government sets overall policy, and 20 country councils are responsible for the funding and provision of care to their respective populations, with municipalities having responsibility for certain groups i.e. the elderly and disabled (Health and Medical Services Act 1982:763, Social Services Act 2001:453). Funding for healthcare is principally through tax, with a relatively small percentage of the population opting into voluntary insurance schemes. Private providers have agreements with the county councils and the insurance companies Most medical facilities are publicly funded.

Scenario 1

Main regulatory body
The National Board of Health and Welfare – a government agency – is responsible for granting licences to GPs and administering the register of professionals and medical personnel.
Requirements pertaining to the individual
Nationality requirements
Proof of identity is required, i.e. extract from the Swedish population register (not older than three months) or a valid passport.
Recognition of qualifications
A licence to practice is required and the National Board of Health and Welfare (Socialstyrelsen) is responsible for granting this. The education, qualification and recognized degrees of applicants are regulated by the Board. For EU/EEA citizens, Directive 2005/36/EC applies; the applicant must provide a certificate stating that their training conforms to the current Directive (this does not apply to applicants from other Nordic countries however). The certificate has to be translated into Swedish or English by an authorized translator (Only translator with an authorization from Kammarkollegiet – a public authority – is regarded to be an authorized translator). Documents issued in Denmark or Norway do not need to be translated. The applicant must submit: a completed registration form, an extract from the Swedish population register less than 3 months old/copy of a valid passport and, if applicable, a copy of a certificate showing changes of names, a certified copy of the diploma (the copy must be certified by an organization, institution or public authority with a stamp), and a certified copy of evidence of licence to practise/access to the profession (this last document only applies to applicants from countries that issue such evidence). Applying for a licence to practise is free of charge.
Registration with a regulator
The National Board of Health and Welfare is responsible for granting a licence to practice medicine in Sweden. A doctor must thus have this in order to be able to practise in Sweden.
Any other requirements
The individual professional is responsible for ensuring that he or she has sufficient knowledge of the Swedish language, according to Article 53 of Directive 2005/36/EC. The licence to practise also entails a responsibility to have sufficient knowledge of the Swedish language and to be familiar with Swedish legislation in the relevant field. To get a license in Sweden you need to have language skills at level C1 in accordance with the Common European Framework of Reference for Languages. It is up to the employer to assess this requirement.
Requirements relating to place of work
Location of practice
No special requirements. However, the county council may have requirements regarding the location.

Type of practice
It is possible to work as self-employed, however, most GPs are employed by a primary care unit. There are two ways to set up a primary care unit. Under the Act on System of Choice in the Public Sector, 2008, according to which freedom of establishment applies to all (public and private) healthcare providers that 202onces the requirements decided by the local county council (which primarily focus on the minimum level of clinical competences represented in the primary care unit). These apply to both private and public providers. Payment of providers should be based on patient choice – patients can register with any public or private provider accredited by the local county council. Another way is to purchase an existing medical practice under the Act of Compensation for Medical Doctors, with the formal acceptance of the county council (as the region on behalf of the State pays compensation). A doctor wanting to terminate their right to compensation will notify the council and thus enable another medical doctor to take over the agreement with the council. A call for proposals for an agreement with another medical doctor is published and candidates who apply are selected based on price and fulfilment of various requirements (licence to practice, active in practice, not employed by a county council or municipality).
Professional insurance
Self-employed practitioners must be insured, while employees are insured through their employers.
Business registration
If a GP work on his or her own account, he or she has the obligation to register the business at the Swedish Companies Registration Office (Bolagsverket). A certificate of registration is then provided by the Office.
Registration for tax
A report must be made by the GP to the Tax Authority (Skatteverket).
Registration with second regulator or professional association
The Swedish Medical Association is a professional association and union for doctors; membership is voluntary. The Swedish College of General Practice is the professional and scientific organisation of general practitioners in Sweden, membership is voluntary.
Any other relevant requirements
When the company is registered as an enterprise, the GP also has to report a month before practice begins to the Health and Social Care Inspectorate (Inspektionen för Vård och Omsorg, IVO) that health services will be performed. The Health and Social Care Inspectorate is responsible for supervising healthcare professionals. If deficiencies are identified in a licensed healthcare professional's practice that represent a threat to the patient, the IVO can propose various actions as far as removal of licence; the Medical Responsibility Board (HSAN) then takes decisions in all authorisation matters concerning licensed healthcare professionals.
Requirements relating to public funding coverage
A private healthcare provider must have an agreement with the county council in order to be publicly reimbursed. County councils regulate the establishment of new private primary care practices that are eligible for public funding through conditions for accreditation. The private provider may be reimbursed by the county councils based on a state regulation. The GP is then reimbursed in accordance with a national rate, which is yearly decided by the Swedish government.

Scenario 2

Rules applicable to online consultations and ePrescriptions
Definition of online consultations under national law
Not mentioned in legal documents but accepted as long as the consultations are done in accordance with the Health and Medical Services Act.
Definition of ePrescriptions under national law
Nearly all the healthcare services in Sweden now use ePrescriptions, though there is no legal definition, guidelines provided by the Swedish Medical Products Agency define them as: "an electronic prescription that with the use of software has been transformed to electronic format".

Conditions for the provision of online consultations? (both applying equally and applicable to cross-border providers)
Any GP may provide an online consultation – there are no separate regulations, but these should always be in patient medical records (thus usual GP qualification requirements apply).
Conditions for the provision of ePrescriptions? (both applying equally and applicable to cross-border providers)
Any GP may provide ePrescriptions – the Swedish eHealth Agency is responsible for storing and transferring ePrescriptions issued in Sweden.
Requirements relating to coverage by the public health system
Conditions for coverage for online consultations via 1) a public insurance fund 2) a national health service 3) patient reimbursement (both applying equally and applicable to cross-border providers)
Funded in the same way as normal consultation and prescription services. The (central government) Dental and Pharmaceutical Benefits Agency decides what should be funded. However, despite recent progress, these reimbursement rules are no yet designed to cater to online consultations. The relevant government agencies in SE all agree that this is a highly relevant topic that should be addressed in a common way across the EU.
Conditions for coverage for ePrescriptions via 1) a public insurance fund 2) a national health service 3) patient reimbursement (both applying equally and applicable to cross-border providers)
NA
Any other relevant requirements?
NA

Scenario 3

Main regulatory body
The National Board of Health and Welfare (Socialstyrelsen) – a government agency – is responsible for granting licences to physiotherapists (this was mentioned in Scenario 1).
Requirements pertaining to the individual
Nationality requirements
Extract from the Swedish population register (not older than three months) or a valid passport.
Recognition of qualifications
The National Board of Health and Welfare grants licences to physiotherapists. EU/EEA applicants must provide: a translation of exam certificate into Swedish or English by an authorised translator and the original or a certified copy, a detailed description of training modules and practical components/length/content, translation into Swedish or English by an authorized translator and the original or a certified copy, a certified copy of certificate regarding professional ability in the original language translation into Swedish or English by an authorized translator and the original or a certified copy, an original certificate regarding the training's qualification level issued by the authority responsible in the country of the training, in the original language, translation into Swedish or English by an authorized translator and the original or a certified copy, a certificate showing competence to carry on the profession, translation of the certificate into Swedish or English by an authorized translator and the original or a certified copy, and finally certified copies of service certificates in the original language, if experienced within the profession, where your employer certifies the type of employment and your work tasks, a translation of the above into Swedish or English by an authorized translator, and the original or a certified copy. No documents issued in Denmark or Norway need to be translated. Applying for a licence to practise is free of charge for EU/EEA citizens.
Registration with a regulator
The public authority National Board of Health and Welfare (Socialstyrelsen) is responsible for granting a licence to practice as a physiotherapist in Sweden. A physiotherapist must thus apply for a licence in order to be able to practice in Sweden.
Any other requirements

The individual professional is responsible for ensuring that he or she has sufficient knowledge of the Swedish language, according to Article 53 of Directive 2005/36/EC. The licence to practise also entails a responsibility to have sufficient knowledge of the Swedish language and to be familiar with Swedish legislation in the relevant field. To get a license in Sweden you need to have language skills at level C1 in accordance with the Common European Framework of Reference for Languages. It is the responsibility of the employer to assess these requirements.
Requirements relating to place of work
Location of practice
No special requirements. However, the county council may have requirements regarding the location.
Type of practice
A physiotherapist may work on his own or in cooperation with other physiotherapists. They may also work at primary care units or at hospitals. A physiotherapist may also work within the municipalities.
Professional insurance
Self-employed physiotherapists must be insured, employees are insured through their employers.
Business registration
If a physiotherapist works on his own account, he has the obligation to register the business at the Swedish Companies Registration Office (Bolagsverket). You then get a certificate of registration from the Swedish Companies Registration Office. As the company is registered as an enterprise, he also has to report a month before the practice will enter in to practice, to the Health and Social Care Inspectorate (Inspektionen för Vård och Omsorg, IVO) that he will perform health services.
Registration for tax
A report must be made to the Tax Authority (*Skatteverket*).
Registration with second regulator or professional association
The Swedish Association of Physiotherapists is a professional body as well as a trade union. There is no compulsory membership.
Any other relevant requirements
NA
Requirements relating to public funding coverage
A physiotherapist must have an agreement with the county council in order to be publicly reimbursed. If the private provider does not have an agreement, the provider is not reimbursed and the patient will have to pay the full charge to the provider.

Scenario 4

Definition of services provided by medical laboratories under national law
The Health and Medical Services Act of 1982 covers the whole of the sector, though medical laboratories are not specifically noted, as "measures aiming to prevent, to investigate and to treat diseases and injuries"
Does national law provide for the possibility to provide cross-border services supplied by laboratories? If so what type?
No – but county councils manage medical care services and thus requirements (e.g. distance between the laboratory and primary care units/hospitals).
Requirements for the professionals running the laboratory (both applying equally and applicable to cross-border providers)
Only qualified persons may be biomedical scientists – this requires a degree and licence from the National Board of Health and Welfare. In some county councils, the caregiver is allowed to choose which laboratory, both private and public, to use. In other County councils, the caregiver is referred to the county councils laboratories. A private medical laboratory must be accredited and comply with ISO 15189, meaning that for example a European Specialist is responsible for the diagnostic process.
What are the requirements pertaining to the laboratory itself? (both applying equally and applicable to cross-border providers)
County Councils set their own requirements, e.g. a specific IT system or linking with another existing laboratory or imaging system. Accreditation may be required under ISO and/or in a procurement process of regional authorities. In addition, the Health

and Social Care Inspectorate may have to licence the facility if it handles blood or tissue.
Conditions for coverage of medical laboratory diagnostic services via: 1) a public insurance fund 2 the national health service 3) patient reimbursement (both applying equally and applicable to cross-border providers)
Laboratories negotiate with a healthcare provider once the County Council has permitted the private laboratory – it will then be covered by the public healthcare system. County Councils tend to have their own laboratories so private facilities are not common.
Any other relevant requirements?
NA

Scenario 5

Main regulatory body for hospitals
County Councils, Ministry of Health and Social Affairs
Does national law provide for the possibility for hospitals to open subsidiary branches?
Not addressed.
Is there a requirement for the subsidiary to take a particular legal form? (both applying equally and applicable to subsidiaries of cross-border providers)
NA.
What are the requirements for each form the subsidiary may take? (both applying equally and applicable to subsidiaries of cross-border providers)
NA.
Which authorisation or licensing is required by the regulatory authority? (both applying equally and applicable to subsidiaries of cross-border providers)
County Councils may run hospitals themselves or procure services. A tenderer must be registered with the Companies Registration Office. They must have fulfilled obligations regarding tax and social security. Foreign tenderers may provide a certificate showing they are registered in their country and have no outstanding social security or tax issues.
Requirements relating to the legal form
Professional insurance (both applying equally and applicable to subsidiaries of cross-border providers)
Liability insurance is required for the subsidiary branch. The employed professionals are not obliged to have professional insurance.
Business registration (both applying equally and applicable to subsidiaries of cross-border providers)
NA
Registration with accountants/tax authorities (both applying equally and applicable to subsidiaries of cross-border providers)
NA
Registration with a regulatory body or professional association (both applying equally and applicable to subsidiaries of cross-border providers)
The company should report to the Health and Social Care Inspectorate and register as "healthcare provider" in their healthcare provider registry ("vårdgivarregistret").
Any other requirements (both applying equally and applicable to subsidiaries of cross-border providers)
NA
Which conditions must the hospital meet regarding the costs of treatment to: 1) receive the cost from the public insurance fund 2) receive the cost from the national health service 3) ensure the patient is reimbursed (both applying equally and applicable to subsidiaries of cross-border providers)
The hospital can contract with County Councils in response to procurement calls. Otherwise patient choice is emphasised so a private hospital can be established and funded but it will depend on the number of patients.

Sources
Social Services Act (2001:453) Health and Medical Services Act (1982:763) The Patient Safety Act, *Patientsäkerhetslagen* (2010:659) www.socialstyrelsen.se SOSFS 1999:5. *Socialstyrelsens föreskrifter om allmäntjänstgöring för läkare* and SOSFS 2015:8 *Läkarnas specialiseringstjänstgöring.* the EU directive 2005/36/EC The Act on System of Choice in the Public Sector, 2008 (*Lagen om valfrihet; LOV*) The Law on Procurement, 2007 (*Lag om upphandling (2007:1091*) Act on Compensation for Medical Doctors (*lagen om ersättning till läkare* (1993:1651) www.verksamt.se The Patient Injury Insurance Act (Patientskadelagen (1996:799) Chapter 3 section 4 VAT Act, *Mervärdesskattelagen* ((1994:200). Act on Compensation for Medical Doctors (*lagen om ersättning till läkare* (1993:1651) the webpage of the Swedish eHealth Agency Socialstyrelsen dnr 33 2394/2007 Section 5 of the Prescription Registration Act of 1996 (*Lagen om receptregister (1996:1156)*) SOSFS 1999:5. *Socialstyrelsens föreskrifter om allmäntjänstgöring för läkare* and SOSFS 2015:*8 Läkarnas specialiseringstjänstgöring*. Act on Compensation for Physiotherapy (*lagen om ersättning för fysioterapi* (1993:1652) Patient Liability Act (*Patientskadelagen* (1996:799) Report from the Swedish Competition Authority, (*Konkurrensverkets Rapport* 2012:5). Act on Blood Safety (*Lag om blodsäkerhet* (2006:496) Act on the quality and safety standards for handling human tissues and cells (*Lag om kvalitets- och säkerhetsnormer vid hantering av mänskliga vävnader och celler* (2008:286) http://www.mfd.se/other-languages/english/ SOSFS 1998:13. Socialstyrelsens föreskrifter och allmänna råd om anmälan av verksamheter på hälso- och sjukvårdens område. http://webus.opic.com/tjanster/speglingar/watchlist2008.asp?parDatetime=2015-08-11%2011:28:18&parGruppVariantAnpassning=0&parGruppVariantBorderColor=%230066CC&parGruppAnnonsplatsID=1188&parGruppAnnonsplatsVariantID=953&parGruppLang=SV&parGruppUpphandlandeEnhetID=35908&parGruppReganvID=121614&parGruppsys_dtb=40.

United Kingdom

National Health System

The UK system is largely a centralised system; though as a devolved policy area the research focuses on England (Scotland, Wales, or Northern Ireland may have slight variations.) There is a popular tax-funded national health service, as well as a private sector funded by insurance contributions and benefits in kind. Key organisations in policy are the Department of Health, the National Health Service and the Care Quality Commission.

Scenario 1

Main regulatory body
General Medical Council
Requirements pertaining to the individual
Nationality requirements
Proof of identity
Recognition of qualifications
EEA or Swiss nationals whose qualifications are mutually recognised i.e. listed in Annex V (5.1.2) of Directive 2005/36/EC should apply for both GMC registration and GP registration.
Registration with a regulator
All doctors must register with the General Medical Council (UK GPs do so before their clinical training), and be on both the GMC and GP registers. For GMC registration, EEA/Swiss nationals firstly provide both a primary medical qualification and specialist (GP) qualification, along with a £420 fee to the GMC European Applications Team, who confirm registration on the GMC register (basic). The applicant then applies for GP registration (specialist) which requires: an online application form, an email from an applications advisor who will specify the documents required, evidence of primary and specialist medical qualifications, certificates of good standing from all medical regulators that the individual is registered with, evidence of English language ability (International English Language Testing System or alternative evidence), references from previous employers and no further fee.
Any other requirements
Registration with the Royal College of GPs is compulsory for UK trainee GPs (i.e. doctors who complete GP specialist training within the UK). For a GP already registered as such (i.e. having gone through the GMC registration procedure), membership is highly recommended and requires: GMC registration information, personal details, and a fee (dependent on income). The portfolio requires 13 criteria (related to professional development), using templates provided, covering all aspects of their practice, to be submitted within a year of application. After marking by a panel of assessors (all experienced GPs) some candidates will be asked to meet a further panel to discuss their submission. The application fee is £400, the submission £800 and the panel fee (if required) £250.
Requirements relating to place of work
Location of practice
Locum GPs must commit to working in the area they are registered at least once in a 12 month period.
Type of practice
Private GPs may choose to practise: at home/in a purpose built surgery/rented rooms/in consulting rooms at private hospitals. Buying an existing practice is also an option. Locum GPs can work: as independent freelance locum GPs, as part of a freelance GP chambers, or through an agency. For cross-border individuals, locum doctors have to provide certified translations for any documents supplied that are not in English.
Professional insurance
GMC requirement for indemnity cover from one of the medical defence bodies. NHS

indemnity does not cover private practice.
Business registration
Types of business structures available private practices include: partnerships, limited liability partnerships (LLPs), sole traders, private company limited by shares, public limited company (PLC), company limited by guarantee, community interest company, setting up in chambers. Each of these companies must be registered.
Registration for tax
HMRC must be notified within 3 months of starting fee-charging practice or a fine will be issued.
Registration with second regulator or professional association
Registration with the following is good practice: British Medical Association and Royal College of General Practitioners. It is obligatory to register with the Care Quality Commission.
Any other relevant requirements
Any doctor registered with the GMC can set up in private practice. All doctors are required to undergo appraisals to be re-validated by the GMC. Under the Care Standards Act 2000 there are independent appraisals of clinicians. Registration under the Data Protection Act 1998 is required. All GPs should have Disclosure and Barring Service checks. There are various health and safety standards to be observed at the practice. Due diligence must be undertaken.
Requirements relating to public funding coverage
NHS GP funding is provided for in the GP Contract, between the practice (partnership of GPs) and NHS England; for private GPs, the cost of treatment will be borne by the patient individually, or by claiming on their private insurance.

Scenario 2

Rules applicable to online consultations and ePrescriptions
Definition of online consultations under national law
No legal definition
Definition of ePrescriptions under national law
No legal definition
Conditions for the provision of online consultations? (both applying equally and applicable to cross-border providers)
NA, these are not offered by NHS GP practices but might be offered by CQC-approved private providers.
Conditions for the provision of ePrescriptions? (both applying equally and applicable to cross-border providers)
The NHS Electronic Prescription Service (EPS) allows GPs and practice nurses to send prescriptions electronically to a dispenser. Only certain drugs can be prescribed electronically (The Human Medicines (Amendment) (No. 2) Regulations 2015). The GMC Good Medical Practice applies, as does the Data Protection Act 1998. Under guidance from the Department of Health Medicines and Healthcare products Regulatory Agency, only "appropriate practitioners" can write prescriptions for medicine in the UK.
Requirements relating to coverage by the public health system
Conditions for coverage for online consultations via 1) a public insurance fund 2) a national health service 3) patient reimbursement (both applying equally and applicable to cross-border providers)
Consultations with National Health Service GPs are free. Private GPs have contracts with insurers so patients are covered through their premiums. Online consultations are not specifically regulated.
Conditions for coverage for ePrescriptions via 1) a public insurance fund 2) a national health service 3) patient reimbursement (both applying equally and applicable to cross-border providers)
Patients pay for all National Health Service prescriptions (£8.20) unless under 18 years of age, receiving benefits, in full-time education or elderly. Private sector prescriptions may be covered by insurance – patients have to contact insurers to check.
Any other relevant requirements?

NA

Scenario 3

Main regulatory body
The Health and Care Professions Council
Requirements pertaining to the individual
Nationality requirements
Proof of identity.
Recognition of qualifications
A physiotherapy programme approved by the Health and Care Professions Council must be completed.
Registration with a regulator
Students who complete HCPC-approved courses at (UK) universities are automatically eligible for registration. They should provide a completed application form, a scrutiny fee of £56 and a registration fee (valid for two years) of £160 (reduced to £80 for graduates of an approved course), character reference form, certified copies of documents proving identity, return to practice forms, and a statement that the necessary insurance is in place. For cross-border individuals the application form itself should be accompanied by: a Scrutiny Fee of £440, a character reference form, certified copies of documents proving identity, certified copies of qualifications, with applicable certified translations, attestation of legal establishment in other EEA country, professional reference(s), certified course information form which provides details of professional training, background check consent form, and a statement that the necessary insurance is in place. If the physiotherapy profession is not regulated in the country of qualification, a certificate by the relevant authority should be provided showing compliance with the Qualification Directive and eligibility to practise in home country. If neither the physiotherapy profession nor the related training is regulated, the applicant must submit proof of work as a physiotherapist for at least 2 of the previous 10 years. If the assessment reveals any shortfalls, so called 'compensation measures' are imposed.
Any other requirements
Requirement to join the Chartered Society of Physiotherapy (90% of physiotherapists are members). The CSP requires Continuing Professional Development.
Requirements relating to place of work
Location of practice
Free
Type of practice
Physiotherapists largely receive patients either privately or through the NHS.
Professional insurance
Physiotherapists require professional indemnity. Independent practitioners have to satisfy this requirement either by joining a professional body (i.e. the CSP) or by obtaining indemnity through an insurer.
Business registration
No registration for self-employed individuals, but some may choose to set up a private limited company.
Registration for tax
Sole traders would have to register with HMRC to ensure that they pay the correct amount of income tax and national insurance.
Registration with second regulator or professional association
All physiotherapists should be registered with a professional body such as the CSP.
Any other relevant requirements
NA
Requirements relating to public funding coverage
A physiotherapist may be employed through the NHS (around 60% are), whereby their patients are usually referred, and they are paid by the NHS. As an independent practitioner, a physiotherapist will usually have patients who self-refer and pay out of pocket for treatment.

Scenario 4

Definition of services provided by medical laboratories under national law
Under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, diagnostic and screening procedures are a regulated activity. Medical laboratories are accredited bodies.
Does national law provide for the possibility to provide cross-border services supplied by laboratories? If so what type?
No – as all health care providers must be registered with the Care Quality Commission (Health and Social Care Act 2008), this includes diagnostic and screening procedures. Where the diagnostic services are performed by a subcontracted provider outside the UK, they are not registerable however the provider within the UK who contracted with the provider outside the UK would be accountable for the services and quality assurance. The provider taking the samples or imaging in the UK would have to be registered.
Requirements for the professionals running the laboratory (both applying equally and applicable to cross-border providers)
Health and Social Care Act 2008 – managers of regulated activities must: be of good standing, in possession of the necessary qualifications, skills and experience to manage the regulated activity, able by reason of health to do so, and able to supply the Care Quality Commission with, inter alia, information such as ID, criminal record, qualifications, previous references, employment history. In the case of a cross-border laboratory, this would apply to the provider who commissioned the service.
What are the requirements pertaining to the laboratory itself? (both applying equally and applicable to cross-border providers)
A medical laboratory in England must be registered with the Care Quality Commission. There is no law foreseen for laboratories outside England. Registration requires criminal record check, statement of purpose, references, managerial information, and a completed application. There are requirements as to the quality of equipment in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition, evidence of ISO 15189 accreditation and of participation in IQA and EQA is required.
Conditions for coverage of medical laboratory diagnostic services via: 1) a public insurance fund 2 the national health service 3) patient reimbursement (both applying equally and applicable to cross-border providers)
The medical laboratory may be contracted by NHS providers such as clinical commissioning groups who are as of 2012 responsible for purchasing local services. They may also contract with private providers or insurance companies to provide services to the private sector.
Any other relevant requirements?
NA

Scenario 5

Main regulatory body for hospitals
Care Quality Commission (this regulates both private and public sector hospitals) and Monitor (this regulates providers of all NHS services)
Does national law provide for the possibility for hospitals to open subsidiary branches?
Both public NHS hospitals and private hospitals may open subsidiaries. The Private and Voluntary Health Care (England) Regulations 2001 apply to independent providers – they require a statement of purpose, patient's guide, provider fitness to provide services.
Is there a requirement for the subsidiary to take a particular legal form? (both applying equally and applicable to subsidiaries of cross-border providers)
Setting up a subsidiary in the UK usually means setting up a private limited company (under the Companies Act). This would be appropriate for a private hospital (public hospitals are opening and managed by the NHS). An overseas company may also register a branch (a UK establishment) under the Overseas Companies Regulation).
What are the requirements for each form the subsidiary may take? (both

applying equally and applicable to subsidiaries of cross-border providers)
Applying equally For a private limited company, registration and filing with Companies House is required (Companies Act 2006). Cross-border To form a UK establishment registration and filing with Companies House is also required, along with a certified translation of documents.
Which authorisation or licensing is required by the regulatory authority? (both applying equally and applicable to subsidiaries of cross-border providers)
Registration with the Care Quality Commission is required.
Requirements relating to the legal form
Professional insurance (both applying equally and applicable to subsidiaries of cross-border providers)
All practitioners must have indemnity insurance under regulations of the General Medical Council
Business registration (both applying equally and applicable to subsidiaries of cross-border providers)
As described
Registration with accountants/tax authorities (both applying equally and applicable to subsidiaries of cross-border providers)
As for other private limited companies.
Registration with a regulatory body or professional association (both applying equally and applicable to subsidiaries of cross-border providers)
Membership of the Association of Independent Healthcare Organisations is voluntary but requires the provider to be for acute care, mental healthcare, or long term conditions care, membership of the Independent Sector Complaints Adjudication Service, a complaints policy available to patients/customers, proper constitution and legal form, a completed application, and payment of a fee.
Any other requirements (both applying equally and applicable to subsidiaries of cross-border providers)
NA
Which conditions must the hospital meet regarding the costs of treatment to: 1) receive the cost from the public insurance fund 2) receive the cost from the national health service 3) ensure the patient is reimbursed (both applying equally and applicable to subsidiaries of cross-border providers)
Recognition with private medical insurers is required for patients to be reimbursed from private insurance. Alternatively they may provide NHS services under the Health and Social Care Act 2012 through licensing by Monitor, the Department of Health body which regulates the healthcare sector. Providers apply online, in two steps: 1) pre-authenticating application (providing CQC ID, and the name, address and contact details, company or charity registration number, legal status, and contact person details) and 2) completing the application form.

Sources
Health and Social Care Act 2012 http://www.nuffieldtrust.org.uk/sites/files/nuffield/revised_4_countries_report.pdf Word Bank Data – UK spending 2010-2014 http://data.worldbank.org/indicator/SH.XPD.TOTL.ZS Medical Act 1858 http://www.gmc-uk.org/doctors/registration_applications/s3_p1.asp?p=10 http://www.gmc-uk.org/European_Communities__Recognition_of_Professional_Quals__Regs.pdf_25392267.pdf http://www.legislation.gov.uk/uksi/2001/3968/pdfs/uksi_20013968_en.pdf http://www.england.nhs.uk/joint/ http://www.legislation.gov.uk/ukpga/2006/46/contents http://www.legislation.gov.uk/uksi/2015/903/pdfs/uksi_20150903_en.pdf http://www.legislation.gov.uk/uksi/2004/291/contents/made https://www.gov.uk/working-for-yourself/what-you-need-to-do http://www.legislation.gov.uk/uksi/2014/2936/schedule/1/made http://www.cqc.org.uk/content/regulated-activities#diagnostic-screening http://www.legislation.gov.uk/uksi/2014/2936/schedule/3/made

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ANNEX IV: CATEGORISATION TABLES

In this Annex we present the categorisation tables. These tables provide per scenario an overview of which requirements are applicable in which MS. In addition, it provides a categorisation of these requirements using the following classification:

Categorisation	Meaning
Requirement	The exact nature of the requirement, e.g. providing certified translations of a qualifying degree
MS	A list of MSs where these requirements are in force, regardless of variations established in the subsequent categories
Source	The authority demanding the requirement in question, whether a centralised or de-centralised body.
Material/substantial scope	The application of the requirement in terms of whether it relates to a regulated profession or exists throughout the economy, e.g. requirements to set up a private limited company.
Sector	The application of the requirement for providers working in either the public or private sector.
Personal scope	The application of requirements to cross-border providers or national providers.

Some of the requirements listed in the categorisation tables concern supporting documents that the professional needs to submit (e.g. for the recognition of qualifications and/or registration with a regulatory body). In the tables, symbols are used to mark a requirement as a "supporting document" (marked by *) and whether or not a certified translation of this document may be expected (marked by **).

The user guide of Directive 2005/36/EC outlines for which documents competent authorities in the host MS may require (certified) translations. [99] According to the user guide, the competent authority of the host MS may not require the documents to be translated unless it is really necessary for processing the application. Certified translations may only be required for essential documents.

Based on the Your Europe online information, the following can be said about (certified) translations required for the recognition of qualifications:[100]

Proof of identity
Certified translations of ID cards and passports may not be requested for the purpose of recognition of qualifications. However, authorities can ask for translations of other documents that are submitted as proof of identity.

Proof of legal establishment
Authorities can ask for translations if the documents are not issued by a national body in the home MS.

Evidence of formal qualifications or proof of professional competences
Authorities can ask for translation of the copy of the diploma or other relevant qualifications. However this requirement is excluded for GPs for which the qualification

[99] User Guide, Directive 2005/36/EU, "Everything you need to know about the recognition of professional qualifications", available at http://ec.europa.eu/internal_market/qualifications/docs/guide/users_guide_en.pdf.

[100] Available at http://europa.eu/youreurope/citizens/work/professional-qualifications/european-professional-card-documents/index_en.htm#103720.

is included in Annex V of Directive 2005/36/EC; (certified) translations may not be required for qualifications that are listed in this Annex of the Directive.

Statement on applicant's character
If the document is issued by the national body in the home MS, it is not necessary to translate it. However, in other cases, authorities may ask for a translation.

Additional documents to assess qualifications
Authorities can ask for translation of the documentation.

Evidence of professional experience / licence, table summarising gainful employment
If the profession or training is not regulated in the home MS, authorities can ask for a translation of documents that prove you have exercised your profession on a full-time basis (e.g. based on certificates from a competent authority, payslips, attestations from employers or other documents).In all other cases it is not obligatory, but could help reduce the risk that a host MS asks you to take an aptitude test or undergo an adaptation period before you are allowed to practice.

Other documents (CV, evidence of sufficient language knowledge)
Translations are often not needed, but could be provided on a voluntary basis.

Hence, for most requirements a certified translation is not required. Nevertheless, in several cases authorities could ask for the translation of documentation and providing it could help reduce the risk for the implementation of other requirements (e.g. aptitude test or adaptation period).

The next sections present the categorisation tables of applicable requirements - including the possibility that a certified translation is requested by the competent authority - per scenario and per MS.

* = Supporting document
**=Certified translation

Scenario 1

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
Requirements relating to the individuals									
Recognition of qualifications									
Qualifying professional degree	All MS	All MS		All MS		All MS	All MS		All MS
Application/registration form	IT, LV, PL, SI, NL	IT, LV, PL, SI		IT, LV, PL, SI		IT, LV, SI	IT, LV, SI		IT, LV, PL, SI
Proof of identity *	All MS	All MS		All MS		All MS	All MS		All MS
(Authenticated copy of) Certificate from competent authority in home MS**	FR, DE, LV, PL, SE, SI, UK	FR, DE, LV, PL, SE, SI		FR, DE, LV, PL, SE, SI		DE, LV, PL, SE, SI	DE, FR, LV, PL, SE, SI		FR, DE, LV, PL, SE, SI
Certified copy of professional degree**[101]	DE, IT, PL, SE, SI, NL	DE, IT, PL, SE, SI, NL		DE, IT, PL, SE, SI, NL		DE, IT, PL, SE, SI, NL	DE, IT, PL, SE, SI, NL		DE, IT, PL, SE, SI. NL
Proof of professional insurance*	IT	IT		IT		IT	IT		IT
CV*	NL	NL		NL		NL	NL		NL
Certificate of current	NL	NL		NL		NL	NL		NL

[101] Depending on whether the qualification is listed in Annex V of Directive 2005/36/EC

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
professional status**									
Table summarizing past education and gainful employment*	DE, LV	DE, LV		DE, LV		DE, LV	DE, LV		DE, LV
Copy of evidence of licence**	DE, SE, SI	DE, SE,SI		DE, SE, SI		DE, SE, SI	DE, SE, SI		DE, SE, SI
Certification of education establishment**	MT	MT		MT					MT
Fulfilment specific training requirements*	MT	MT		MT		MT	MT		MT
Evidence of formal qualifications*	MT, PL	MT, PL		MT, PL		MT, PL	MT, PL		MT, PL
Recognition of specialised degree*	SI	SI		SI		SI	SI		SI
Statement on applicant's character*	DE, LV, PL	DE, LV, PL		DE, LV, PL		DE, LV, PL	DE, LV, PL		DE, LV, PL
Medical certificate (applicant's health status)**	DE, PL	DE, PL		DE, PL		DE, PL	DE, PL		DE, PL
Solemn declaration**	MT	MT		MT					MT
Specific rules for former USSR MS	FR				FR		FR		FR
Specific rules for MS w/o specialisation	FR				FR		FR		FR

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
Fee	DE, IT, LV, SI	IT, LV, SI	DE	DE, IT, LV, SI		DE, IT, LV, SI	DE, IT, LV, SI		DE, IT, LV, SI
Certified translations	All MS	All MS		All MS		All MS	All MS		All MS
State exam	SI								
Language knowledge	**All MS**								
Evidence of sufficient language knowledge *	All MS	LV, NL, PL, SE, SI, FR, MT, PL, UK	DE	All MS	DE, LV, PL, SE, SI, MT, PL	DE, LV, NL, PL, SE, SI, FR, PL, MT	SI, FR, PL, UK		DE, LV, NL, PL, SE, SI, FR, MT, PL, UK
Secondary school certificate/educational institution certificate**	SI	SI		SI	SI	SI	SI		SI
Language tests (fee)	DE, PL, UK	PL, UK	DE	DE, PL, UK		DE, PL, UK	PL, UK		DE, PL, UK
Registration with regulatory body									
Obligatory registration	DE, LV, SE, FR, IT, MT, PL, SI, UK, NL	DE, LV, SE, FR, IT, MT, PL, SI, UK	DE	DE, LV, SE, FR, IT, MT, PL, SI, UK, NL		DE, LV, SE, IT, PL, SI,UK, MT,NL	DE, LV, SE, FR, IT, PL, SI, UK, MT, NL	DE, LV, SE, FR, IT, MT, PL, SI, UK, NL	DE, LV, SE, FR, IT, MT, PL, SI, UK

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
Obligatory (BIG) registration stems from recognition of qualifications	NL	NL		NL		NL	NL		NL
Application/registration form	FR, SE, MT, PL,	FR, SE, MT, PL		FR, SE, MT, PL,		FR, SE, MT, PL	FR, SE, MT, PL	FR, SE, MT, PL	FR, SE, MT, PL
Proof of identity*	All MS	All MS		All MS		All MS	All MS	All MS	All MS
Birth certificate*	DE	DE		DE		DE	DE	DE	DE
Extract of population register*	SE	SE		SE		SE	SE	SE	SE
Copy of criminal record*	DE, FR, IT	DE, FR, IT		DE, FR, IT		DE, IT	DE, FR, IT	DE	DE, FR, IT
CV*	DE, FR, IT, MT	DE, FR, IT, MT		DE, FR, IT, MT		DE, MT	DE, FR, IT, MT	DE, FR, IT, MT	DE, FR, IT, MT
Evidence of formal qualifications**	DE, FR, MT, PL, IT, SI,	DE, FR, IT, MT, PL,, SI		DE, FR, IT, MT, PL, SI		DE, IT, MT, PL, SI	DE, FR, IT, PL, SI	FR, IT, MT, PL, SI	DE, FR, FR, IT, MT, PL, SI
Evidence of primary and specialist medical education plus any accompanying certificate and/or compliance certificate*	UK	UK		UK		UK	UK	UK	UK

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
Medical specialisation licence*	DE	DE		DE		DE	DE	DE	DE
Evidence of professional experience/licence**	SE, SI, DE, MT	SE, SI, DE, MT		SE, SI, DE, MT		SE, SI, DE, MT	SE, SI, DE, MT	SE, SI, DE, MT	SE, SI, DE, MT
(Authenticated copy of) Certificate from competent authority*	MT, SI, PL	MT, SI, PL		MT, SI, PL		MT, SI, PL	MT, SI, PL		MT, SI, PL
Medical certificate (applicant's health status) *	DE, PL	DE, PL		DE, PL		DE, PL	DE, PL	DE, PL	DE, PL
Proof of competence*	MT, SI	MT, SI		MT, SI		MT, SI	MT, SI	MT, SI	MT, SI
Solemn declaration**	FR, PL	FR, PL		FR, PL		PL	FR, PL	FR, PL	FR, PL
Applicant's statement that no legal provision prevents them from practicing*	PL, DE	PL	DE	PL, DE		PL, DE	PL, DE	PL, DE	PL, DE
Statement on the right to conscientious objection*	SI	SI		SI		SI	SI	SI	SI
Registration with the Register of Health Institutions*	LV	LV		LV			LV	LV	LV
Membership in domestic and foreign scientific associations*	SI	SI		SI		SI	SI	SI	SI
Contract of establishment/employment*	FR	FR		FR			FR	FR	FR

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
Conditions for private medical practice*	SI	SI		SI			SI	SI	SI
Information on private practice*	SI	SI		SI			SI	SI	SI
Fee	DE, SE, FR, IT, MT, UK, NL	SE, FR, IT, MT, UK, NL	DE	DE, SE, FR, IT, MT, UK, NL		DE, SE, FR, IT, MT, UK, NL	DE, SE, FR, IT, MT, UK, NL	DE, SE, FR, IT, MT, UK, NL	DE, SE, FR, IT, MT, UK, NL
Certified translations	All MS	All MS		All MS		All MS	All MS		All MS
Registration with specialist register									
Obligatory	NL, MT, UK	MT, NL, UK		MT, NL, UK		MT, NL, UK	MT, NL, UK	MT, NL, UK	MT, NL, UK
Proof of identity*	NL, MT, UK	MT, NL, UK		MT, NL, UK		MT, NL, UK	MT, NL, UK	MT, NL, UK	MT, NL, UK
Application/registration form	NL, UK	NL, UK		NL, UK		NL, UK	NL, UK	NL,UK	NL, UK
Proof of competence*	NL	NL		NL		NL	NL	NL	NL
Evidence of sufficient language knowledge*	NL, UK	NL, UK		NL, UK		NL, UK	NL, UK		NL, UK

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
Evidence of formal qualifications**	NL	NL		NL		NL	NL	NL	NL
Evidence of professional experience*	NL	NL		NL		NL	NL	NL	NL
Specific requirements for registration**	MT	MT		MT		MT	MT	MT	MT
Evidence of primary and specialist medical education plus any accompanying certificate and/or compliance certificate**	UK	UK		UK		UK	UK	UK	UK
Certificates from good standing from all medical regulators*	UK	UK		UK		UK	UK		UK
References from previous employers*	UK	UK		UK		UK	UK	UK	UK
Other requirements relating to GP									
Requirements on manner and conditions to provide health services	PL	PL		PL		PL	PL	PL	PL
Voluntary requirement to register with the Royal College of GPs	UK	UK		UK		UK	UK	UK	UK
Registration with association of public GPs*	DE	DE		DE		DE		DE	DE

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
Requirement to register with Care Quality Commission (application form and fee)	UK	UK		UK		UK	UK	UK	UK
Registration under Data Protection Act (application form and fee)	UK, MT	UK, MT			UK, MT	UK, MT	UK,MT	UK, MT	UK, MT
Requirements relating to the place of work									
Location of practice									
Imposed	DE	DE		DE		DE		DE, LV	DE, LV
Imposed (for Locum GPs)	UK	UK		UK		UK		UK	UK
Imposed in public sector	SI, LV	SI, LV		SI, LV		SI, LV		SI, LV	SI, LV
Requirement plan request	DE	DE		DE		DE		DE	DE
Type of practice available									
Self-employment	FR, DE, IT, LV, NL, PL, SE, SI, UK, MT	FR, DE, IT, LV, NL, PL, SE, SI, UK, MT		UK	FR, DE, IT, LV, NL, PL, SE, SI, MT		FR, DE, IT, LV, NL, PL, SE, SI, UK, MT	FR, DE, IT, LV, NL, PL, SE, SI, UK, MT	FR, DE, IT, LV, NL, PL, SE, SI, UK, MT
(Specific form of) company	FR, IT, LV, NL ,SE, SI, UK, DE	FR, IT, LV, NL, SE, SI, UK			FR, IT, LV, NL, SE, SI, UK		FR, IT, LV, NL, SE, SI, UK	FR, IT, LV, NL, SE, SI, UK	FR, IT, LV, NL, SE, SI, UK

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
Employed	LV, NL, PL, SE, DE, SI	LV, NL, PL, SE, SI	DE		LV, NL, PL, SE, DE, SI	LV, NL, SE, DE	LV, NL, SE, SI	LV, NL, PL, SE, DE, SI	LV, NL, PL, SE, DE, SI
Locum (i.e. temporary, replacement services)	FR, IT, LV, NL, UK, SI	FR, IT, LV, NL, UK, SI		FR, IT, LV, NL, UK, SI		IT, LV, NL, UK, SI	FR, IT, LV, NL, UK, SI	FR, IT, LV, NL, UK, SI	FR, IT, LV, NL, UK, SI
Other requirements relating to place of work									
Permit to perform health services	SI	SI		SI		SI		SI	SI
Organisational rules/quality requirements	PL	PL		PL		PL		PL	PL
Insurance									
Liability insurance obligatory	FR,MT, PL, SI, DE, IT, UK, NL	FR, MT, PL, SI, DE, IT, UK, NL		FR, MT, PL, SI, DE, IT, UK, NL	FR	MT, PL SI, IT, UK, DE,NL	FR, MT, PL, SI, DE, IT, UK,NL	FR, MT, PL, SI, DE, IT, UK,NL	FR, MT, PL, SI, DE, IT, UK,NL
Contribution to national damages fund	FR	FR		FR		FR	FR	FR	FR
Self-employed insurance obligatory	SE	SE			SE	SE	SE	SE	SE
Business registration									

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
Self-employment registration	FR, LV, NL, PL, SE, SI	FR, LV, NL, PL, SE, SI			FR, LV, NL, PL, SE, SI		FR, LV, NL, PL, SE, SI	FR, LV, NL, PL, SE, SI	FR, LV, NL, PL, SE, SI
Company registration	FR, IT, LV, MT, NL, SE, SI, UK, DE	FR, IT, LV, MT, NL, SE, SI, UK, DE		DE	FR, IT, LV, MT, NL, SE, SI, UK	DE	FR, IT, LV, MT, NL, SE, SI, UK	DE, FR, IT, LV, MT, NL, SE, SI, UK	DE, FR, IT, LV, MT, NL, SE, SI, UK
Other registrations									
Registration for billing purposes	DE	DE		DE		DE		DE	DE
Registration with public authorities	IT, LV, SE, DE	LV, SE	IT, LV, DE	IT, LV, SE, DE		IT, LV, DE	IT, LV, SE	IT, LV, SE, DE	IT, LV, SE, DE
Registration of medical activity	PL	PL		PL		PL	PL	PL	PL
Registration with accountants	FR	FR			FR		FR	FR	FR
Separate registration with tax authorities	DE, IT, MT, PL, SE, SI, UK	FR, DE, IT, MT, PL, SE, SI, , UK			FR, DE, IT, MT, PL, SE, SI , UK		FR, DE, IT, MT, PL, SE, SI, UK	FR, DE, IT, MT, PL, SE, SI, UK	FR, DE, IT, MT, PL, SE, SI, UK
Registration with tax authorities stems from business registration	FR, LV, NL	LV, NL			LV, NL		LV, NL	LV, NL	LV, NL
Registration with pension scheme	FR				FR		FR	FR	
Obligatory registration with	DE, UK	DE, UK		DE, UK		DE, UK	UK	DE, UK	DE, UK

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
professional association									
Requirements relating to public funding coverage									
Coverage by healthcare system									
Pre-registration in a waiting list	LV	LV		LV		LV	LV	LV	LV
Enter into contract with healthcare system	FR, LV, NL, PL, SE, SI, UK	FR, LV, NL, PL, SE, SI, UK	SE	FR, LV, NL, PL, SE, SI, UK		LV	FR, LV, NL, PL, SE, SI, UK	FR, LV, NL, PL, SE, SI, UK	FR, LV, NL, PL, SE, SI, UK
Supporting documents for entering into contract with the healthcare system	UK	UK		UK		UK	UK	UK	UK
Public funding coverage by healthcare system stems from registration with association of public GPs	DE	DE		DE		DE		DE	DE
Public funding coverage by healthcare system stems from registration with regulatory body	IT	IT		IT		IT	IT	IT	IT
Registration with specialist register	MT, NL	MT, NL		MT, NL		MT, NL	MT,NL	MT, NL	MT, NL
Being employed in the public sector	SI, MT	SI, MT		SI, MT		SI, MT		SI, MT	SI, MT
Registration code (AGB) for	NL								

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
practice and GP									
Agreement with county council	SE								
Registration with local social security fund	FR		FR	FR		FR	FR	FR	FR

Scenario 2

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
Requirements relating to the GP as an individual									
Conditions to provide online consultations									
Existing patient-GP relationship	NL	NL		NL			NL	NL	NL
Providing info to patients on online consultations	NL	NL		NL			NL	NL	NL
Recognition of qualifications (valid licence to practice)[#]	FR, SE, NL	FR, SE, NL		FR, SE, NL			FR, SE, NL	FR, SE, NL	FR, SE, NL
Registration with regulatory body[#]	FR, NL, SE	FR, SE, NL		FR, SE, NL			FR, SE, NL	FR, SE, NL	FR, SE, NL
Proof of language knowledge required	FR, SE, NL	FR, SE, NL		FR, SE, NL			FR, SE, NL		FR, SE, NL
Lack of rules on online consultations	DE, IT, LV, MT, PL, SI, UK								
Conditions to provide ePrescriptions									
Identification of prescriber	FR, SE, MT	FR, MT, SE		FR, MT, SE		MT	FR, MT, SE	FR, MT, SE	FR, MT, SE
Integrity/confidentiality of document	FR	FR		FR			FR	FR	FR
Access to EHR	NL, SE	NL, SE		NL, SE			NL, SE	NL,SE	NL, SE

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
Identification of the patient	MT	MT		MT		MT	MT	MT	MT
Previous clinical exam of the patient	FR	FR		FR			FR	FR	FR
Rules on denomination of the drug	FR, MT	FR, MT		FR, MT		MT	FR, MT	FR, MT	FR, MT
GP legally authorised to prescribe in MS of the patient	FR	FR		FR			FR	FR	FR
Lack of rules on ePrescriptions	DE, IT, LV, PL, SI, UK								
Requirements relating to public funding coverage									
Public funding for online consultations									
Patient affiliation to public system	FR, NL	FR, NL		FR, NL			FR, NL	FR, NL	FR, NL
Obligatory insurance – registration of GP with insurer	FR	FR		FR			FR	FR	FR
Social security fund – *proof of registration with regulatory body*	FR, SE	FR, SE		FR			FR	FR	FR
Registration code (AGB) for practice and GP	NL								

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
Agreement with county councils	SE		SE	SE			SE	SE	SE
Lack of rules on public funding	DE, IT, LV, MT, PL, SI, UK								
Public funding for online consultations ePrescriptions									
Patient affiliation to public system	FR, NL			FR, NL			FR, NL	FR, NL	FR, NL
Registration code (AGB) for GP	NL	NL		NL			NL	NL	NL
Workplace code & Prescription code	SE								
Agreement with county councils	SE		SE	SE			SE	SE	SE
Lack of rules on public funding	*DE, IT, LV, MT, PL, SI, UK*								

Note: (MT) Lack on rules on online consultations. There are requirements for ePrescriptions, such as identification of prescriber, legibility, identification of patient and rules on denomination of drug, but it is unclear how this would apply cross-border. In addition, because of concerns about patient safety, this scenario is considered undesirable in Malta.
[#] The requirements, and associated number of supporting documents, for the recognition of professional qualifications and the registration with the regulatory body are the same as in scenario 1. For more details, please see Chapter 4.

Scenario 3

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
Requirements relating to the individuals									
Recognition of qualifications									
Qualifying professional degree	All MS	FR, DE,LV,NL, MT, PL,SE,SI, UK	IT		All MS	All MS	All MS		All MS
Certified translations	NL, PL, SI, SE	NL, PL, SI, SE		NL, PL, SI, SE		NL, PL, SI, SE	NL, PL, SI, SE		NL, PL, SI, SE
Proof of identity*	All MS	All MS		All MS		All MS	All MS	All MS	All MS
Specific requirements supporting recognition of qualifications	MT	MT		MT		MT	MT		MT
Specific rules for MS w/o regulation	FR				FR		FR		FR
Supplementary training in specific cases	DE, NL, UK	DE, NL, UK		DE,NL, UK		DE,NL, UK	DE,NL, UK		DE,FR,NL, UK
Application/registration form	NL, SI	NL, SI		NL, SI		NL, SI	NL, SI		NL, SI
CV*	NL	NL		NL		NL	NL		NL

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
Certified copy of professional degree**[102]	NL, PL, SI, SE	NL, PL, SI, SE		NL, PL, SI, SE		NL, PL, SI, SE	NL, PL, SI, SE		NL, PL, SI, SE
Certificate of current professional status*	NL	NL		NL		NL	NL		NL
Additional documents to assess qualifications*	NL, SI, SE	NL, SI,SE		NL, SI, SE		NL, SI, SE	NL, SI, SE		NL, SI,SE
Evidence of professional experience*	SI,SE	SI,SE		SI,SE		SI,SE	SI,SE		SI,SE
Certificate showing competence*	SE	SE		SE		SE	SE		SE
Certificate of competent authorities in home MS*	SI,SE	SI,SE		SI,SE		SI,SE	SI,SE		SI,SE
Language knowledge									
Evidence of sufficient language knowledge	All MS	All MS		All MS		All MS	All MS		All MS
Request for registration with regulatory body									
Obligatory request for registration with regulatory body	FR			FR			FR		FR
Letter requesting to practice*	FR			FR			FR		FR
Proof of identity*	FR			FR			FR		FR
Certified copy of professional	FR			FR			FR		FR

[102] Depending on whether the qualification is listed in Annex V of Directive 2005/36/EC

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
degree**[103]									
Proof of experience/training*	FR, DE	FR	DE	FR,DE		DE	FR,DE	DE	FR,DE
Character reference from competent authorities*	FR			FR			FR		FR
Statement of qualification body specifying content*	FR			FR			FR		FR
Certificate/licence to practise**	FR, DE	FR	DE	FR,DE		DE	FR,DE		FR,DE
Registration with regulatory body									
Obligatory registration with regulatory body	All MS	FR, IT, LV, MT, NL,SE, SI, UK, PL	DE	All MS		All MS	All MS	All MS	DE, FR, IT, LV, MT, SI, UK, PL
Obligatory registration stems from recognition of qualifications	NL, SE	NL, SE		NL, SE		NL, SE	NL, SE	NL, SE	NL, SE
Application/registration form	FR,DE,IT,LV,MT,SE ,UK, NL, PL	FR, IT,LV,MT, SE,PL,UK	DE	FR, DE,IT,LV, MT,SE,PL, UK		DE,IT,LV,MT ,SE,PL,UK	FR,DE,IT,LV,MT, SE,PL,UK	FR,DE,IT,LV,MT ,SE,PL, UK	FR, DE,IT,LV,MT,SE,PL,UK
Proof of identity*	All MS	FR, DE, IT,LV,MT,	DE	FR,DE,IT,LV,MT,PL,		FR,DE,IT,LV, MT,PL,	FR,DE,IT,LV,MT, PL, SE,SI,UK	FR,DE,IT,LV,MT	FR,DE,IT,LV,MT,PL,

[103] Depending on whether the qualification is listed in Annex V of Directive 2005/36/EC

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
		SE,SI,UK, , NL		SE,SI,UK, NL		SE,SI,UK, NL		,PL, SE,SI,UK, NL	SE,SI,UK, NL
Copy of criminal record*	FR,DE,LV,MT, UK, PL	FR, LV,MT,UK , PL	DE	FR,DE,LV, MT,UK, PL		DE,LV,MT,UK,PL	FR,DE,LV,MT,UK , PL	DE, PL	FR,DE,LV,MT,UK, PL
Certified copy of professional degree**[104]	DE,FR,IT,MT ,PL,	FR,MT, PL,SI	DE	DE,FR,MT PL, SI		DE,FR,MT,SI , PL	DE,FR,MT,SI, PL	DE,FR, MT,SI, PL	DE,FR,MT, ,SI, PL
Certificate of competent authorities in own MS*	FR,IT,LV,MT,SI,UK, PL	FR,IT,LV, MT,SI,UK, PL		FR,IT,LV, MT, SI,UK, PL		FR,IT,LV,MT, SI,UK, PL	FR,IT,LV,MT, SI,UK, PL		FR,IT,LV,MT, SI,UK, PL
CV*	FR,MT, IT, DE, PL	FR, IT, MT, PL	DE	FR, IT, DE,MT, PL		DE,MT, IT, PL	FR,DE,MT,IT, PL	FR,MT, IT, PL	FR,MT, IT, PL
Birth/marriage certificate*	DE,MT	MT	DE	DE,MT		DE,MT	DE,MT	MT	DE,MT
Proof of address*	FR			FR			FR	FR	
Proof of registration on medical database*	FR			FR			FR	FR	
Copy of recent tax certificate*	FR			FR			FR	FR	
Proof of insurance**	FR, PL, UK			FR, PL, UK		PL, UK	FR, PL, UK	FR, PL,	

[104] Depending on whether the qualification is listed in Annex V of Directive 2005/36/EC

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
								UK	
Copy of practice contract*	FR,DE		DE	FR,DE		DE	FR,DE	FR	DE
Solemn declaration**	FR			FR			FR	FR	
Previous references*	FR,DE,IT,LV,MT,UK, PL	FR, IT,LV,MT, UK, PL	DE	FR,DE,IT,LV,MT, UK, PL		DE,IT,LV,MT,UK, PL	FR,DE,IT,LV,MT, UK, PL	FR,MT, UK, PL	FR, DE,IT,LV,MT,UK, PL
Medical certificate (applicants' health status)*	DE, PL	PL	DE	DE, PL		DE, PL	DE,PL	DE, PL	DE
Examination of premises and equipment	DE		DE	DE		DE		DE	DE
Agreement to code of conduct**	FR,DE,IT	DE,IT		FR,DE,IT		DE,IT	FR,IT	FR,DE,IT	IT
Copy of authorisation to practice*	FR,LV	FR, LV		FR,LV		LV	FR,LV		FR,LV
Knowledge of measurements*	FR	FR		FR		FR	FR	FR	FR
Confirmation of cancelled registration in other MS*	FR			FR		FR	FR		FR
Aptitude test/adaptation period in specific situations	UK	UK		UK		UK	UK		UK
Certified translations	All MS	FR, IT, LV,MT, NL, PL, SE, SI, UK	DE	All MS		All MS	All MS		All MS

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
Fee	FR,DE,IT, MT, ,UK, PL, NL	FR, IT,MT, UK, PL, NL	DE	FR, DE, IT, MT, ,UK,PL, NL		DE,IT, ,MT, UK, PL, NL	FR,DE,IT,PL ,MT, ,UK	FR,DE,IT,MT,UK, PL,NL	FR,DE,IT,MT,UK, PL,NL
Extra fee for recognition of qualifications	UK, DE	UK	DE	DE,UK		DE,UK	DE,UK		DE,UK
Course information/curriculum*	UK,	UK		UK		UK	UK		UK
Obligatory registration Council of Professionals Complementary to Medicine (CPCM)	MT	MT		MT		MT	MT	MT	MT
Voluntary Membership of the professional association for physiotherapists	MT, NL, UK	MT, NL, UK		MT, NL, UK		MT, NL, UK	MT, NL, UK	MT, NL, UK	MT, NL, UK
Registration on medical database									
Obligatory registration on medical database (ADELI)	FR			FR			FR	FR	
Application form	FR			FR			FR	FR	
Proof of identity*	FR			FR			FR	FR	
Original degree certificates**	FR			FR			FR	FR	
(1) Certified translations	FR			FR			FR		FR
Requirements relating to the place of work									
Location of practice									

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
Imposed	SI		SI	SI		SI		SI	SI
Type of practice									
Self-employment	FR,SE,SI	SE,SI		SE,SI	FR,SI	SE,SI	FR,SE,SI	FR,SE,SI	SE,SI
(Specific form of) company	FR, SI	SI		SI	FR, SI	SI	FR, SI	FR, SI	
Insurance									
Liability insurance obligatory	FR,DE,IT,MT, SE,SI,UK, NL, PL	IT,MT,SE, SI,UK	DE	FR,DE,IT, MT,SE,SI, UK		DE,IT,SE,SI, UK	FR,DE,IT,MT,SE ,SI,UK	FR,DE,IT ,MT,SE,S I,UK	DE,IT,MT,S E,SI,UK
Business registration									
Self-employment registration	FR				FR		FR	FR	
Company registration	FR,LV,NL,SE, IT, MT UK, PL	FR,LV,NL, SE, IT, MT, UK, PL			FR,LV,NL,SE, IT, MT, UK, PL	LV,SE, MT	FR,LV,NL,SE, IT, MT, UK, PL	FR,LV,NL ,SE, IT, MT, UK, PL	FR,LV,NL,S E, IT, MT, UK, PL
Certificate from the Department of Social Security*	MT	MT			MT	MT	MT	MT	MT
Reporting to the Health and Social Care Inspectorate	SE	SE		SE		SE	SE	SE	SE
Certificate to open a practice	LV, PL	LV, PL		LV, PL		LV, PL	LV, PL	LV, PL	LV, PL
Other registrations									
Registration under data protection act	MT	MT			MT	MT	MT	MT	MT
Registration with tax authorities	FR,DE,IT,LV,	IT,LV,MT,	DE		FR,DE,IT,LV,	DE,IT,LV,SE	FR,DE,IT,LV,MT,	FR,DE,IT	DE,IT,LV,M

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
(stems from business registration)	MT,NL,PL, SE,SI,UK	NL,PL,SE, SI,UK			MT,NL,PL,SE ,SI,UK	,SI,UK	NL,PL,SE,SI,UK	,LV,MT,P L,NL,SE, SI,UK	T,NL,PL,SE, SI,UK
Registration with pension scheme	FR				FR		FR	FR	
Certified copy of professional degree**[105]	FR				FR		FR	FR	FR
ADELI number*	FR				FR		FR	FR	FR
Requirements relating to public funding coverage									
Registration for public funding									
Contract with NHS/insurance company	IT,LV,NL,PL, SI, UK	IT,LV,NL, PL		IT,LV,NL,P L		IT,LV,NL,PL	PL	IT,LV,NL ,PL	IT,LV,NL,PL
Contract with local authority	SE,SI	SE,SI		SE,SI		SE,SI	SE,SI	SE,SI	SE,SI
Certified copy of professional degree**[106]	FR, PL			FR, PL		PL	FR, PL	FR, PL	FR, PL
Obligatory registration for public funding	FR			FR			FR	FR	FR
Proof of identity*	FR			FR			FR	FR	FR
Address of practice*	FR			FR			FR	FR	FR

[105] Depending on whether the qualification is listed in Annex V of Directive 2005/36/EC
[106] See footnote 105.

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
Bank account information*	FR			FR			FR	FR	FR
Referral from physician (primary care)	DE,UK, MT	DE,UK, MT		DE,UK, MT		DE,UK, MT		DE,UK, MT	DE,UK,MT
Permission of State Association of SHI Fund	DE	DE		DE		DE		DE	DE
Registration code (AGB) for practice and physiotherapist*	NL	NL		NL		NL	NL	NL	NL
(Voluntary) Registration Central Quality register	NL	NL		NL		NL	NL	NL	NL

Scenario 4

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
Requirements relating to the individual running the laboratory									
Specialisation specific to laboratory	FR, DE, IT, LV, MT, NL, SE, SI	FR, LV, MT, NL, SE, SI,	IT, DE	FR, DE, IT, LV, MT, NL, SE, SI		DE, IT, LV, MT, NL, SE, SI, FR	DE, IT, LV, MT, NL, SE, SI, FR	DE, IT, LV, MT, NL, SE, SI, FR	DE, IT, LV, MT, NL, SE, SI, FR
Recognition of qualifications	LV, MT, NL, SI	NL, LV, SI, MT		NL, LV, MT, SI		NL, LV, MT, SI	NL, LV, MT, SI		NL, LV, MT, SI
Recognition of specialisation*	SI	SI		SI		SI	SI		SI
Obligatory registration (as a specialist)	MT, NL, PL, SI, UK	MT, NL, PL, SI, UK		MT, NL, PL, SI, UK		MT, NL, PL, SI, UK	MT, NL, PL, SI, UK	MT, NL, PL, SI, UK	MT, NL, PL, SI, UK
Proof of identity*	MT, NL, PL, SI, UK	MT, NL, PL, SI, UK		MT, NL, PL, SI, UK		MT, NL, PL, SI, UK	MT, NL, PL, SI, UK	MT, NL, PL, SI, UK	MT, NL, PL,

Requirement	MS	Source		Material / Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
									SI, UK
Proof of language knowledge required	All MS	FR, IT, LV, MT, NL, PL, SE, SI, UK	DE	All MS	DE, MT, LV, PL, SE, SI	All MS	All MS		All MS
Language tests (fee)	DE		DE	DE	DE	DE			DE
Evidence of qualifications*	MT, UK	MT, UK		MT, UK		MT, UK	MT, UK	MT, UK	MT
Previous references and employment*	UK	UK		UK		UK	UK	UK	UK
Criminal record check**	UK	UK		UK		UK	UK	UK	UK
Adherence to code of conduct*	MT, NL	MT, NL		MT, NL		MT, NL	MT, NL	MT, NL	MT, NL
Insurance	SI	SI		SI		SI	SI	SI	SI
Licence to practise	SI	SI		SI		SI	SI	SI	SI
Knowledge of measurements (knowledge and skills to perform activities of the laboratory diagnostics)*	FR, PL	PL, FR		FR, PL		PL, FR	FR, PL	FR, PL	PL, FR
Provision of relevant health information*	UK	UK		UK		UK	UK	UK	
Requirements relating to the place of work									
Registration with regulatory body									
Accreditation	FR, DE, LV, MT,	FR, DE,	SE	FR, DE,		FR, DE, LV,	FR, DE, LV,	FR, DE,	FR,

Requirement	MS	Source		Material / Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
	NL, SE, SI, UK	LV, MT, NL, SI, UK		LV, MT, NL, SE, SI, UK		MT, NL, SE, SI, UK	MT, NL, SE, SI, UK	LV, MT, NL, SE, SI, UK	DE, LV, MT, NL, SE, SI, UK
Accreditation equivalence or administrative authorisation	FR, IT	FR	IT	FR, IT		IT	FR, IT	IT	FR, IT
Registration with the Health Inspectorate	LV, UK	LV ,UK		LV, UK		LV, UK	LV, UK	LV, UK	LV, UK
Application/registration form	UK	UK		UK		UK	UK	UK	UK
Statement of purpose**	UK	UK		UK		UK	UK	UK	UK
Criminal record certificate*	UK	UK		UK		UK	UK	UK	UK
Managerial information*	UK	UK		UK		UK	UK	UK	UK
Previous references and employment*	UK	UK		UK		UK	UK	UK	UK
Licencing by public health authority	LV, MT, NL, SE, SI	LV, MT, NL, SE, SI		LV, MT, NL, SE, SI		LV, MT, NL, SE, SI	LV, MT, NL, SE, SI	LV, MT, NL, SE, SI	LV, MT, NL, SE, SI
Evidence of participation in IQA and EQA*	UK	UK		UK		UK	UK	UK	UK

Requirement	MS	Source		Material / Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
Medical practitioner licensed (registered) and certified in MS	LV	LV		LV		LV	LV	LV	LV
Documents demonstrating the manager's competence*	LV	LV		LV		LV	LV	LV	LV
Organisational rules/quality requirements	PL	PL		PL		PL	PL	PL	PL
Permit	SI	SI		SI		SI	SI	SI	PL
Other registrations									
Registration in the Commercial register	LV	LV		LV		LV	LV	LV	LV
Registration in the register of laboratories	PL	PL		PL		PL	PL	PL	PL
Registration with CEIDG/Register of Entrepreneurs of the National Court Register (KRS)	PL	PL			PL	PL	PL	PL	PL
Registration in the Register of Entities performing Medical Activity	PL	PL		PL		PL	PL	PL	PL
Requirements relating to public funding coverage									
Registration for public funding									
Prescription/referral by authorised person	FR	FR		FR		FR	FR	FR	
Inclusion on public reimbursement list	FR	FR		FR		FR	FR	FR	
Permission to get on fee schedule	DE	DE		DE		DE		DE	
Contract with NHS/insurance company	IT, LV, MT, NL, SE, SI, UK	LV, MT, NL, SI, UK	IT, SE	IT, LV, MT, NL, SE, SI,		IT, LV, MT, NL, SE, SI, UK	IT, LV, MT, NL, SE, SI, UK	IT, LV, MT, NL, SE, SI, UK	IT, LV, MT,

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
				UK					NL, SE, SI, UK
Compliance with tariff set by authority	NL	NL		NL		NL		NL	NL
Contract with local authority/county council	SE		SE	SE		SE	SE	SE	SE
Contract with service provider	PL	PL		PL		PL	PL	PL	PL
Registration code (AGB) for laboratory and professional	NL								

Scenario 5

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
Requirements relating to the place of work									
Legal form available									
Not-for-profit subsidiary	FR, DE, IT, NL	FR, DE, IT, NL			FR, DE, IT, NL		FR, DE, IT, NL	FR, DE, IT, NL	FR, DE, IT, NL
For-profit subsidiary	FR, DE,	FR, DE, IT,			FR, DE,		FR, DE, IT,	FR, DE,	FR, DE,

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
	IT, NL	NL			IT, NL		NL	IT, NL	IT, NL
Company	LV, MT, PL*, SE, SI, UK	LV, MT, PL, SE, SI, UK			LV,MT,PL, SE, SI,UK		LV,MT,PL, SE, SI,UK	LV,MT,PL, SE, SI,UK	LV,MT,PL, SE, SI,UK
Authorisation/licencing									
Obligatory authorisation from government body	FR, DE, IT, LV, NL, MT, PL, SE, SI, UK	FR, DE, IT, LV, NL, MT, PL, SE, SI, UK		FR, DE, IT, LV, NL, MT, PL, SE, SI, UK		FR, DE, IT, LV, NL, MT, PL, SE, SI, UK	FR, DE, IT, LV, NL, MT, PL, SE, SI, UK	FR, DE, IT, LV, NL, MT, PL, SE, SI, UK	FR, DE, IT, LV, NL, MT, PL, SE, SI, UK
Compliance check	FR, IT, NL, UK	FR, IT, NL, UK		FR, IT, NL, UK			FR, IT, NL, UK	FR, IT, NL, UK	FR, IT, NL, UK
Fee	DE		DE	DE			DE	DE	DE
Compliance with organisational rules, such as health/construction/hygiene standards	DE, PL, UK	PL, UK	DE	DE, PL, UK			DE, PL, UK	DE, PL, UK	DE, PL, UK
Procurement	SE	SE		SE	SE		SE	SE	SE
Insurance									
Professional/liability insurance obligatory	MT, PL, SI, SE, UK	MT, PL, SI, SE, UK		MT, PL, SI, SE, UK	MT, PL, SI, SE, UK		MT, PL, SI, SE, UK	MT, PL, SI, SE, UK	MT, PL, SI, SE, UK
Business registration									

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
Company law	FR, IT, LV, MT, NL, SI, UK	FR, IT, LV, MT, NL, SI, UK			FR, IT, LV, MT, NL, SI, UK		FR, IT, LV, MT, NL, SI, UK	FR, IT, LV, MT, NL, SI, UK	FR, IT, LV, MT, NL, SI, UK
Business registration stems from authorisation/licensing	DE, PL, SE	PL, SE	DE		DE, PL, SE		DE, PL, SE	DE, PL, SE	DE, PL, SE
Other registrations									
Registration professional body	NL, UK	LV, NL, UK		LV, NL, UK			LV, NL, UK	LV, NL, UK	LV, NL, UK
Registration regulatory body	LV, PL, SE, UK	PL, SE, UK		PL, SE, UK		UK	PL, SE, UK	PL, SE, UK	PL, SE, UK
Registration with tax authorities	FR, DE, IT, LV, MT, NL PL, SE, SI, UK	FR, DE, IT, LV, MT, NL PL, SE, SI, UK			FR, DE, IT, LV, MT, NL PL, SE, SI, UK		FR, DE, IT, LV, MT, NL PL, SE, SI, UK	FR, DE, IT, LV, MT, NL PL, SE, SI, UK	FR, DE, IT, LV, MT, NL PL, SE, SI, UK
Requirements relating to public funding									
Public funding									
Proof of authorisation from government body	FR	FR		FR			FR	FR	FR
Compliance with public tariff for specific types of healthcare services	FR, NL	FR, NL		FR, NL			FR, NL	FR, NL	FR, NL

Requirement	MS	Source		Material/Substantial Scope		Sector		Personal Scope	
		Centralised	Decentralised	Sectoral	Cross-sectorial	Public	Private	Nationally	Cross-border
Being included in a Hospital Plan (for admission to the SHI system)	DE		DE	DE			DE	DE	DE
Entering into agreement with public healthcare services	DE, IT, LV, MT, NL, PL, SE, UK	IT, LV, MT, NL, PL, SE, UK	DE	DE, IT, LV, MT, NL, PL, SE, UK			DE, IT, LV, MT, NL, PL, SE, UK	DE, IT, LV, MT, NL, PL, SE, UK	DE, IT, LV, MT, NL, PL, SE, UK
Patients' affiliation to public health care system	FR, DE, PL	FR, DE, PL		FR, DE, PL			FR, DE, PL	FR, DE, PL	FR, DE, PL
Becoming a concessionaire	SI	SI		SI			SI	SI	SI
Registration code (AGB) for hospital	NL	NL		NL		NL		NL	NL
Not-for-profit/public/state hospital subsidiary	IT, LV, MT**, NL***, PL, SE, UK	IT, LV, MT, NL, PL, SE, UK		IT, LV, MT, NL, PL, SE, UK		IT, LV, MT, NL, PL, SE, UK		IT, LV, MT, NL, PL, SE, UK	IT, LV, MT, NL, PL, SE, UK

* Therapeutic entity (can also be an entrepreneur).
** Only state hospitals can receive public funding.
***Providing care under social health insurance must be not-for-profit.

ANNEX V: ORGANISATIONS PARTICIPATING IN THE STAKEHOLDER REVIEW

As part of this study a stakeholder review of the draft final report was organised. This stakeholder review consisted of:

- Written comments by selected stakeholders via a questionnaire by e-mail; and
- A stakeholder review meeting in Brussels, on 10 November 2016.

In total 15 stakeholders provided written comments by either completing the questionnaire that was circulated – consisting of both closed and open questions – or sending general comments by email. The meeting in Brussels on 10 November was attended by representatives of 11 stakeholders and 4 cases of no-show on the day.[107]

Table 1 and Table 2 provide overviews of the participants in the stakeholder review meeting and the stakeholders that provided written comments.

Table 28 List of organisations participating in the stakeholder meeting

Stakeholder organisations
European Public Health Alliance (EPHA)
European Region World Confederation for Physical Therapy (ER-WCPT)
International Society for Quality in Health Care (ISQUA)
European Hospital and Healthcare Federation (HOPE)
European Federation of Clinical Chemistry and Laboratory Medicine (EFLM)
Saxony Liaison Office (DE)
German Medical Association (DE)
Health and Care Professions Council (UK)
DG SANTE
DG GROW
Chafea

Table 2 List of organisations that provided written comments

Stakeholder organisations

[107] European Union of General Practitioners/Family Physicians (UEMO), International Association of Mutual Benefit Societies (AIM), French National Medical Council (FR), CIBG (Authority for healthcare professionals) (NL).

Stakeholder organisations
Chartered Society of Physiotherapy (UK)
CIBG (NL)
Europe Institute
European Federation of Clinical Chemistry and Laboratory Medicine (EFLM)
European Hospital and Healthcare Federation (HOPE)
European Public Health Alliance (EPHA)
European Region World Confederation for Physical Therapy (ER-WCPT)
European Union of General Practitioners / Family Physicians (UEMO)
German Medical Association (DE)
Health and Care Professions Council (UK)
Malta Federation of Professional Bodies (MFPA), (MT)
Ministry of Health (IT)
Ministry of health (SI)
Swedish Association of Local Authorities and Regions (SALAR) (SE)
Saxony Liaison Office (DE)

ANNEX VI: SUMMARY OF THE MAIN COMMENTS PROVIDED DURING THE STAKEHOLDER REVIEW

Table 1 and Table 2 respectively summarise the answers to the closed-ended questions in the stakeholder review questionnaire and the main comments that were raised as part of the stakeholder review, both in the questionnaire and during the stakeholder meeting in Brussels.

Stakeholders provided feedback on questions relating to the relevancy of the study, the presentation of experiences and the representativeness of the findings. All stakeholders consider the objectives of the study relevant for the needs of cross-border health providers and 80% of the stakeholders considered the identified obstacles valid and representative.

The main input on open-end questions provided in the stakeholder review questionnaire are grouped based on the categorization of the comments. Comments related to the scope of the study, the terminology, methodology, factual remarks, conceptual remarks, and remarks on future research.

Table 29 Summary of the answers to closed questions in the stakeholder review questionnaire

Question	Yes %	No %	N
Are the objectives of the study defined in a clear and consistent way?	82	18	11
Are the objectives of the study relevant for the needs of cross-border health providers?	100	0	10
Are the objectives of the study relevant for the policy needs on the regional level?	71	29	7
Are the objectives of the study relevant for the policy needs on the national level?	100	0	8
Do you feel your experiences (or the experiences of your organisation) are sufficiently represented in this report?	44	56	9
Do you consider the obstacles we have identified in our report to be valid and representative?	80	20	10
Are the findings supported by reliable analysis, drawing on sound data and information?	90	10	10
Is the report written in a clear and user-friendly manner?	100	0	10
Are there any other remarks you have on the content of the report and the study findings?	75	25	8

Table 2 Summary of the main comments provided in the stakeholder review questionnaire and during the stakeholder review meeting

Main comments	Categorization	Stakeholder category
The study does not give sufficient pre-eminence to the three main principles for health professional's mobility; various level of education in the MSs, different scopes of practice in each MS for the same profession and protection of the public.	Scope	2 EU-level and MS-level stakeholder
The study doesn't sufficiently take into account the range of services provided by laboratories within scenario 4.	Scope	2 EU-level
Limitation of the study is that it covers only 10 Member States and only 5 scenarios. It would be interesting, for further research, to analyse the obstacles for other categories of healthcare providers like nurses, teachers and medical specialists.	Scope	3 EU-level + MS level
The study's findings will not be surprising to most cross-border health providers, but the study does not look into detail at the obstacles cross-border providers face when accessing the job market.	Scope	EU-level
The real problems are related to the differences in the national systems, e.g. the education, training and specialisation systems, and the amount of paper work. These differences already are clear when looking at the 10 MSs included in this study; if one were to include all the 28 countries, one would see even more problems.	Scope	EU-level
The definition of the profession 'physiotherapy' isn't correct in the glossary	Terminology	MS-level stakeholder and EU-level
Language barriers are more a personal issue – because of patient safety – than it is a legal issue. A professional needs to speak the language of the MS, to avoid mistakes from happening. This potential obstacle cannot be resolved by imposing new laws; only by looking at the best practices.	Terminology	2 EU-level
General practitioners is a particular kind of practitioner who works in different situation in each MS.	Terminology	EU-level
The study does not explicitly mention the fact that some professionals who apply for the recognition of their qualifications come originally from the country they would like to settle in. These professionals do have to meet the requirements concerning the recognition of their qualifications.	Terminology	EU-level
The information provided on migration of cross-border health providers is based on the results of research covering a period of 15 years. The trends of migration for physiotherapists, with regards to incoming physiotherapists, have changed	Factual remark	MS-level stakeholder

Main comments	Categorization	Stakeholder category
significantly over this period.		
One key point to make is that often, lack of knowledge of individuals who are part of the "cross-border mobility chain" can prompt them to delay processes or even take decisions that might obstruct applicants' progress, which might result in them not establishing themselves in another Member State.	Factual remark	EU-level
Additional comment regarding scenario 2: Top-up medication and disease specific patients, are quite fond of the possibilities for e-prescription. In addition, patients that live in rural areas tend to make more use of e-prescriptions. These patients get access to medication that they did not have before.	Factual remark	EU-level
Physiotherapy is not a regulated profession in Estonia, whereas practicing as a GP is a regulated profession in all EU MSs.	Factual remark	EU-level
There does not appear to be a strong economic driver for hospitals to expand cross-border.	Factual remark	EU-level
Incorrect/incomplete details for some MS-specific requirements/resource demands.	Factual remark	3 EU-level and several MS stakeholders
Although the fees, waiting times and the number of required documents might be obstacles for cross-border healthcare providers; it seems that the obstacles identified on the infographics only scrap the surface of underlying issues.	Methodology	MS-level stakeholder
Comparison between MSs is very valuable and helps to better understand the real issues experienced by health professionals wishing to migrate from one country to another. The study could help to create good practices that can be taken up by MSs lacking experience of how to enable cross-border healthcare providers' work in their country.	Methodology	EU-level
The methodology of the study needs clarification. - Was data collection by national correspondents done in a consistent way? - The Desk research doesn't seem to be reproducible. Is consultation of actual cases representative?	Methodology	EU-level
Country Infographics Per Scenario: the requirements for a GP wishing to set up a practice and a physiotherapist wishing to establish physiotherapy practice in other countries are detailed and practical.	Conceptual remark	EU-level
The "anecdotal" content (text boxes) is very	Conceptual remark	EU-level

Main comments	Categorization	Stakeholder category
interesting.		
There is a need to standardize the information that cross-border healthcare providers receive from the different MSs. In line with this, there is a need to develop a common platform describing the minimum requirements. The EU needs to take a leading role in this, and needs to encourage professionals to use it.	Remarks on future research	EU-level and MS stakeholder

ANNEX VII: EXPERTS PARTICIPATING IN THE PEER REVIEW AND THEIR MAIN COMMENTS

Upon completion of the stakeholder review, the peer review process was started. The peer review was organised as a survey via e-mail with three key experts. The questionnaire that was circulated to the experts consisted of both closed and open questions.

In Table 1 we provide the names of the three high-level experts that have peer reviewed the draft final report.

Table 1 List of experts for the peer review

Name	Affiliation
Dr Eszter Kovacs	Semmelweiss University
Dr Irene Glinos	European Observatory on Health Systems and Policies
Dr Dorte Sindbjerg Martinsen	University of Copenhagen

Table 2 summarises the answers of the experts to both the closed and open questions in the peer review questionnaire.

Table 2 Summary of answers in the peer review questionnaire

Question	Reply of experts
Are the objectives of the study defined in a clear and consistent way?	Yes, the three objectives are well defined and valid, but the rationale, relevance and premise of the study are not convincing. The concept of 'sharing economy' and 'healthcare market' are not well defined. Use the available rich literature on the impact of EU law on health services to explain the relevance of freedom of movement in the area of health services.
	Yes, the three objectives of the study are clearly set out both in the summary and the main text.
	Yes, however the objectives should be focussed and clearly indicate that ten MSs and five scenarios were the starting point of the investigation. The introduction should keep its focus on the underlining relevance and the need for the study.
Are the study findings consistent and complementary to the existent studies and knowledge in the field?	Yes.
	Yes, no revisions required.
	No, the regulatory framework is described well in the study background but needs to be seen on a timescale. Elaborate on the implementation of directives and regulations, the content and focus and on existing evidence from international studies on the regulatory aspect of cross-border mobility. Also mention the EU wide project findings and try to bring the context closer to the study analysis.
What is the original contribution of the report to the available	The report is probably the first of its kind to try to provide systematic and comparable information on the administrative requirements applicable to five pre-defined

Question	Reply of experts
literature?	types of cross-border health services in 10 MSs.
	The original contribution concerns comparative knowledge of how the EU rules on free movement of services are applied in practice within the healthcare sector. The report contributes by identifying the requirements and obstacles met when EU rules are applied in practice.
	The study has many important results and updates in very significant topics, however, it misses the explanation on the benefits of the results. The added value and new initiative of the study is clearly the resource demand analyses. This is a well-written part with highly relevant information and comparisons.
Are the methods used appropriate and described in sufficient detail?	Yes and no, the methods chapter should be described earlier in the report. Furthermore it should be in a reader-friendly way by corresponding the tasks with the outputs. The illustration of the research process should be updated. The report does not mention how and why the five scenarios were selected, clarify and explain the criteria and relevance of selection (only once mentioned that the five scenarios are pre-defined by the EC). Elaborate on the research protocol/template of the country correspondents which is used to collect the material. A clear method chapter can explain data collection and sources. Suggestion to include a list of country correspondents and stakeholders.
	Yes, the report does not need methodological revision, but further reporting should be conducted. More stakeholders consulted and a higher response rate and a higher number of actual cases would have provided a more comprehensive insight into requirements and barriers.
	No, a separate chapter on the study design and methods should describe in details the study design about the procedure and the steps of the study. The selection criteria for the ten MSs and the description of the five scenarios as the starting point of the analysis are needed to be emphasized first. All relevant methods used during the study should be listed and carefully described, e.g. desk research/mapping, consultation with national key information based on a questionnaire survey and country vices, phone interviews, EU-stakeholder reviews in writing and a meeting. Important information which is missing: who are the country correspondents, how are MSs approaches, who were the targeted respondents or how were respondents selected?
Are the information sources used sound?	Yes, however only a few references to information sources (complete lack of references in chapter 10). Limited use of literature.
	Yes, however the national stakeholders consulted and/or responding should be listed as well as the actual cases consulted.
	No, the literature provided in the study solely refers to regulatory aspects and lacks the sound evidence from previous studies and research projects. Furthermore there should be more information provided on the respondents.
Are the data used sound?	Yes, scarcity of information on data sources and data providers.

Question	Reply of experts
	Yes, however low response rates.
	Yes, with the clarification of the methodology the study will completely discuss the important results in the topic of push and pull factors of cross border mobility (based on a rather qualitative than quantitative methodology).
Is the analysis well balanced?	Yes, however the analysis would greatly benefit from considering the relevance and potential of the five cross-border scenarios. The future growth potential of the scenarios should be discussed.
	Yes.
	Yes, the analysis involves three major parts: the scenario analysis, the resource demand analysis and the country comparison.
Are the conclusions adequately supported by the data?	Yes, the report does not tap the full potential of the findings. E.g. which types of cross-border services encounter most obstacles, which types have most potential, what are the most costly requirements, which countries have the least/most requirements for cross-border providers to comply with, are some countries easier to access than others, DE, FR, and UK are the main destination countries according to the figurers is there any correlation with their levels of requirements? The conclusion could mention more on resource demands and country profiles.
	Yes, however low response rates.
	No, the study lacks the real conclusions based on the results. The results should indicate some conclusions, practical implications for future and next steps, action suggestions. Recommendations what the EU and MS could do e.g. fostering the use of IMI and EPC should be inserted.
What avenues for further research does the report outline, in your view?	Expand the research to more/all EU MSs and to more types of cross-border movement of health services.
	The study should include the 18 remaining MSs to allow for an exhaustive analysis.
	For further research it is not a good solution to cover more countries, since from ten countries we see high variability and the substantial variation of the results. Other options should be more research on for example patient mobility.
Is the report written in a clear and user-friendly manner?	Yes, but the language can be improved and the report would benefit from a clearer writing style, use of terminology and some restructuring. E.g. better sign posting of chapters by providing brief introductions and better formulated headings. Suggestion to reword and rephrase 'additional requirements', 'requirements relating to individuals'.
	Yes, the report is clearly written and accessible. The aims are clearly presented and the structure in line with the 5 scenarios functions well.
	Yes, however create more focus and highlight the structure.
Does the abstract accurately express the main results of the report?	Yes (the abstract is called 'short summary')
	Yes
	No, the short summary should summarize the whole study in one page, meaning to provide an introductory line to

Question	Reply of experts
	underline the relevance and need for the study, the main aims and a highlight of the findings and conclusions and recommendations. The longer summary should include more information on the background of the study and EU regulation.
What do you consider to be the main strengths of the report?	The importance of the topic, the innovative approach, the added value of the findings.
	The report provides new insights into requirements and obstacles when EU rules are applied on the ground. This makes it informative for healthcare providers, as well as the Commission and national authorities on what needs to be tackled if cross border provision of healthcare is to function in real life.
	The main strength is that the study puts a special part of the "push and pull factors" into focus.
What do you consider to be the main weakness of the report?	The study provides a wealth of findings but could explore the implications in more detail in the analysis and conclusions.
	The main weaknesses of the report are the low response rates from stakeholders and the limited number of actual cases consulted.
	The main weakness is the lack of evidence from the literature.
Are there any other remarks you have on the content of the report and the study findings?	Suggestion to reconsider the title of the report, the term 'potential obstacles' is somewhat misleading. The study looks ad administrative and/or legal requirements whereas healthcare providers often face a series of other obstacles related to the labour market, different cultures which are beyond the scope of the study.
	No
	It is very important to have this kind of studies to go deeper in understanding of cross-border movement and care.

After receiving the feedback from all peer reviewers, the results were analysed and the draft report was adapted and finalised.

ANNEX VIII: COUNTRY INFOGRAPHICS PER SCENARIO – SCENARIOS 1 and 3

In this annex we present per scenario the country infographics that visualise and summarise the requirements needed to practise cross-border health services for scenarios 1 and 3. These infographics have been drafted on the basis of the results of the country research in Task 1 and have subsequently been updated on the basis of the results of the national stakeholder consultation and stakeholder review.

The infographics for these two scenarios are developed to be guidance documents per MS. These documents may be used as resource material by professionals who want to provide cross-border health services and are looking for information on requirements to fulfil.

The infographics for scenarios 2, 4 and 5 are presented in Annex IX.

Scenario 1

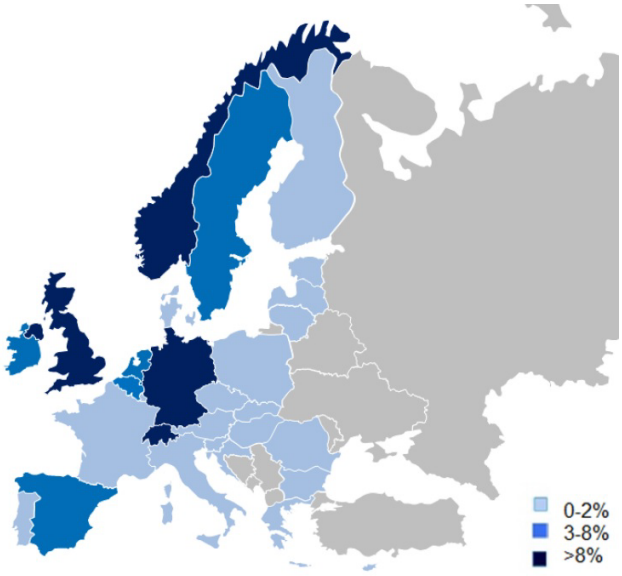
What to do as an EU-trained GP wishing to set up practice in France?

This infographic provides information on the requirements for healthcare providers wishing to operate cross-border. The free movement of workers is an economic imperative and right enshrined in the treaties of the European Union. At national level, health professions are highly regulated; each Member State (MS) regulates the practice of health professions based on specific criteria, such as education, registration, application of the code of ethics and rules of the guidelines of professional practice. These requirements, and the time and costs associated with them, may create obstacles for cross-border healthcare provision.

This infographic is produced as part of the study "**Cross-border health services: potential obstacles for healthcare providers**", which was conducted by Ecorys together with the Erasmus University of Rotterdam and Spark (May 2015-February 2017). The aim of the study was 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 established in another.

Countries where migrating 'doctors of medicine' had their qualifications recognized

The figure shows per country the percentage of migrating 'doctors of medicine', which includes GP's, that had their qualifications recognised in the period from 1999 until 2015.



Source: Regulated professions database (accessed July 2016)

What are issues for attention?

Recognition of qualifications

Registration regulatory body

Language requirements

High costs

Information sources

The study is based on desk research, input from country experts, national stakeholders consultations, telephone interviews, stakeholder & peer reviews.

Funded by the Health Programme of the EU

Requirements

Requirements relating to the individual

Requirements	Required documents	Resource demands
Recognition of qualifications	Qualifying degree; Proof of identity	No information available
	Certificate from competent authority	
	Specific rules for former USSR MS	
	Specific rules for MS w/o specialisation	
	Certified translations	Time: +/- 1 week Costs: € 30-80 per page
Registration with regulatory body	Obligatory registration	No information available
	Application form	
	Proof of identity	
	Certificate from competent authority	
	Copy of criminal record	
	CV	
	Evidence of formal qualifications	
	Solemn declaration	
	Contract of establishment/employment	
	Fee	Costs: €160 (re-registration €320)
	Certified translations	Time: +/- 1 week Costs: € 30-80 per page
Language knowledge	Evidence of sufficient language knowledge	Time: +/- 720 contact hours Costs: +/- € 15 per hour (level C1)

Requirements relating to place of work

	Requirements	Resource demands
Insurance	Liability insurance obligatory	No information available
	Contribution to national damages fund	Time: No information available Costs: € 15-25
Type of practice	Self- employment	No information available
	Company	
	Locum	
Business Registration	Company registration	Time: 5 days max Costs: € 50
	Self- employment registration	No information available
	Registration with accountants	
	Registration with tax authorities - *stems from business registration*	
	Registration with pension scheme	
	Registration with professional association	

Requirements relating to public funding coverage

	Requirements	Resource demands
Coverage by healthcare system	Enter into contract with healtcare system	No information available
	Registration with the local security fund	

What to do as an EU-trained GP wishing to set up practice in Germany?*

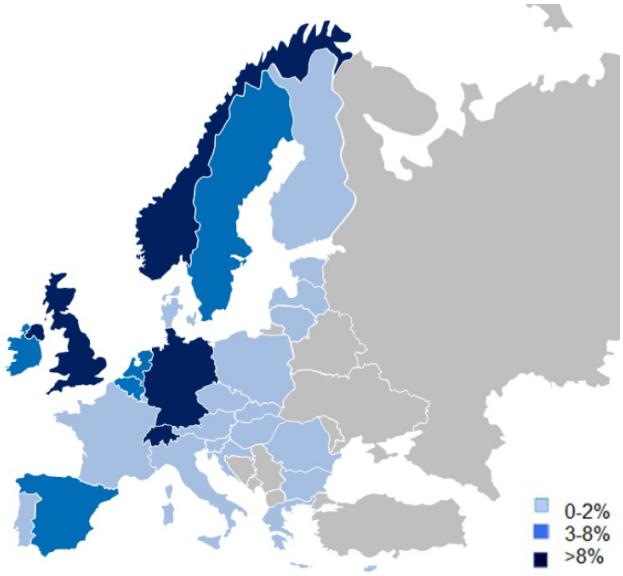
This infographic provides information on the requirements for healthcare providers wishing to operate cross-border. The free movement of workers is an economic imperative and right enshrined in the treaties of the European Union. At national level, health professions are highly regulated; each Member State (MS) regulates the practice of health professions based on specific criteria, such as education, registration, application of the code of ethics and rules of the guidelines of professional practice. These requirements, and the time and costs associated with them, may create obstacles for cross-border healthcare provision.

This infographic is produced as part of the study "**Cross-border health services: potential obstacles for healthcare providers**", which was conducted by Ecorys together with the Erasmus University of Rotterdam and Spark (May 2015-February 2017). The aim of the study was 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 established in another.

*** Bavaria and Brandenburg**

Countries where migrating 'doctors of medicine' had their qualifications recognized

The figure shows per country the percentage of migrating 'doctors of medicine', which includes GP's, that had their qualifications recognised in the period from 1999 until 2015.



Source: Regulated professions database (accessed July 2016)

What are issues for attention?

Recognition of qualifications

Registration regulatory body

Language requirements

High costs

Waiting time

Large # of supporting documents

Certified translations

Information sources

The study is based on desk research, input from country experts, national stakeholders consultations, telephone interviews, stakeholder & peer reviews.

Funded by the Health Programme of the EU

Requirements

Requirements relating to the individual

Requirements	Required documents	Resource demands
Recognition of qualifications	Fee	Time: 2 months Costs: €150 (Bayern), 230-460 (Brandenburg)
	Certified translations	Time: +/- 1 week Costs: € 30-80 per page
	Proof of identity; Medical certificate (applicants' health status); Copy of evidence of licence; Statement on applicants' character; Certified copy of degree; Qualifying degree; Table summarizing past education/employment; Certificate from competent authority	No information available
Registration with regulatory body	Fee	Time: 2 months Costs: €150 (Bayern), 230-460 (Brandenburg)
	Copy of criminal record	Time: up to 3 week Costs: €13
	Registration State Chamber of Physicians	Time: no information available Costs: €100
	Statement no legal profession preventing practice; A birth certificate; Proof of identity; CV; Evidence of formal qualifications; Health certificate; Evidence of professional experience; Medical specialisation licence	No information available
	Certified translations	Time: +/- 1 week Costs: € 30-80 per page
Language knowledge	Evidence of sufficient language knowledge	Time: +/- 1320 hours Costs: +/- € 9 per hour (level C1)
	Required language tests	Time: No information available Costs: from € 275 (Brandenburg)

Requirements relating to place of work

	Requirements	Resource demands
Insurance	Liability insurance obligatory	No information available
Type of practice	Self-employment; Specific form of company; Employed	No information available
Business Registration	Company registration	No information available
Other registrations	Registration for billing puposes; Registration with public authorities; Registration with tax authorities	No information available
Location practice	Imposed	No information available

	Requirements	Resource demands
Other registrations	Registration with Association of SHI Physicians	Time: No information available Costs: € 100 (fee)
	Admission to set up as a doctor by SHI Association	Time: No information available Costs: € 400 (fee), € 13 (criminal record)

Requirements relating to public funding coverage

Coverage by healthcare system	*Stems from registration with Association of SHI Physicians*	No information available

What to do as an EU-trained GP wishing to set up practice in Italy?

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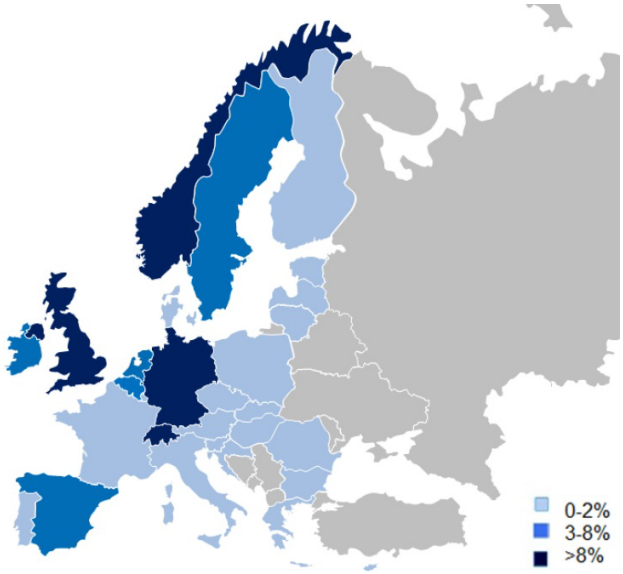
Mobility of 'doctors of medicine' between Member States

The figure shows per country the percentage of migrating 'doctors of medicine', which includes GP's, that had their qualifications recognised in the period from 1999 until 2015.



Source: Regulated professions database (accessed July 2016)

What are issues for attention?

Recognition of qualifications

Registration regulatory body

Language requirements

High costs

Information sources

The study is based on desk research, input from country experts, national stakeholders consultations, telephone interviews, stakeholder & peer reviews.

Funded by the Health Programme of the EU

Requirements

Requirements relating to the GP as an individual

Requirements	Requirements in practice	Resource demands
Recognition of qualifications	Qualifying professional degree	No information available
	Proof of identity	
	Application/registration form	
	Fee	
	Proof of professional insurance	
	Certified copy of professional degree	
	Certified translations	Time: +/- 1 week Costs: € 30-80 per page
Registration with regulatory body	Fee	Time: No information available Costs: € 168-324
	Proof of identity	No information available
	Evidence of formal qualifications	
	Copy of criminal record	
	CV	
	Certified translations	Time: +/- 1 week Costs: € 30-80 per page
Language knowledge	Evidence of sufficient language knowledge	Time: +/- 720 contact hours Costs: +/- € 12 per hour (level C1)

Requirements relating to place of work

	Requirements	Resource demands
Insurance	Liability insurance obligatory	No information available
Type of practice	Self- employment	No information available
	Specific form of company	
	Locum	
Business registration	Company registration	Time: 1 day Costs: € 100
Others registrations	Registration with public authorities	No information available
	Registration with tax authorities	

Requirements relating to public funding coverage

	Requirements	Resource demands
Coverage by healthcare system	*Public funding coverage by healthcare system stems from registration with regulatory body (NHS)*	No information available

What to do as an EU-trained GP wishing to set up practice in Latvia?

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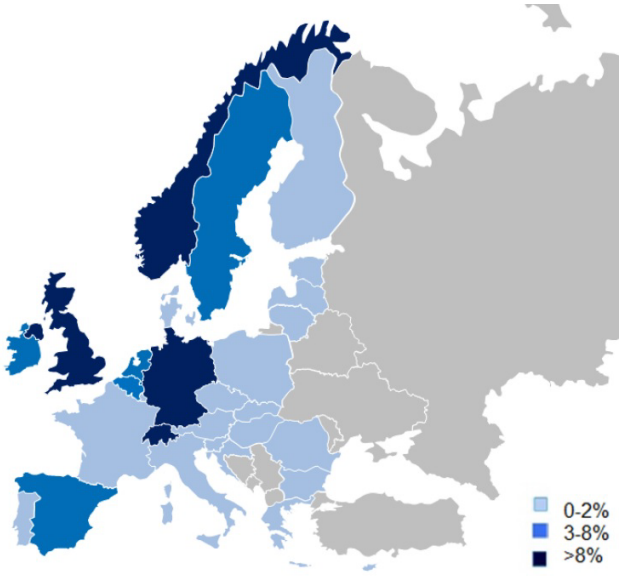

Source: Regulated professions database (accessed July 2016)

What are issues for attention?

Recognition of qualifications

Wating time

Language requirements

Information sources

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Funded by the Health Programme of the EU

Requirements

Requirements relating to the GP as an individual

Requirements	Requirements in practice	Resource demands
Recognition of qualifications	Qualifying professional degree	Time: up to 3 months Costs: No information available
	Proof of identity	
	Application/registration form	
	Certificate from competent authority in home MS	
	Fee	
	Table summarising past education and gainful employment	
	Statement/certificate on applicant's character	
	Certified translations	Time: +/- 1 week Costs: € 30-80 per page
Registration with regulatory body	Proof of identity	No information available
	Registration with the Register of Health Institutions	
Language knowledge	Evidence of sufficient language knowledge	Time: +/- 1100 contact hours Costs: +/- € 6 per hour (level C1)

Requirements relating to place of work

	Requirements	Resource demands
Insurance	Liability insurance obligatory	No information available
Location of practice	Imposed in the public sector	No information available
Type of practice	Self- employment	No information available
	Specific form of company	
	Locum	
	Employed	
Business registration	Company registration	No information available
	Self-employment registration	
Others registrations	Registration with public authorities	No information available
	Registration with tax authorities - *stems from business registration*	

Requirements relating to public funding coverage

	Requirements	Resource demands
Coverage by healthcare system	Pre-registration on a waiting list	No information available
	Enter into contract with healthcare system	

What to do as an EU-trained GP wishing to set up practice in Malta?

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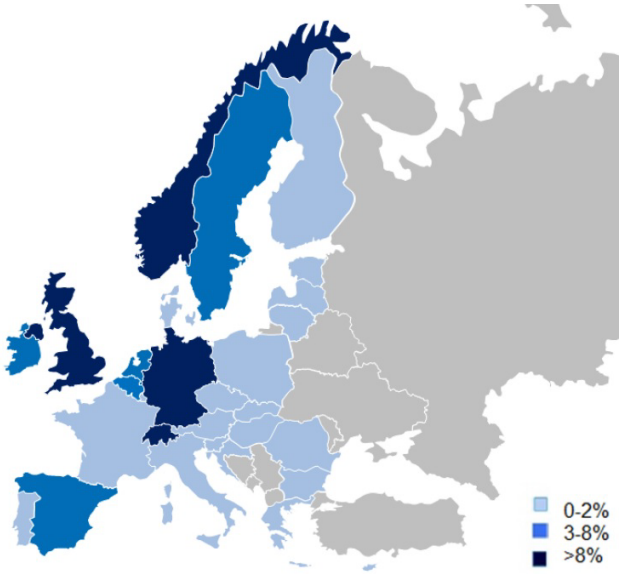

Source: Regulated professions database (accessed July 2016)

What are issues for attention?

- **Recognition of qualifications**
- **Certified translations**
- **Language requirements**
- **High costs**
- **Waiting time**
- **Large # of supporting documents**
- **Registration specialist register**

Information sources

The study is based on desk research, input from country experts, national stakeholders consultations, telephone interviews, stakeholder & peer reviews.

Funded by the Health Programme of the EU

Requirements

Requirements relating to the GP as an individual

Requirements	Requirements in practice	Resource demands
Recognition of qualifications	Certification of education establishment	No information available
	Fulfillment specific training requirements	
	Evidence of formal qualifications	
	Solemn declaration	
	Proof of identity	
	Qualifying professional degree	
	Certified translations	Time: +/- 1 week Costs: € 30-80 per page
Registration with regulatory body	Proof of identity	No information available
	Registration/application form	
	CV	
	Fee	
	Evidence of formal qualifications	
	Certificate from competent authority	
	Evidence of professional experience	
	Proof of competence	
	Certified translations	Time: +/- 1 week Costs: € 30-80 per page
Other registrations	Registration under data protection act	No information available
	Specific requirements for specialist registration	
	Registration with Specialist Accreditation Register	Time: training 3 years Costs: € 2000 exam
Language knowledge	Evidence of sufficient language knowledge	Time: +/- 700-800 contact hours Costs: +/- € 12 per hour (level C1)

Requirements relating to place of work

	Requirements	Resource demands
Insurance	Obligatory liability insurance	No information available
Type of practice	Self-employment	No information available
Business registration	Company registration	No information available
Other registrations	Registration with tax authorities	No information available

Requirements relating to public funding coverage

	Requirements	Resource demands
Coverage by healthcare system	Registration with Specialist Accreditation Register	No information available
	Being employed in the public sector	No information available

What to do as an EU-trained GP wishing to set up practice in the Netherlands?

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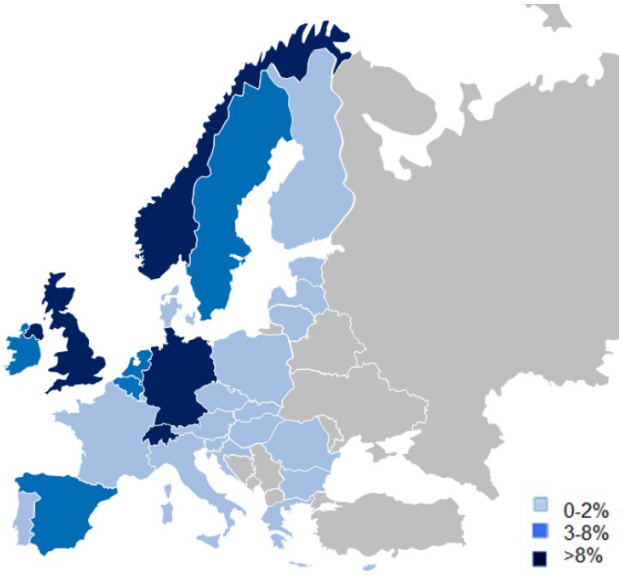

Source: Regulated professions database (accessed July 2016)

What are issues for attention?

Recognition of qualifications

Large # of supporting documents

Language requirements

Certified translations

Information sources

The study is based on desk research, input from country experts, national stakeholders consultations, telephone interviews, stakeholder & peer reviews.

Funded by the Health Programme of the EU

Requirements

Requirements relating to the GP as an individual

Requirements	Requirements in practice	Resource demands
Recognition of qualifications	Application/registration form	Time: max. 3 months Costs: € 0
	Proof of identity	No information available
	Certified copy of professional degree	
	CV	
	Certificate of current professional status	
	Qualifying professional degree	
	Certified translations	Time: +/- 1 week Costs: € 30-80 per page
Obligatory BIG Registration *- stems from recognition of qualifications*		Costs: € 85
Recognition and registration Specialization Register (RGS)	Application/registration form	Time: max. 4 months Costs: € 522 first registration € 452 re-registration
	Proof of competence	
	Evidence of sufficient language knowledge	
	Big registration (evidence of formal qualifications)	
	Evidence of professional experience	
	Proof of identity	
	Certified translations	Time: +/- 1 week Costs: € 30-80 per page
Language knowledge	Evidence of sufficient language knowledge	Time: +/- 720 contact hours Costs: +/- € 12 per hour (level C1)

Requirements relating to place of work

	Requirements	Resource demands
Insurance	Liability insurance obligatory	Time: No information available Costs: € 800 per year
Type of practice	Self- employment	No information available
	Specific form of company	
	Employed	
	Locum	
Business registration	Self-employment registration	Time: No information available Costs: € 50
	Company registration	Time: No information available Costs: € 50
	Registration with tax authorities - *stems from business registration*	Time: 0 Costs: € 0

Requirements relating to public funding coverage

	Requirements	Resource demands
Coverage by healthcare system	Enter into contract with healtcare system	No information available
	Registration with specialist register	
	Registration code (AGB) for practice and physiotherapists	Time: 3-6 weeks Costs: € 0

What to do as an EU-trained GP wishing to set up practice in Poland?

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Mobility of 'doctors of medicine' between Member States

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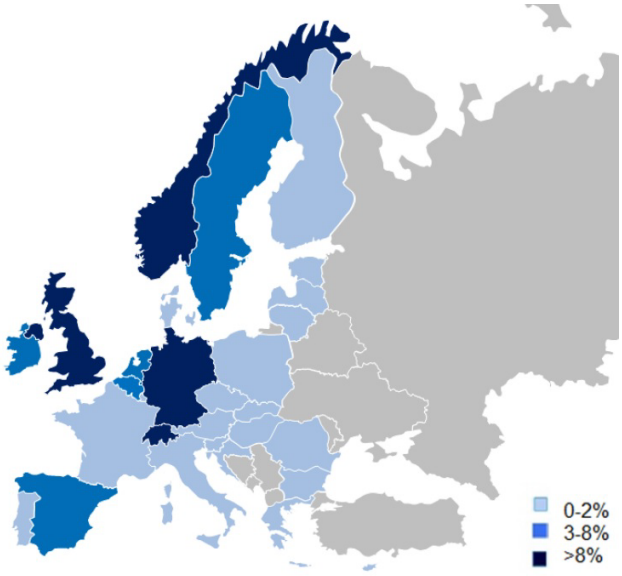

Source: Regulated professions database (accessed July 2016)

What are issues for attention?

Recognition of qualifications

Company registration

Language requirements

High costs

Waiting time

Large # of supporting documents

Certified translations

Information sources

The study is based on desk research, input from country experts, national stakeholders consultations, telephone interviews, stakeholder & peer reviews.

Funded by the Health Programme of the EU

Requirements

Requirements relating to the GP as an individual

Requirements	Requirements in practice	Resource demands
Recognition of qualifications	Fee	Costs: €13
	Certified translations	Time: +/- 1 week Costs: € 30-80 per page
	Proof of identity; Statement on applicant's character; Application/registration form; Evidence of formal qualifications; Certified copy of professional degree; Medical certificate (applicant's health status); Certificate from competent authority in own MS; Qualifying professional degree	No information available
Registration with regulatory body	Application/registration form	Time: 30 days Costs: €20
	Medical certificate (applicant's health status)	Time: 1 month Costs: €0
	Certified translations	Time: +/- 1 week Costs: € 30-80 per page
	Evidence of formal qualifications; Certificate from competent authority; Statement no legal provision preventing practice; Proof of identity; Solemn declaration	No information available
Other registrations	Requirements on manner and conditions to provide health services	No information available
Language knowledge	Evidence of sufficient language knowledge	Time: +/- 1320 hours Costs: +/- € 12 per hour (level C1)
	Required language tests	Time: No information available Costs: € 95 (level C1)

Requirements relating to place of work

	Requirements	Resource demands
Insurance	Liability insurance obligatory	Time: 1 day Costs: € 35- € 120
Type of practice	Self-employment; Employed	No information available
Business Registration	Registration in the Central Registration and Information on Economic Activity (CEIDG)	Time: 1 day Costs: € 0
	Registration in registry on entities performing medical activity	Time: 30 days Costs: € 100
Other registrations	Registration with tax authorities	Time: 7 days Costs: € 0
Location practice	Organisational rules/ quality requirements	Time: 30 days Costs: at least € 24

Requirements relating to public funding coverage

	Requirements	Resource demands
Coverage by healthcare system	Enter into contract with healthcare system (Application for signing the contract with NFZ with annexes: i.e. profession execution rights, business registration form, allowance to conduct the medical practice)	Time: min 1 month Costs: € 0

What to do as an EU-trained GP wishing to set up practice in Slovenia?

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Mobility of 'doctors of medicine' between Member States

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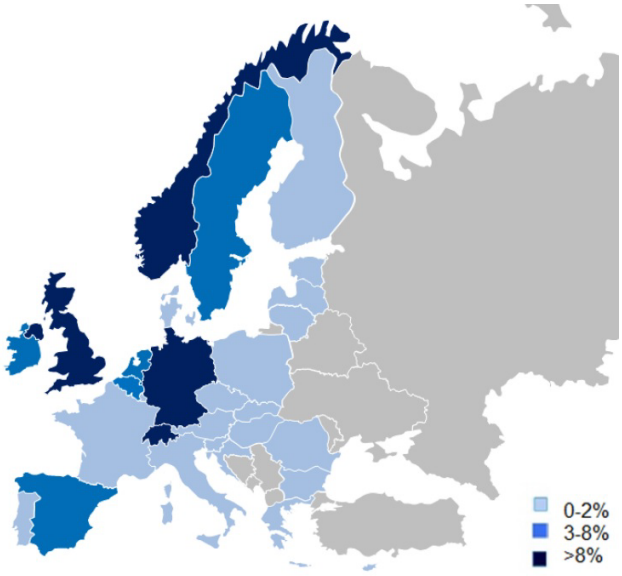

Source: Regulated professions database (accessed July 2016)

What are issues for attention?

- **Recognition of qualifications**
- **Certified translations**
- **Language requirements**
- **High costs**
- **Waiting time**
- **Large # of supporting documents**
- **Registration specialist register**

Information sources

The study is based on desk research, input from country experts, national stakeholders consultations, telephone interviews, stakeholder & peer reviews.

Funded by the Health Programme of the EU

Requirements

Requirements relating to the GP as an individual

Requirements	Requirements in practice	Resource demands
Recognition of qualifications	Fee	Time: No information available Costs: €430 and €63 exam
	Certified translations	Time: +/- 1 week Costs: € 30-80 per page
	Registration with specialist register	Time: +/- 24 months Costs: €234, test €1.613
	Proof of identity	No information available
	Certificate from competent authority in home MS	
	State exam	
	Application/registration form	
	Copy of evidence of licence	
	Certified copy of professional degree	
	Qualifying professional degree	
Registration with regulatory body	Certified translations	Time: +/- 1 week Costs: € 30-80 per page
	Proof of identity	No information available
	Certificate from competent authority	
	Statement on the right to conscientious objection	
	Evidence of formal qualifciations	
	Membership in domestic and foreign scientific associations	
	Proof of competence	
	Conditions for private medical practice	
	Evidence of professional experience	
	Information on private practice	
Language knowledge	Evidence of sufficient language knowledge	Time: +/- 1100 hours Costs: +/- € 13 per hour (level C1)
Other requirements	Secondary school certificate/ educational institution certificate	No information available

Requirements relating to place of work

Requirements		Resource demands
Insurance	Liability insurance obligatory	No information available
Type of practice	Self-employment	No information available
	Specific form of company	
	Employed	
	Locum	
Business Registration	Company registration	No information available
	Self employment registration	
Other registrations	Registration with tax authorities	No information available

Requirements		Resource demands
Other requirements relating to place of work	Permit to perform health services	Time: 2 months Costs: € 221
Location practice	Imposed in the public sector	No information available

Requirements relating to public funding coverage

Coverage by healthcare system	Enter into contract with healthcare system	No information available
	Being employed in the public sector	

What to do as an EU-trained GP wishing to set up practice in Sweden?

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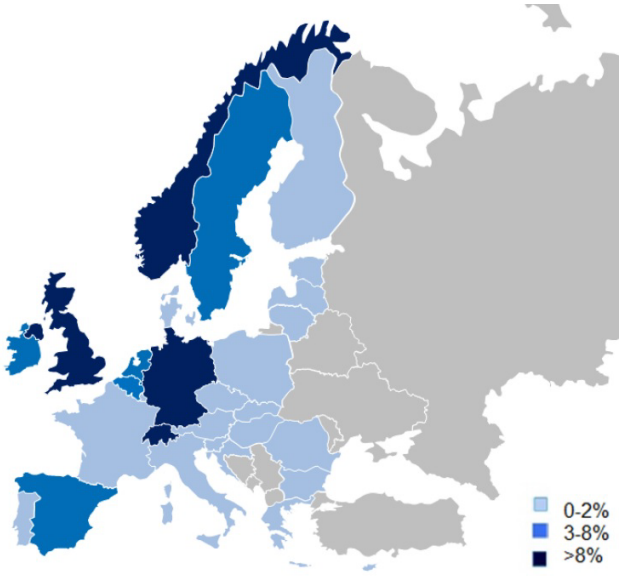

Source: Regulated professions database (accessed July 2016)

What are issues for attention?

Recognition of qualifications

Language requirements

Information sources

The study is based on desk research, input from country experts, national stakeholders consultations, telephone interviews, stakeholder & peer reviews.

Funded by the Health Programme of the EU

Requirements

Requirements relating to the GP as an individual

Requirements	Requirements in practice	Resource demands
Recognition of qualifications	Certified copy of professional degree	Time: up to 3 months Costs: € 0
	Proof of identity	
	Copy of evidence of licence	
	Certificate from competent authority in home MS	
	Certified translations	Time: +/- 1 week Costs: € 30-80 per page
Registration with regulatory body	Registration/application form	No information available
	Proof of identity	
	Extract of population register (if applicable)	
	Fee	
	Evidence of professional experience/licence	
	Certified translations	Time: +/- 1 week Costs: € 30-80 per page
Language knowledge	Evidence of sufficient language knowledge	Time: +/- 720 contact hours Costs: +/- € 13 per hour (level C1)

Requirements relating to place of work

	Requirements	Resource demands
Insurance	Self-employed insurance obligatory	No information available
Other requirements	Registration with public authorities	No information available
Type of practice	Self-employment	No information available
	Specific form of company	
	Employed	
Business registration	Self-employment registration	No information available
	Company registration	
Other registrations	Registration with tax authorities	No information available

Requirements relating to public funding coverage

	Requirements	Resource demands
Coverage by healthcare system	Sign an agreement with county council	No information available
	Enter into contract with healthcare system	No information available

What to do as an EU-trained GP wishing to set up practice in the United Kingdom?

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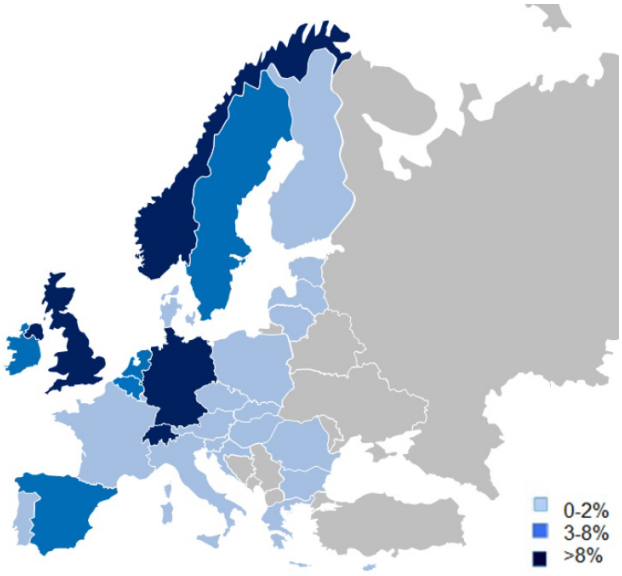

Source: Regulated professions database (accessed July 2016)

What are issues for attention?

Recognition of qualifications

Registration regulatory body

Language requirements

Information sources

The study is based on desk research, input from country experts, national stakeholders consultations, telephone interviews, stakeholder & peer reviews.

Funded by the Health Programme of the EU

Requirements

Requirements relating to the GP as an individual

Requirements	Requirements in practice	Resource demands
Recognition of qualifications	Proof of identity	No information available
	Certificate from competent authority in home MS	
	Qualifying professional degree	
	Certified translations	Time: +/- 1 week Costs: € 30-80 per page
Registration with General Medical Council	Proof of identity	Time: max 3 months
	Evidence of primary and specialist medical education plus any accompanying certificate and/or compliancy certificate	
	Fee	Costs: € 113-538
	Certified translations	Time: +/- 1 week Costs: € 30-80 per page
Registration with specialist register	Application/registration form	Time: up to 10 days Costs: € 0
	Evidence of primary and specialist medical education plus any accompanying certificate and/or compliancy certificate	No information available
	Certificates from good standing from all medical regulators Evidence of sufficient language knowledge	
	References from previous employers Proof of identity	
	Certified translations	Time: +/- 1 week Costs: € 30-80 per page
Other registrations	Registration under Data Protection Act Voluntary registration with the Royal College	No information available
	Registration Care Quality Commission	Time: No information available Costs: € 164-656
Language knowledge	Evidence of sufficient language knowledge	Time: +/- 700 hours Costs: +/- € 11 per hour (level C1)
	Language test (IETLS test or other)	Time: 13 days Costs: € 190-250

Requirements relating to place of work

	Requirements	Resource demands
Insurance	Liability insurance obligatory	Time: No information available Costs: € 72
Type of practice	Self -employment	No information available
	Locum GPs - freelance, by chamber or agency	
	Specific form of company	
Business Registration	Company registration (Companies House)	No information available
Other registrations	Obligatory registration with professional association	No information available
	Registration with tax authorities (Registration at HRMC for VAT and PAYE)	Time: 10 working days Costs: No information available

	Requirements	Resource demands
Location of practice	Imposed (for locum GP)	No information available

Requirements relating to public funding coverage

	Requirements	Resource demands
Coverage by healthcare system	Enter into agreement with public health care services	Time: No information available Costs: € 33-56
	Supporting documents relating coverage by the healthcare system	No information available

Scenario 3

What to do as an EU-trained physiotherapist wishing to establish as an independent practitioner offering physiotherapy services in France?

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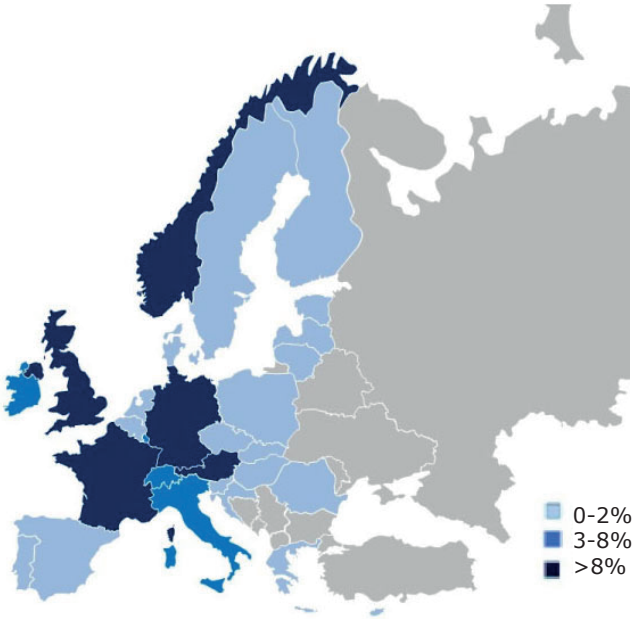
This infographic is produced as part of the study "**Cross-border health services: potential obstacles for healthcare providers**", which was conducted by Ecorys together with the Erasmus University of Rotterdam and Spark (May 2015-January 2017). The aim of the study was to identify the different requirements placed on healthcare providers wishing to either establish themselves in another MS, or provide cross-border services in one MS whilst established in another.

Mobility of physiotherapists between Member States

The figure shows per country the percentage of migrating 'physiotherapists', that had their qualifications recognised in the period from 1999 until 2015.



Source: Regulated professions database (accessed July 2016)

What are issues for attention?

- **Recognition of qualifications**
- **Registration regulatory body**
- **Certified translations**
- **Language requirements**
- **High costs**
- **Company registration**
- **Waiting time**
- **Large # of supporting documents**
- **Registration for public funding**

European Professional Card

- Easier certification of authenticity and validity of your documents,
- Saving time in future subsequent applications,
- Automatic recognition after expiration of the deadline of the host MS authority.

EPC

Information sources

The study is based on desk research, input from country experts, national stakeholders consultations, telephone interviews, stakeholder & peer reviews.

Funded by the Health Programme of the EU

Requirements

Requirements relating to the physiotherapist as an individual

Requirements	Requirements in practice	Resource demands
Recognition of qualifications	Qualifying professional degree Specific rules for MS w/o regulation Proof of identity	No information available
Request for registration with regulatory body	Request for registration with regulatory body (central administration of the Region) Letter requesting to practice Proof of experience/training Proof of identity Character reference from competent authorities Copy of professional degree Certificate/licence to practice Statement of qualification body specifying content Certified translations	Time: up to 4 months Costs: No information available No information available Time: +/- 1 week Costs: +/- €30 - 80 per page
Registration on medical database	Application/registration form Original degree or certificates Proof of identity Certified translations	Time: +/- 1 week Costs: +/- €30 - 80 per page
Registration with regulatory body	Application/registration form Certified translations Confirmation of cancelled registration in other MS Copy of authorisation to practice Proof of registration on medical database CV Copy of professional degree Proof of address Proof of insurance Copy of practice contract Certificate of competent authorities in own MS Solemn declaration Copy of recent tax certificate Agreement to code of conduct Fee Previous references Knowledge of measurements Proof of identity Copy of criminal record	Time: up to 4 months Costs: No information available Time: +/- 1 week Costs: +/- €30 - 80 per page No information available
Language knowledge	Evidence of sufficient language knowledge	Time: +/- 480 hours Costs: +/- € 15 per hour (level B1)

Requirements relating to place of work

	Requirements	Resource demands
Insurance	Liability insurance obligatory	Time: No information available Costs: € 50 per year
Type of practice	Self- employment (Specific form of) company	No information available
Business registration	Self-employment registration	No information available
	Company registration (URSSAF)	Time: No information available Costs: up to €250 per year
Other registrations	Registration with tax authorities Registration with pension scheme (CARPIMKO)	No information available

Requirements relating to public funding coverage

	Requirements	Resource demands
Coverage by healthcare system	Obligatory registration for public funding	No information available

What to do as an EU-trained physiotherapist wishing to establish as an independent practitioner offering physiotherapy services in Germany?*

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*** Bavaria and Brandenburg**

Mobility of physiotherapists between Member States

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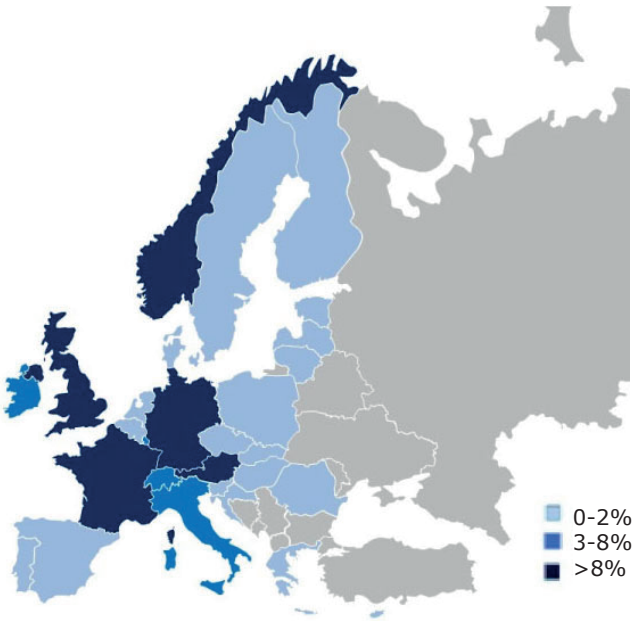

Source: Regulated professions database (accessed July 2016)

What are issues for attention?

Recognition of qualifications

Registration regulatory body

Language requirements

Large # of supporting documents

Certified translations

European Professional Card

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- Saving time in future subsequent applications,
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EPC

Information sources

The study is based on desk research, input from country experts, national stakeholders consultations, telephone interviews, stakeholder & peer reviews.

Funded by the Health Programme of the EU

Requirements

Requirements relating to the physiotherapist as an individual

Requirements	Requirements in practice	Resource demands
Recognition of qualifications	Proof of identity Qualifying professional degree Supplementary training in specific cases	No information available
Request for registration with regulatory body	Proof of experience/training Certified licence to practice	No information available
	Certified translations	Time: +/- 1 week Costs: min € 13 per page
Registration with regulatory body	Fee	Costs: € 45 (Bavaria), € 40-150 (Brandenburg)
	Certified translations	Time: +/- 1 week Costs: min € 13 per page
	Proof of idenity Examination of premises and equipment Application/ registration form CV Medical certificate Agreement to code of conduct Extra fee recognition of diploma Copy of criminal record Copy of professional degree Copy of practice contract Birth/marriage certificate Previous references	No information available
Registration with the Physiotherapist's association	Voluntary	Time: No information available Costs: € 67-119
Language knowledge	Evidence of sufficient language knowledge	Time: +/- 720 contact hours Costs: +/- € 12 per hour (level B2)

Requirements relating to place of work

	Requirements	Resource demands
Insurance	Liability insurance obligatory	No information available
Other registrations	Registration with tax authorities	Time: No information available Costs: € 0

Requirements relating to public funding coverage

	Requirements	Resource demands
Coverage by healthcare system	Permission of State Association of SHI Fund	No information available
	Referral from physicians primary care	No information available

What to do as an EU-trained physiotherapist wishing to establish as an independent practitioner offering physiotherapy services in Italy?

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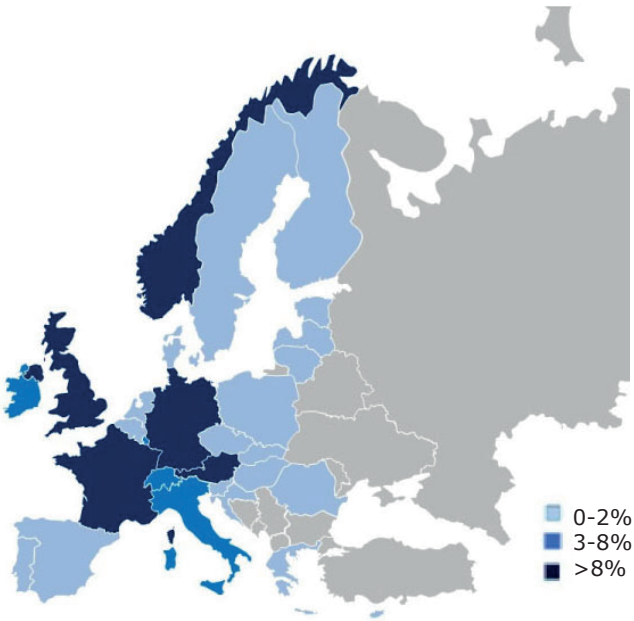
Mobility of physiotherapists between Member States

The figure shows per country the percentage of migrating 'physiotherapists', that had their qualifications recognised in the period from 1999 until 2015.



Source: Regulated professions database (accessed July 2016)

What are issues for attention?

Recognition of qualifications

Registration regulatory body

Language requirements

European Professional Card

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EPC

Information sources

The study is based on desk research, input from country experts, national stakeholders consultations, telephone interviews, stakeholder & peer reviews.

Funded by the Health Programme of the EU

Requirements

Requirements relating to the physiotherapist as an individual

Requirements	Requirements in practice	Resource demands
Recognition of qualifications	Qualifying professional degree	No information available
	Proof of identity	
Registration with regulatory body	Application/registration form	No information available
	Proof of identity	
	CV	
	Copy of professional degree	
	Certificate of competent authorities in own MS	
	Previous references	
	Agreement to code of conduct	
	Fee	
	Certified translations	Time: +/- 1 week Costs: € 30-80 per page
Language knowledge	Evidence of sufficient language knowledge	Time: +/- 480 hours Costs: +/- € 12 per hour (level B1)

Requirements relating to place of work

	Requirements	Resource demands
Insurance	Liability insurance obligatory	Time: No information available Costs: € 50 per year
Business registration	Company registration	Time: No information available Costs: € 120 per year
Other registrations	Registration with tax authorities	No information available

Requirements relating to public funding coverage

	Requirements	Resource demands
Coverage by healthcare system	Contract with NHS/insurance company	No information available

What to do as an EU-trained physiotherapist wishing to establish as an independent practitioner offering physiotherapy services in Latvia?

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Mobility of physiotherapists between Member States

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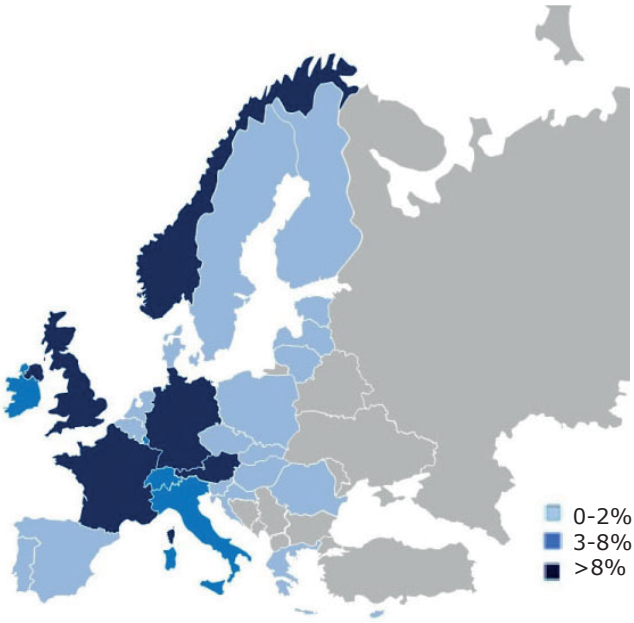

Source: Regulated professions database (accessed July 2016)

What are issues for attention?

Recognition of qualifications

Language requirements

European Professional Card

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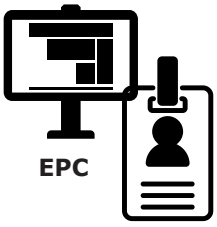

Information sources

The study is based on desk research, input from country experts, national stakeholders consultations, telephone interviews, stakeholder & peer reviews.

Funded by the Health Programme of the EU

Requirements

Requirements relating to the physiotherapist as an individual

Requirements	Requirements in practice	Resource demands
Recognition of qualifications	Qualifying professional degree	Time: 1-3 months Costs: € 200
	Proof of identity	No information available
Registration with regulatory body	Application/registration form	Time: 13 days Costs: € 0
	Proof of identity	
	Copy of criminal record	
	Copy of authorisation to practice	
	Certificate of competent authorities in own MS	
	Previous references	
	Certified translations	Time: +/- 1 week Costs: € 30-80 per page
Language knowledge	Evidence of sufficient language knowledge	Time: +/- 1100 hours Costs: +/- € 6 per hour (level B2)

Requirements relating to place of work

	Requirements	Resource demands
Business registration	Company registration	Time: 20-40 days Costs: € 85 - 100
	Certificate to open a practice	Time: 2-6 months Costs: € 60
Other registrations	Registration with tax authorities stems from business registration	Time: 1-8 months Costs: € 0

Requirements relating to public funding coverage

	Requirements	Resource demands
Coverage by healthcare system	Contract with NHS/insurance company	No information available

What to do as an EU-trained physiotherapist wishing to establish as an independent practitioner offering physiotherapy services in Malta?

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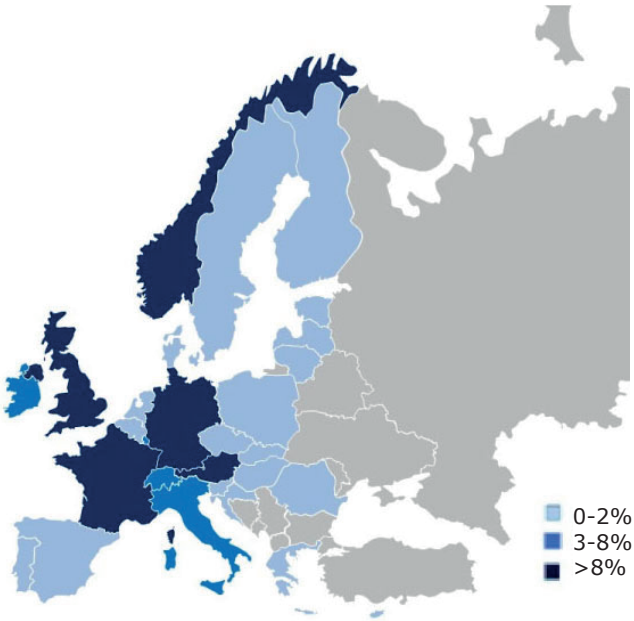
Mobility of physiotherapists between Member States

The figure shows per country the percentage of migrating 'physiotherapists', that had their qualifications recognised in the period from 1999 until 2015.



Source: Regulated professions database (accessed July 2016)

What are issues for attention?

Language requirements

Language requirements

European Professional Card

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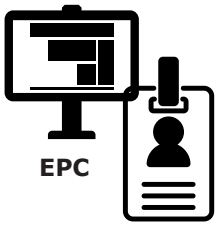

Information sources

The study is based on desk research, input from country experts, national stakeholders consultations, telephone interviews, stakeholder & peer reviews.

Funded by the Health Programme of the EU

Requirements

Requirements relating to the physiotherapist as an individual

Requirements	Requirements in practice	Resource demands
Recognition of qualifications	Letter to Malta Qualifications Recognition Information Center	Time: up to 3 weeks Costs: No information available
	Licence President of Malta	No information available
	Proof of identity	
	Qualifying professional degree	
Registration with regulatory body	Obligatory registration Council of Professionals Complementary to Medicine (CPCM)	No information available
	Proof of identity	
	Certified copy of professional degree	
	CV	
	Previous references	
	Fee	
	Application/registration form	
	Copy of criminal record	
	Certificate of competent authorities in own MS	
	Birth/marriage certificate	
	Certified translations	Waiting time: +/- 1 week Costs: € 30-80 per page
Language knowledge	Evidence of sufficient language knowledge	Time: +/- 600 contact hours Costs: +/- € 12 per hour (level B1)

Requirements relating to place of work

	Requirements	Resource demands
Insurance	Liability insurance obligatory for public entity	Time: 0 Costs: € 0 (covered by the government)
	Liability insurance obligatory for private entity	Time: No information available Costs: +/- € 50 per year
Business Registration	Company registration	No information available
	Certificate from the Department of Social Security	
Other Registrations	Registration with tax authorities	No information available
	Registration under Data Protection Act	

Requirements relating to public funding coverage

	Requirements	Resource demands
Coverage by healthcare system	Referral from physician (primary care)	No information available

What to do as an EU-trained physiotherapist wishing to establish as an independent practitioner offering physiotherapy services in the Netherlands?

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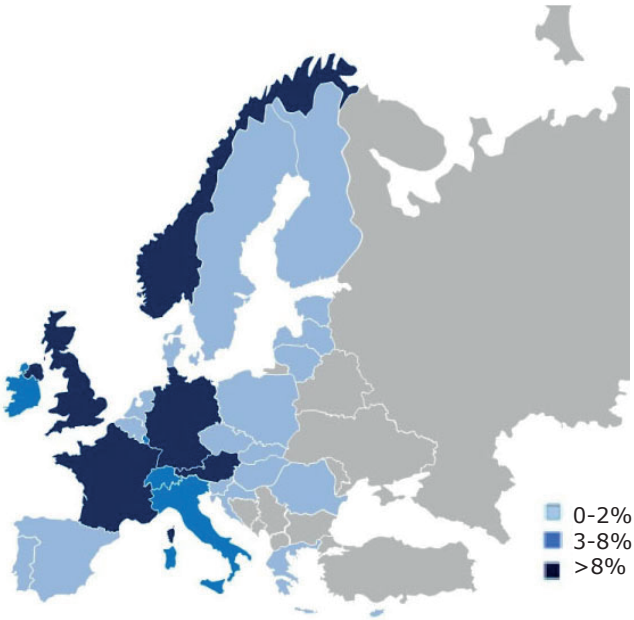
Mobility of physiotherapists between Member States

The figure shows per country the percentage of migrating 'physiotherapists', that had their qualifications recognised in the period from 1999 until 2015.



Source: Regulated professions database (accessed July 2016)

What are issues for attention?

Recognition of qualifications

Waiting time

Language requirements

Registration for public funding

European Professional Card

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- Saving time in future subsequent applications,
- Automatic recognition after expiration of the deadline of the host MS authority.

EPC

Information sources

The study is based on desk research, input from country experts, national stakeholders consultations, telephone interviews, stakeholder & peer reviews.

Funded by the Health Programme of the EU

Requirements

Requirements relating to the physiotherapist as an individual

Requirements	Requirements in practice	Resource demands
Recognition of qualifications	Qualifying professional degree	Time: up to 4 months Costs: € 0
	Proof of identity	No information available
	Application/registration form	
	CV	
	Certified copy of professional degree	
	Certificate of current professional status	
	Additional documents to assess qualifications	
	Voluntary Membership of the professional association for physiotherapists (KNGF)	Time: 1 hour Costs: up to €500 per year
	Supplementary training in specific cases	Time: varies Costs: varies
	Certified translations	Time: +/- 1 week Costs: € 30-80 per page
Obligatory BIG registration - *stems from recognition of qualifications*		Time: up to 4 months Costs: € 85 (registration fee)
Language knowledge	Evidence of sufficient language knowledge	Time: +/- 480 hours Costs: +/- € 12 per hour (level B1)

Requirements relating to place of work

	Requirements	Resource demands
Insurance	Liability insurance obligatory	Time: No information available Costs: varies (+/- € 60)
Business registration	Company registration (Chamber of Commerce)	Time: No information available Costs: € 50
Other registrations	Registration with tax authorities - *stems from business registartion (Done automatically upon registration with the Chamber of Commerce)*	*No additional resource demans (only those for registration with Chamber of Commerce)*

Requirements relating to public funding coverage

	Requirements	Resource demands
Coverage by healthcare system	Contract with NHS/insurance company	No information available
	Registration code (AGB) for practice and physiotherapist	Time: 3-6 weeks Costs: € 0
	Registration Central Quality Register	Time: No information available Costs: € 100- 242 per year

What to do as an EU-trained physiotherapist wishing to establish as an independent practitioner offering physiotherapy services in Poland?

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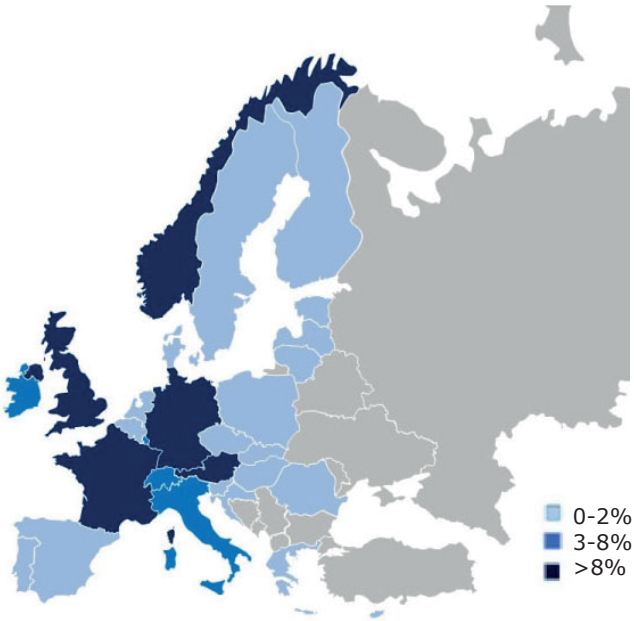
Mobility of physiotherapists between Member States

The figure shows per country the percentage of migrating 'physiotherapists', that had their qualifications recognised in the period from 1999 until 2015.



Source: Regulated professions database (accessed July 2016)

What are issues for attention?

Recognition of qualifications

Language requirements

Registration for public funding

Certified translations

Large # of supporting documents

European Professional Card

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EPC

Information sources

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Funded by the Health Programme of the EU

Requirements

Requirements relating to the physiotherapist as an individual

Requirements	Requirements in practice	Resource demands
Recognition of qualifications	Qualifying professional degree	Time: up to 3 months Costs: € 13
	Proof of identity	
	Certified copy of professional degree	
	Certified translations	Time: +/- 1 week Costs: min. € 10 per page
Registration with regulatory body	Application/registration form	Time: up to 3 months Costs: € 0
	Proof of identity	No information available
	Certificates of competent authorities in own MS	
	Proof of insurance	
	Medical certificate (applicant's health status)	
	Copy of criminal record	
	Previous references	
	Certified copy of professional degree	
	CV	
	Fee	Time: No information available Costs: €155
	Certified translations	Waiting time: +/- 1 week Costs: min € 10 per page
Language knowledge	Evidence of sufficient language knowledge	Time: +/ - 720 contact hours Costs: +/- € 12 per hour (level B1)

Requirements relating to place of work

	Requirements	Resource demands
Insurance	Liability insurance obligatory	Time: 1 day Costs: at least € 24 per year
Business registration	Company registration (Registration CEID and Register of Entities Performing Medical Activity)	Time: 30 days Costs: € 100 [CEIDG €0]
	Certificate to open a practice (Sanitary and hygiene requirements)	Time: 30 days Costs: at least € 24
Other registrations	Registration with tax authorities, together with CEIDG registration	Time: 7 days Costs: €0

Requirements relating to public funding coverage

	Requirements	Resource demands
Coverage by healthcare system	Enter into contract with NHS/insurance company	Time: at least 1 month Costs: € 0

What to do as an EU-trained physiotherapist wishing to establish as an independent practitioner offering physiotherapy services in Slovenia?

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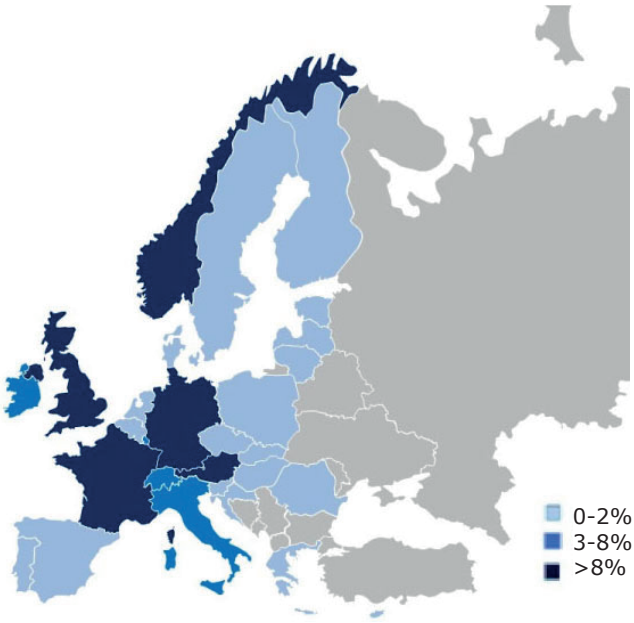
Mobility of physiotherapists between Member States

The figure shows per country the percentage of migrating 'physiotherapists', that had their qualifications recognised in the period from 1999 until 2015.



Source: Regulated professions database (accessed July 2016)

What are issues for attention?

Recognition of qualifications

High costs

Language requirements

Registration for public funding

Certified translations

European Professional Card

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EPC

Information sources

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Funded by the Health Programme of the EU

Requirements

Requirements relating to the physiotherapist as an individual

Requirements	Requirements in practice	Resource demands
Recognition of qualifications	Qualifying professional degree	Time: No information available Costs: € 0
	Certified copy of professioanl degree	No information available
	Certificate of competent authorities in own MS	
	Evidence of professional experience	
	Proof of identity	
	Certificate showing competences	
	Additional documents to assess qualifications	
	Certified translations	Time: +/- 1 week Costs: € 30-80 per page
Registration with regulatory body - *stems from recognition of qualifications*		Registration with regulatory body - *stems from recognition of qualifications*
Language knowledge	Evidence of sufficient language knowledge	Time: +/- 480 hours Costs: +/- € 13 per hour (level B1)

Requirements relating to place of work

	Requirements	Resource demands
Insurance	Liability insurance obligatory	Time: No information available Costs: varies (+/- € 50 per year)
Business registration	Company registration	Time: 4-10 weeks Costs: varies € 100-240 (depends on structure organisation)
	Reporting to the Health Social Care Inspectorate	No information available
Type of practice	Self-employment	Time: 5-10 months Costs: € 218
Other registrations	Registration with tax authorities	No information available

Requirements relating to public funding coverage

	Requirements	Resource demands
Coverage by healthcare system	Contract with local authority	No information available

What to do as an EU-trained physiotherapist wishing to establish as an independent practitioner offering physiotherapy services in Sweden?

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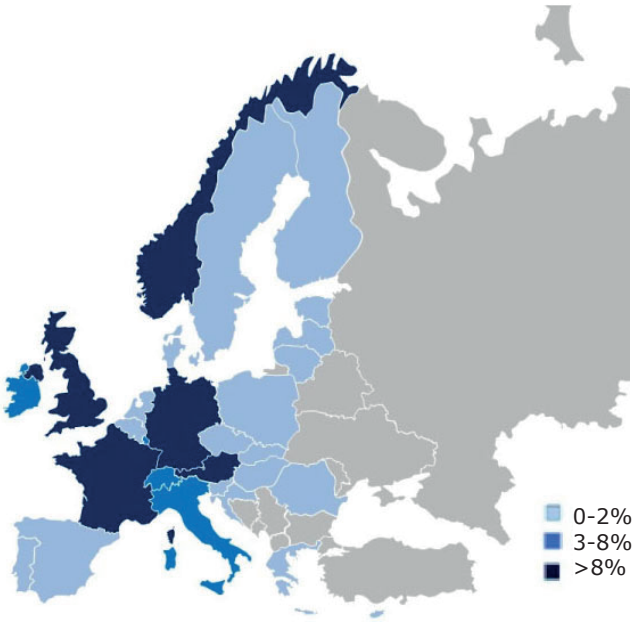
Mobility of physiotherapists between Member States

The figure shows per country the percentage of migrating 'physiotherapists', that had their qualifications recognised in the period from 1999 until 2015.



Source: Regulated professions database (accessed July 2016)

What are issues for attention?

Recognition of qualifications

Language requirements

Certified translations

High costs

Company registration

European Professional Card

- Easier certification of authenticity and validity of your documents,
- Saving time in future subsequent applications,
- Automatic recognition after expiration of the deadline of the host MS authority.

EPC

Information sources

The study is based on desk research, input from country experts, national stakeholders consultations, telephone interviews, stakeholder & peer reviews.

Funded by the Health Programme of the EU

Requirements

Requirements relating to the physiotherapist as an individual

Requirements	Requirements in practice	Resource demands
Recognition of qualifications	Qualifying professional degree	Time: 2 months Costs: € 50
	Proof of identity	No information available
	Certified copy of professional degree	
	Application/registration form	
	Additional documents to assess qualifications	
	Evidence of professional experience	
	Certificate of competent authorities in own MS	
	Certified translations	Time: +/- 1 week Costs: € 30-80 per page
Registration with regulatory body	Proof of identity	Time: 4 months Costs: € 30 (costs & time for registration)
	Certificate of competent authorities in own MS	
	Certified translations	Time: +/- 1 week Costs: € 30-80 per page
Language knowledge	Evidence of sufficient language knowledge	Time: +/- 1100 hours Costs: +/- € 13 per hour (level B1)

Requirements relating to place of work

	Requirements	Resource demands
Insurance	Liability insurance obligatory	Time: No information available Costs: € 50 per year
Location of practice	Imposed in the public sector	No information available
Type of practice	Self-employment	Time: 2 months Costs: € 221
	Specific form of company	No information available
Other registrations	Registration with tax authorities	No information available

Requirements relating to public funding coverage

	Requirements	Resource demands
Coverage by healthcare system	Contract with NHS/insurance company	No information available
	Contract with local authority	

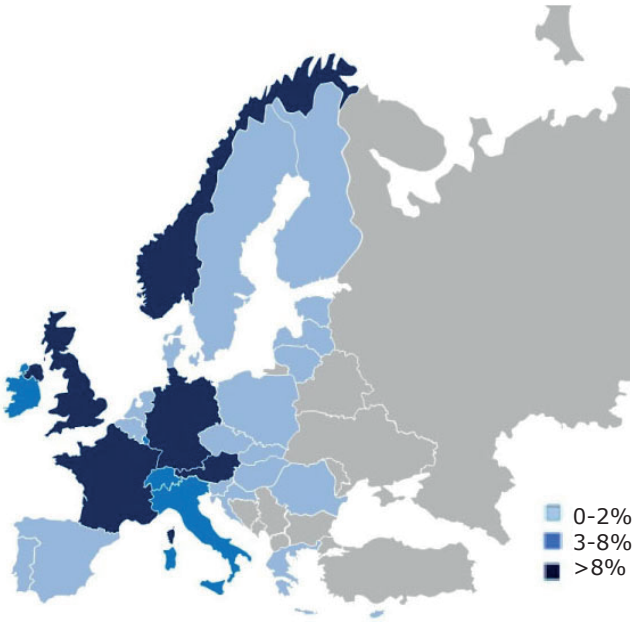
What to do as an EU-trained physiotherapist wishing to establish as an independent practitioner offering physiotherapy services in the UK?

This infographic provides information on the requirements for healthcare providers wishing to operate cross-border. The free movement of workers is an economic imperative and right enshrined in the treaties of the European Union. At national level, health professions are highly regulated; each Member State (MS) regulates the practice of health professions based on specific criteria, such as education, registration, application of the code of ethics and rules of the guidelines of professional practice. These requirements, and the time and costs associated with them, may create obstacles for cross-border healthcare provision.

This infographic is produced as part of the study "**Cross-border health services: potential obstacles for healthcare providers**", which was conducted by Ecorys together with the Erasmus University of Rotterdam and Spark (May 2015-January 2017). The aim of the study was 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 established in another.

Mobility of physiotherapists between Member States

The figure shows per country the percentage of migrating 'physiotherapists', that had their qualifications recognised in the period from 1999 until 2015.



Source: Regulated professions database (accessed July 2016)

What are issues for attention?

- **Recognition of qualifications**
- **Registration regulatory body**
- **Language requirements**
- **High costs**
- **Registration for public funding**
- **Large # of supporting documents**

European Professional Card

- Easier certification of authenticity and validity of your documents,
- Saving time in future subsequent applications,
- Automatic recognition after expiration of the deadline of the host MS authority.

EPC

Information sources

The study is based on desk research, input from country experts, national stakeholders consultations, telephone interviews, stakeholder & peer reviews.

Funded by the Health Programme of the EU

Requirements

Requirements relating to the physiotherapist as an individual

Requirements	Requirements in practice	Resource demands
Recognition of qualifications	Qualifying professional degree	No information available
	Proof of identity	
	Supplementary training in specific cases	Time: 5 weeks Costs: varies
Registration with regulatory body	Proof of identity	No information available
	Application/registration form	
	Previous references	
	Proof of insurance	
	Course information/curriculum	
	Copy of criminal record	
	Aptitude test/adaption period in specific situations	
	Certificate of competent authority in own MS	
	Fee	Time: 5 weeks Costs: scrutinity fee € 67, € 190 per 2 years
	Extra fee for recognition of diploma	Time: No information available Costs: scrutinity fee € 493
	Certified translations	Time: +/- 1 week Costs: € 25 per page
Voluntary Registration with the Chartered Society of Physiotherapists	Completion of eligibility question/ personal details	No information available
	Qualifications	
	Personal disclosure	
	Fee	Time: No information available Costs: € 395 per year
Language knowledge	Evidence of sufficient language knowledge	Time: +/- 600 contact hours Costs: +/- € 11 (level B1)

Requirements relating to place of work

	Requirements	Resource demands
Insurance	Obligatory Liability insurance	Time: No information available Costs: € 72
Business registration	Company registration	Time: 10-21 days Costs: No information available
Other registrations	Registration with tax authorities (Registration by HMRC for VAT and PAYE)	Time: 10 days (21 if you are abroad) Costs: No information available

Requirements relating to public funding coverage

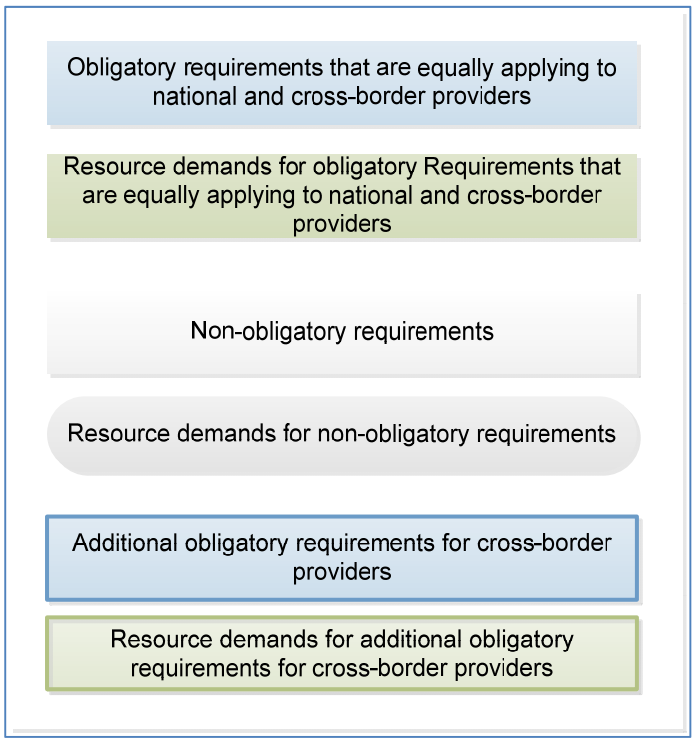
	Requirements	Resource demands
Coverage by healthcare system	Contract with NHS/ insurance company	No information available
	Referral from physician (primary care)	No information available

ANNEX IX: COUNTRY INFOGRAPHICS PER SCENARIO – SCENARIO 2, 4 and 5

In this annex we present per scenario the country infographics that visualise and summarize the requirements needed to practice cross-border health services in scenario 2, 4 and 5. These infographics have been drafted on the basis of the results of the country research in Task 1 and have subsequently been updated on the basis of the results of the national stakeholder consultation and review.

The infographics for these scenarios are not necessarily meant as guidance documents for professionals, but merely as a summary and visualisation of the results of the country research and national stakeholder consultation.

In the infographics we distinguish between obligatory equally applying (and associated resource demands), non-obligatory requirements (and associated resource demands), and additional obligatory requirements for cross-border providers (and associated resource demands):



Scenario 2

France: scenario 2 (Online consultations & ePrescriptions)

Requirements relating to the GP as an individual

1. Conditions to provide online consultations	2. Conditions to provide ePrescriptions
Recognition of qualifications	Identification of prescriber
Registration with the regulatory body	Integrity/confidentiality of document
Proof of language knowledge requirement	Previous clinical exam of the patient
	Rules on denomination of the drug
	GP legally authorised to prescribe in the MS of the patient

Requirements relating to public funding coverage

3. Public funding for online consultations	4. Public funding for ePrescriptions
Patient affiliation to public system	Patient affiliation to public system
Obligatory insurance – registration of GP with insurer	
Social security fund - proof of registration with regulatory body	

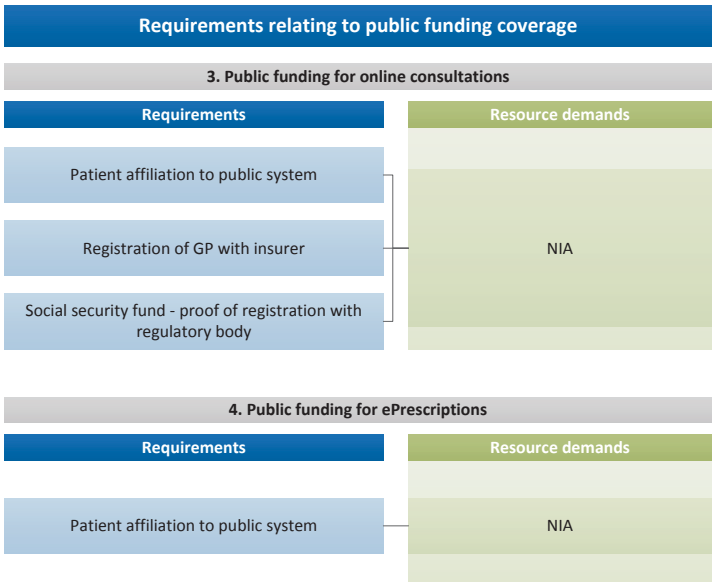
Requirements relating to the GP as an individual

1. Conditions to provide online consultations

Requirements	Resource demands
Recognition of qualifications	NIA
Registration with the regulatory body	
Proof of language knowledge requirement	Time:720 hours (level 0-C1) Costs(EUR): 15 per hour

2. Conditions to provide ePrescriptions

Requirements	Resource demands
Identification of prescriber	NIA
Integrity/confidentiality of document	
Previous clinical exam of patient	
Rules on denomination of drug	
GP legally authorised to prescribe in the MS of the patient	



Germany: scenario 2 (Online consultations & ePrescriptions)

Requirements relating to the GP as an individual

1. Conditions to provide online consultations	2. Conditions to provide ePrescriptions
Lack of rules on online consultations	*Lack of rules on ePrescriptions*

Requirements relating to public funding coverage

3. Public funding for online consultations	4. Public funding for ePrescriptions
Lack of rules on online consultations	*Lack of rules on ePrescriptions*

Italy: scenario 2 (Online consultations & ePrescriptions)

Requirements relating to the GP as an individual

1. Conditions to provide online consultations	2. Conditions to provide ePrescriptions
Lack of rules on online consultations	*Lack of rules on ePrescriptions*

Requirements relating to public funding coverage

3. Public funding for online consultations	4. Public funding for ePrescriptions
Lack of rules on online consultations	*Lack of rules on ePrescriptions*

Latvia: scenario 2 (Online consultations & ePrescriptions)

Requirements relating to the GP as an individual

1. Conditions to provide online consultations	2. Conditions to provide ePrescriptions
Lack of rules on online consultations - It is not allowed to provide online consultations	*Lack of rules on ePrescriptions – are expected to be implemented in 2017*

Requirements relating to public funding coverage

3. Public funding for online consultations	4. Public funding for ePrescriptions
Lack of rules on online consultations	*Lack of rules on ePrescriptions*

Malta: scenario 2 (Online consultations & ePrescriptions)

Requirements relating to the GP as an individual

1. Conditions to provide online consultations	2. Conditions to provide ePrescriptions
Lack of rules on online consultations. There are requirements for ePresciptions, such as identification of prescriber, legibility, identification of patient and rules on denomination of drug, but it is unclear how this would apply cross-border. In addition, because of concerns about patients safety, this scenario is considered undesirable in Malta.	

Requirements relating to public funding coverage

3. Public funding for online consultations	4. Public funding for ePrescriptions
Lack of rules on online consultations	*Lack of rules on* ePrescriptions

Netherlands: scenario 2 (Online consultations & ePrescriptions)

Requirements relating to the GP as an individual

1. Conditions to provide online consultations	2. Conditions to provide ePrescriptions
Existing patient- GP relationship and providing info to patients on online consultations	Access to an electronic health record (EHR)
Recognition of qualifications (valid licence to practice)	
Registration with regulatory body	
Proof of language knowledge required	

Requirements relating to public funding coverage

3. Public funding for online consultations	4. Public funding for ePrescriptions
Patient affiliation to public system	Patient affiliation to public system
Registration code (AGB) for practice and GP	Registration code (AGB) for practice and GP

Requirements relating to the GP as an individual

1. Conditions to provide online consultations

Requirements	Resource demands
Existing patient- GP relationship and providing info to patients on online consultations	NIA
Recognition of qualifications (valid licence to practice)	
Registration with regulatory body	
Proof of language knowledge required	Time:720 h (level 0-C1) Costs (EUR):5 per hour

2. Conditions to provide ePrescriptions

Requirements	Resource demands
Access to an electronic health record (EHR)	NIA

Requirements relating to public funding coverage

3. Public funding for online consultations

Requirements	Resource demands
Patient affiliation to public system	NIA
Registration code (AGB) for practice and GP	Costs (EUR):0 Waiting time: 3-6 weeks

4. Public funding for ePrescriptions

Requirements	Resource demands
Patient affiliation to public system	NIA
Registration code (AGB) for practice and GP	Costs (EUR):0 Waiting time: 3-6 weeks

Poland: scenario 2 (Online consultations & ePrescriptions)

Requirements relating to the GP as an individual

1. Conditions to provide online consultations	2. Conditions to provide ePrescriptions
Lack of rules on online consultations	*Legal act on ePrescriptions has been signed in 2015, though the implementation of the law is still in process*

Requirements relating to public funding coverage

3. Public funding for online consultations	4. Public funding for ePrescriptions
Lack of rules on online consultations	*Legal act on ePrescriptions has been signed in 2015, though the implementation of the law is still in process*

Slovenia: scenario 2 (Online consultations & ePrescriptions)

Requirements relating to the GP as an individual

1. Conditions to provide online consultations	2. Conditions to provide ePrescriptions
Lack of rules on online consultations	*Lack of rules on ePrescriptions*

Requirements relating to public funding coverage

3. Public funding for online consultations	4. Public funding for ePrescriptions
Lack of rules on online consultations	*Lack of rules on ePrescriptions*

Sweden: scenario 2 (Online consultations & ePrescriptions)

Requirements relating to the GP as an individual

1. Conditions to provide online consultation

- Recognition of qualifications (valid licence to practice)
- Registration with regulatory body
- Proof of language knowledge required

2. Conditions to provide ePrescriptions

- Access to an electronic health record (EHR)

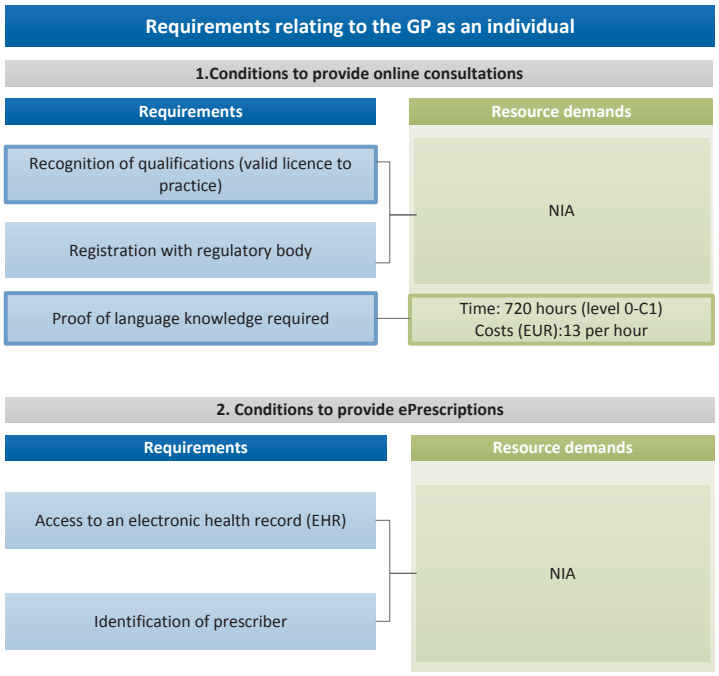
Requirements relating to public funding coverage

3. Public funding for online consultations

- Social security fund registration – receipt of declaration to regulatory body
- Agreement with county councils

4. Public funding for ePrescriptions

- Workplace code & Prescription code
- Agreement with county councils



Requirements relating to public funding coverage

3. Public funding for online consultations

Requirements	Resource demands
Social security fund registration – receipt of declaration to regulatory body	NIA
Agreement with county councils	

4. Public funding for ePrescriptions

Requirements	Resource demands
Workplace code & Prescription code	NIA
Agreement with county councils	

United Kingdom: scenario 2 (Online consultations & ePrescriptions)

Requirements relating to the GP as an individual

1. Conditions to provide online consultations	2. Conditions to provide ePrescriptions

Assuming that the practicing healthcare professionals were registered with the relevant UK professional regulators there is no reason that a non-national MS provider could not set up one of the abovementioned services. However, one key aspect of the registration is that the provider must have a registered office in England. Hence, as scenario 2 requires the GP to be established in another MS, this will most likely not be a feasible scenario in the UK.

Requirements relating to public funding coverage

3. Public funding for online consultations	4. Public funding for ePrescriptions

Assuming that the practicing healthcare professionals were registered with the relevant UK professional regulators there is no reason that a non-national MS provider could not set up one of the abovementioned services. However, one key aspect of the registration is that the provider must have a registered office in England. Hence, as scenario 2 requires the GP to be established in another MS, this will most likely not be a feasible scenario in the UK.

Scenario 4

France: scenario 4 (medical services laboratory offering diagnosis services)

Requirements relating to the individual running the laboratory

1. Requirements applying to individuals

- Specialisation specific to laboratory
- Proof of language knowledge required
- Knowledge of measurements

Requirements relating to place of work

2. Registration with regulatory body

- Accreditation
- Accreditation equivalence or administrative authorisation

Requirements relating to public funding coverage

3. Registration for public funding

- Prescription/referral from authorised person
- Inclusion on public reimbursement list

Requirements relating to the individual running the laboratory

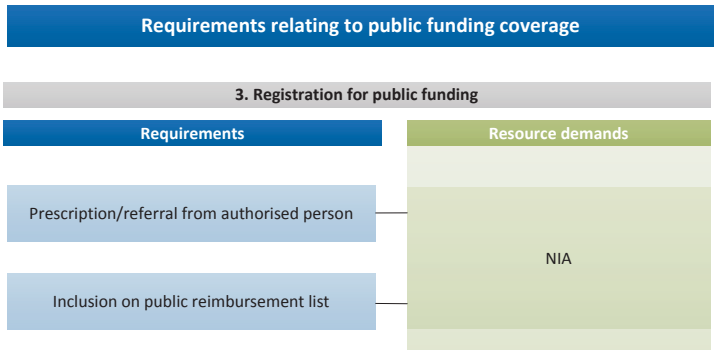
1. Requirements applying to individuals

Requirements	Resource demands
Specialisation specific to laboratory	NIA
Proof of language knowledge required	Time:+/- 480 hours (level 0-B2) Costs (EUR): 15 per hour
Knowledge of measurements	NIA

Requirements relating to place of work

2. Registration with regulatory body

Requirements	Resource demands
Accreditation	NIA
Accreditation equivalence or administrative authorisation	NIA


Requirements relating to public funding coverage
3. Registration for public funding
Requirements
Resource demands
Prescription/referral from authorised person
Inclusion on public reimbursement list
NIA

Germany: scenario 4 (medical services laboratory offering diagnosis services)

Requirements relating to the individual running the laboratory

1. Requirements applying to the individuals

- Specialisation specific to laboratory
- Language tests
- Proof of language knowledge required

Requirements relating to place of work

2. Registration with regulatory body

- Accreditation

Requirements relating to public funding coverage

3. Registration for public funding

- Permission to get on fee schedule

Requirements relating to the individual running the laboratory

1. Requirements applying to the individuals

Requirements	Resource demands
Specialisation specific to laboratory	NIA
Language tests	NIA
Proof of language knowledge required	Time: +/- 720 h (level 0-B2) Costs (EUR): +/- 12 per hour

Requirements relating to place of work

2. Registration with regulatory body

Requirements	Resource demands
Accreditation	NIA

Requirements relating to public funding coverage

3. Registration for public funding

Requirements	Resource demands
Permission to get on fee schedule	NIA

Italy: scenario 4 (medical services laboratory offering diagnosis services)

Requirements relating to the individual running the laboratory

1. Requirements applying to individuals

Specialisation specific to laboratory

Proof of language knowledge required

Requirements relating to place of work

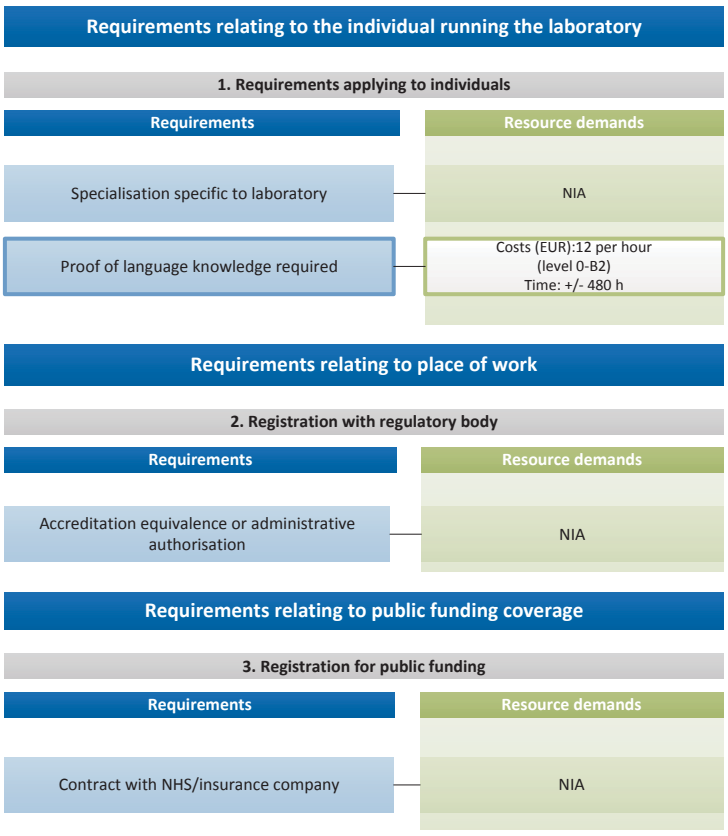
2. Registration with regulatory body

Accreditation equivalence or administrative authorisation

Requirements relating to public funding coverage

3. Registration for public funding

Contract with NHS/insurance company



Latvia: scenario 4 (medical services laboratory offering diagnosis services)

Requirements relating to the individual running the laboratory

1. Requirements applying to individuals

Specialisation specific to laboratory

Recognition of qualifications

Proof of language knowledge required

Requirements relating to place of work

2. Registration with the regulatory body

Accreditation

Registration with the Health Inspectorate

Medical practitioner licensed (registered) and certified in MS

Documents demonstrating the manager's competence

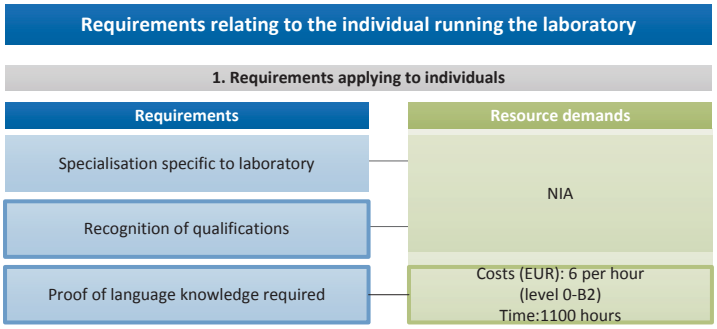
3. Other registrations

Registration in the Commercial register

Requirements relating to public funding coverage

4. Registration for public funding

Contract with NHS/insurance company



Requirements relating to place of work

2. Registration with the regulatory body

Requirements	Resource demands
Accreditation	NIA
Registration with the Health Inspectorate	
Medical practitioner licensed (registered) and certified in MS	
Documents demonstrating the manager's competence	

3. Other registrations

Requirements	Resource demands
Registration in the Commercial register	NIA

Requirements relating to public funding coverage

4. Registration for public funding

Requirements	Resource demands
Contract with NHS/insurance company	NIA

Malta: scenario 4 (medical services laboratory offering diagnosis services)

Requirements relating to the individuals running the laboratory

1. Requirements applying to the individual

- Specialisation specific to laboratory
- Recognition of qualifications
- Obligatory registration (as a specialist)
- Proof of identity
- Proof of language knowledge required
- Evidence of qualifications
- Adherence to code of conduct

Requirements relating to place of work

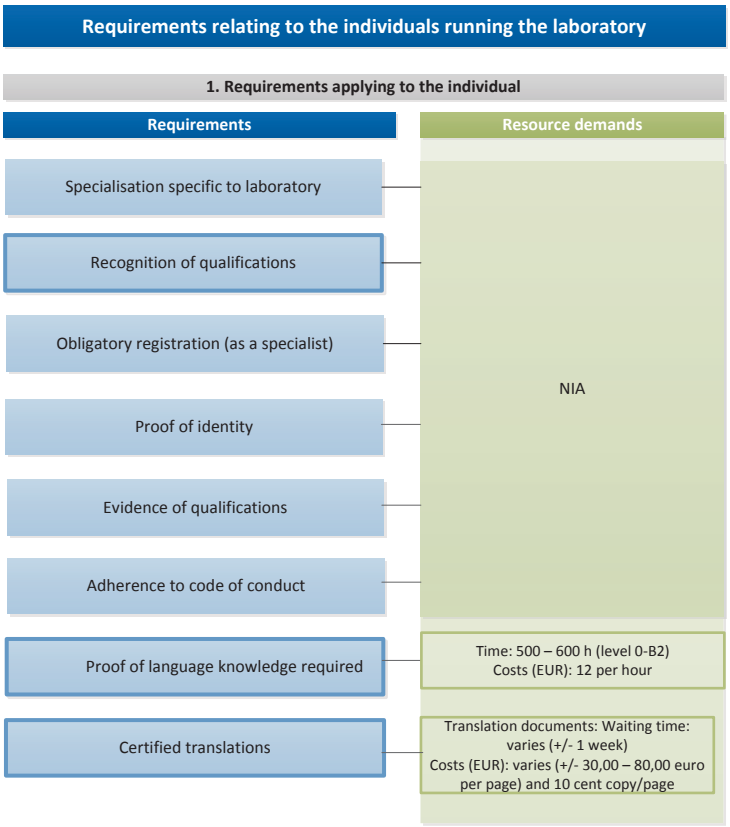
2. Registration with regulatory body

- Accreditation
- Licensing by public health authority

Requirements relating to public funding coverage

3. Registration for public funding

- Contract with NHS/insurance company



Requirements relating to place of work

2. Registration with regulatory body

Requirements	Resource demands
Accreditation	NIA
Licensing by public health authority	

Requirements relating to public funding coverage

3. Registration for public funding

Requirements	Resource demands
Contract with NHS/insurance company	NIA

Netherlands: scenario 4 (medical services laboratory offering diagnosis services)

Requirements relating to the individuals running the laboratory

- 1. Requirements applying to individuals
  - Specialisation specific to laboratory
  - Recognition of qualifications
  - Obligatory registration (as specialist)
  - Proof of identity
  - Adherence to code of conduct
  - Proof of language knowledge required

Requirements relating to place of work

- 2. Registration with regulatory body
  - Accreditation
  - Licensing by public health authority

Requirements relating to public funding coverage

- 3. Registration for public funding
  - Contract with NHS/insurance company
  - Compliance with tariff set by authority
  - Registration code (AGB) for laboratory and professional

Requirements relating to the individuals running the laboratory

1. Requirements applying to individuals

Requirements	Resource demands
Specialisation specific to laboratory	NIA
Recognition of qualifications	NIA
Obligatory registration (as specialist)	NIA
Proof of identity	NIA
Adherence to code of conduct	NIA
Proof of language knowledge required	Time: +/- 480 h (level 0-B2) Costs (EUR): 12 per hour
Certified translations	Translation documents: Waiting time: varies (+/- 1 week) Costs (EUR): varies (+/- 30,00 – 80,00 euro per page) and 10 cent copy/page

Requirements relating to place of work

2. Registration with regulatory body

Requirements	Resource demands
Accreditation	NIA
Licensing by public health authority	NIA

Requirements relating to public funding coverage

3. Registration for public funding

Requirements	Resource demands
Contract with NHS/insurance company	NIA
Compliance with tariff set by authority	NIA
Registration code (AGB) for laboratory and professional	Costs (EUR):0 Waiting time: 3-6 weeks

Poland: scenario 4 (medical services laboratory offering diagnosis services)

Requirements relating to the individuals running the laboratory

1. Requirements applying to individuals

- Proof of identity
- Evidence of qualifications
- Knowledge of measurements (knowledge and skills to perform activities of the laboratory diagnostics)
- Obligatory registration (on laboratory diagnostician list)
- Proof of language knowledge required

Requirements relating to place of work

2. Registration with regulatory body

- Organisational rules/quality requirements

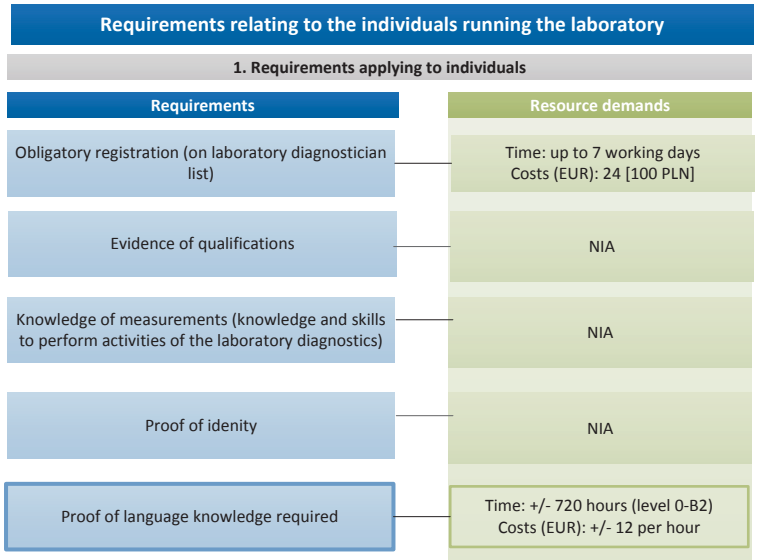
3. Other registrations

- Register in the register of laboratories
- Registration with CEIDG / Register of Entrepreneurs of the National Court Register (KRS)
- Registration in the Register of Entities Performing Medical Activity

Requirements relating to public funding coverage

4. Registration for public funding

- Contact with NHS/ insurance company



Requirements relating to place of work

2. Registration with regulatory body

Requirements	Resource demands
Organisational rules/quality requirements	NIA

3. Other registrations

Requirements	Resource demands
Register in the register of laboratories	Time: NIA Costs (EUR): from 12 [50 PLN] per year
Registration with CEIDG / Register of Entrepreneurs of the National Court Register (KRS)	Time: 1 day / up to 14 working days Costs (EUR): free of charge / 120 [500 PLN]
Registration in the Register of Entities Performing Medical Activity	Time: 30 days Costs (EUR): 100 [413 PLN]

Requirements relating to public funding coverage

4. Registration for public funding

Requirements	Resource demands
Contract with service provider (Indirect payments from NFZ as subcontractors)	Time: from 1 month Costs (EUR): 0

Slovenia: scenario 4 (medical services laboratory offering diagnosis services)

Requirements relating to the individuals running the laboratory

1. Requirements applying to individuals

- Specialisation specific to laboratory
- Recognition of qualifications
- Recognition of specialisation
- Obligatory registration (as a specialist)
- Proof of identity
- Proof of language knowledge required
- Insurance
- Licence to practise

Requirements relating to place of work

2. Registration with regulatory body

- Accreditation
- Licensing by public health authority
- Permit to perform health services

Requirements relating to public funding coverage

3. Registration for public funding

- Contract with NHS/insurance company

Requirements relating to the individual

1. Requirements applying to individuals

Requirements	Resource demands
Specialisation specific to laboratory	NIA
Recognition of qualifications	Time: varies Costs (EUR): 430 + 62,60 EUR
Obligatory registration (as a specialist)	Time: varies (24 months) Costs (EUR): 234 and 1613 test
Proof of language knowledge required	Time:+/- 1100 h (level 0-fluently) Costs (EUR): 13 per hour
Recognition of specialisation	NIA
Insurance	
Certified translations	Translation documents: Waiting time: varies (+/- 1 week) Costs (EUR): varies (+/- 30,00 – 80,00 euro per page) and 10 cent copy/page
Licence to practice	NIA
Proof of identity	

Requirements relating to place of work

2. Registration with regulatory body

Requirements	Resource demands
Accreditation	NIA
Licensing by public health authority	NIA
Permit to perform health services	Time:2 months Costs (EUR):221

Requirements relating to public funding coverage

3. Registration for public funding

Requirements	Resource demands
Contract with NHS/insurance company	NIA

Sweden: scenario 4 (medical services laboratory offering diagnosis services)

Requirements relating to the individuals running the laboratory

1. Requirements applying to the individual

Specialisation specific to laboratory

Proof of language knowledge required

Requirements relating to place of work

2. Registration with regulatory body

Accreditation

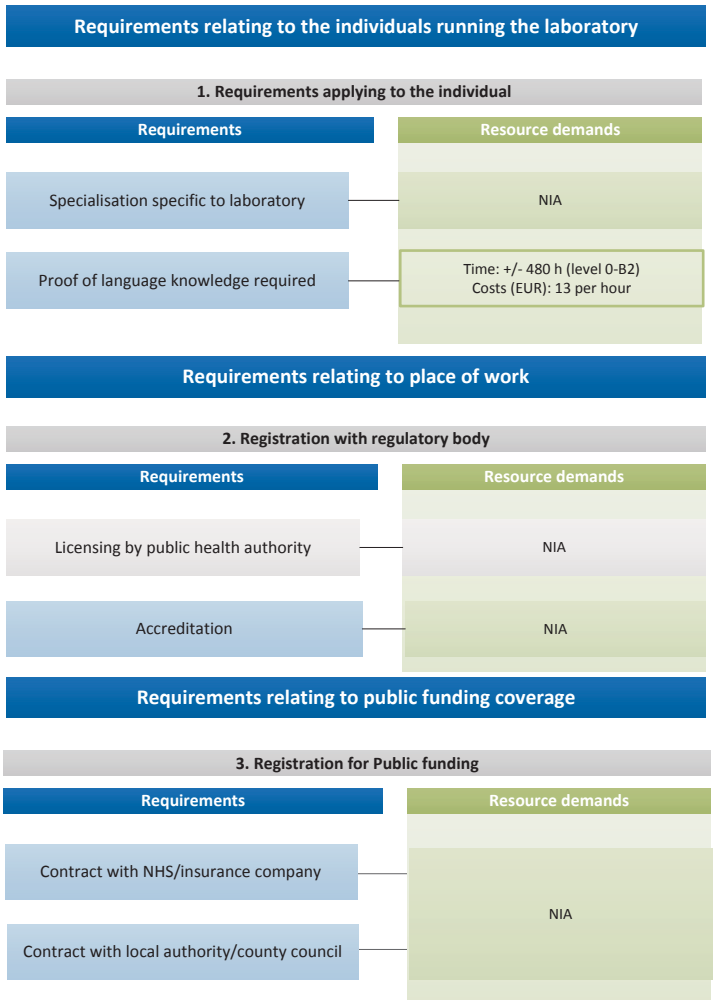
Licensing by public health authority

Requirements relating to public funding coverage

3. Registration for public funding

Contract with NHS/insurance company

Contract with local authority/county council



United Kingdom: scenario 4 (medical services laboratory offering diagnosis services)

Requirements relating to the individuals running the laboratory

1. Requirements applying individuals

- Obligatory registration (as a specialist)
- Proof of identity
- Proof of language knowledge required
- Evidence of qualifications
- Previous references and employment
- Criminal record check
- Provision of relevant health information

Requirements relating to place of work

2. Requirements with regulatory body

- Accreditation
- Registration with Health Inspectorate
- Application/registration form
- Statement of purpose
- Criminal record (disclosure and barring) certificates
- Managerial information
- Previous references and employment

Requirements relating to public funding coverage

3. Registration for public funding

- Contract with NHS/insurance company

Requirements relating to the individuals running the laboratory

1. Requirements applying individuals

Requirements	Resource demands
Obligatory registration (as a specialist)	NIA
Proof of identity	NIA
Proof of language knowledge required	Time:500-600 h (level 0-B2) Costs (EUR): 11 per hour
Evidence of qualifications	NIA
Previous references and employment	
Criminal record (disclosure and barring) certificates	Time: apply online Costs (EUR): 33-56 (26-44 GBP)
Provision of relevant health information	NIA

Requirements relating to place of work

2. Requirements with regulatory body

Requirements	Resource demands
Accreditation	NIA
Registration with Health Inspectorate	
Application/registration form	
Statement of purpose	
Criminal record (disclosure and barring) certificates	Time: apply online Costs (EUR): 33-56 (26-44 GBP)
Managerial information	NIA
Previous references and employment	

Requirements relating to public funding coverage

3. Registration for public funding

Requirements	Resource demands
Contract with NHS/insurance company	NIA

Scenario 5

France: scenario 5 (hospital subsidiary branch)

Requirements relating to place of work

1. Legal form available	2. Authorisation/licensing	3. Business registration	4. Other registrations
Not-for-profit subsidiary	Obligatory authorisation from government body (Regional Health Agency)	Company law	Registration with tax authorities
For-profit subsidiary	Compliance check (Public Health Code)		

Requirements relating to public funding coverage

5. Public funding
Compliance with regulated tariffs
Proof of authorisation from government
Patients' affiliation to public healthcare system

Requirements relating to place of work

1. Legal form available

Requirements	Resource demands
Not-for-profit subsidiary	NIA
For-profit subsidiary	

2. Authorisation/licensing

Requirements	Resource demands
Obligatory authorisation from government body (Regional Health Agency)	NIA
Compliance check (Public Health Code)	

3. Business registration

Requirements	Resource demands
Company law	NIA

4. Other registrations

Requirements	Resource demands
Registration with tax authorities	NIA

Requirements relating to public funding coverage

5. Public funding

Requirements	Resource demands
Compliance with public tariff for specific types of healthcare services	NIA
Proof of authorisation from government body	NIA
Patients' affiliation to public healthcare system	NIA

Germany: scenario 5 (hospital subsidiary branch)

Requirements relating to place of work

1. Legal form available	2. Authorisation/licensing	3. Business registration	4. Other registrations
Not-for-profit subsidiary	Obligatory authorisation from government body	*Stems from 'authorisation/licensing'*	Registration with tax authorities
For-profit subsidiary	Fee		

Requirements relating to public funding coverage

5. Public funding
Being included in a Hospital Plan
Entering into agreement with public healthcare services
Patients' affiliation to public healthcare system

Requirements relating to place of work

1. Legal form available

Requirements	Resource demands
Not-for-profit subsidiary	NIA
For-profit subsidiary	NIA

2. Authorisation/licensing

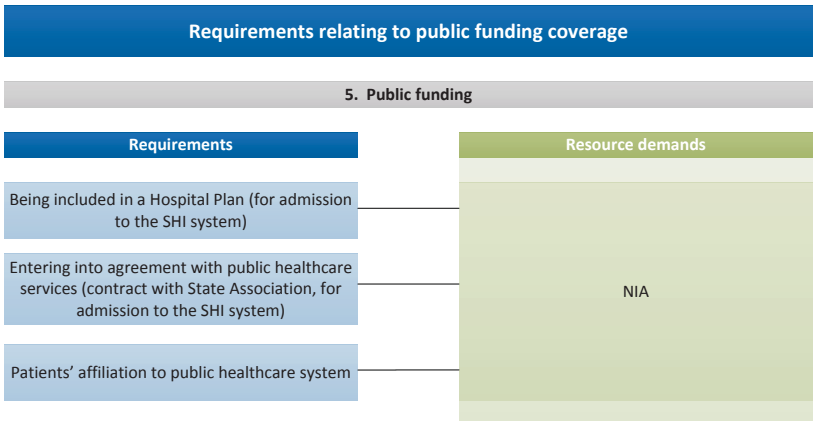
Requirements	Resource demands
Obligatory authorisation from government body (business license for hospitals under private law)	
Fee	Costs (EUR):varies 278-2,930 [Barandenburg], 500-10,000 [Bavaria]
Compliance with organisational rules, e.g. health/construction/hygiene standards	NIA

3. Business registration

Requirements	Resource demands
Stems from 'authorisation/licensing'	*See 'authorisation/licensing'*

4. Other registrations

Requirements	Resource demands
Registration with tax authorities	NIA


Requirements relating to public funding coverage
5. Public funding
Requirements
Resource demands
Being included in a Hospital Plan (for admission to the SHI system)
Entering into agreement with public healthcare services (contract with State Association, for admission to the SHI system)
Patients' affiliation to public healthcare system
NIA

Italy: scenario 5 (hospital subsidiary branch)

Requirements relating to place of work

1. Legal form available	2. Authorisation/licensing	3. Business registration	4. Other registrations
Not-for-profit subsidiary	Obligatory authorisation from government body	Company law	Registration with tax authorities
For-profit subsidiary	Compliance check		

Requirements relating to public funding coverage

5. Public funding
Entering into agreement with public healthcare services
Not-for-profit/public/state hospital subsidiary

Requirements relating to place of work

1. Legal form available

Requirements	Resource demands
Not-for-profit subsidiary	NIA
For-profit subsidiary	

2. Authorisation/licensing

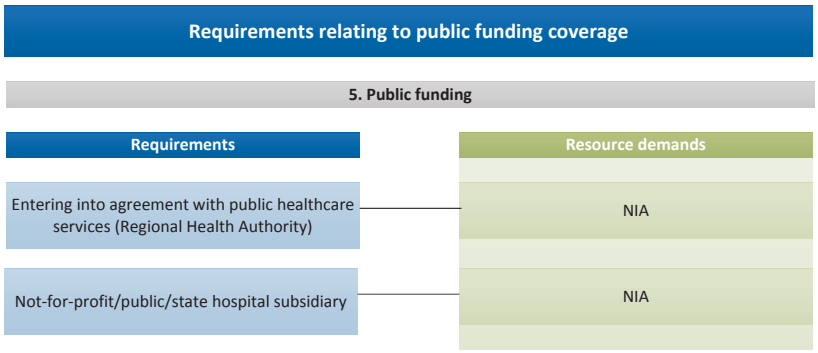
Requirements	Resource demands
Obligatory authorisation from government body (regional health authority)	NIA
Compliance check	

3. Business registration

Requirements	Resource demands
Company law	NIA

4. Other registrations

Requirements	Resource demands
Registration with tax authorities (regional)	NIA


Requirements relating to public funding coverage
5. Public funding
Requirements
Resource demands
Entering into agreement with public healthcare services (Regional Health Authority)
NIA
Not-for-profit/public/state hospital subsidiary
NIA

Latvia: scenario 5 (hospital subsidiary branch)

Requirements relating to place of work

1. Legal form available	2. Authorisation/licensing	3. Business registration	4. Other registrations
Company	Authorisation from government body	Company law	Registration with tax authorities
			Registration with regulatory body

Requirements relating to public funding coverage

5. Public funding
Entering into agreement with public healthcare services
Not-for-profit/public/state hospital subsidiary

Requirements relating to place of work

1. Legal form available

Requirements	Resource demands
Company	NIA

2. Authorisation/licensing

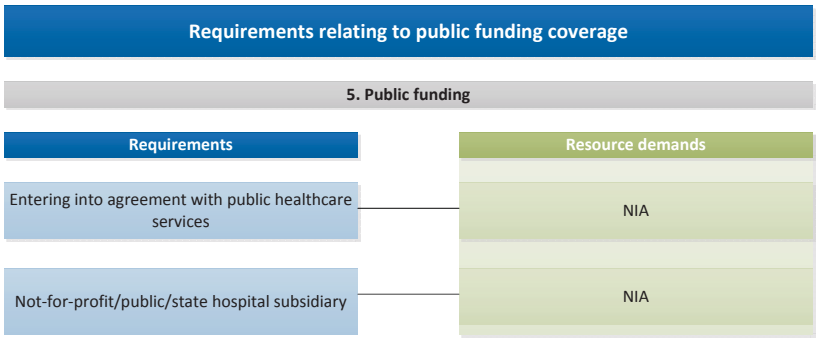
Requirements	Resource demands
Authorisation from government body (meet provisions Cabinet of Ministers)	NIA

3. Business registration

Requirements	Resource demands
Company law (application Commercial Register)	NIA

4. Other registrations

Requirements	Resource demands
Registration tax authorities (Stems from registration Commercial Register)	NIA
Registration with regulatory body (Health Inspectorate Register of Health Institutions)	Time:normally 5 working days waiting time, can be 30 days extra waiting time Costs (EUR): free of charge


Requirements relating to public funding coverage
5. Public funding
Requirements
Resource demands
Entering into agreement with public healthcare services
NIA
Not-for-profit/public/state hospital subsidiary
NIA

Malta: scenario 5 (hospital subsidiary branch)

Requirements relating to place of work

1. Legal form available	2. Authorisation/licensing	3. Insurance	4. Business registration	5. Other registrations
Company	Authorisation from government body	Professional insurance	Company law	Registration with tax authorities

Requirements relating to public funding coverage

6. Public funding
Entering into agreement with public healthcare services
Not-for-profit/public/state hospital subsidiary

Requirements relating to place of work

1. Legal form available

Requirements	Resource demands
Company	NIA

2. Authorisation/licensing

Requirements	Resource demands
Obligatory authorisation from government body (Minister for Health)	NIA

3. Insurance

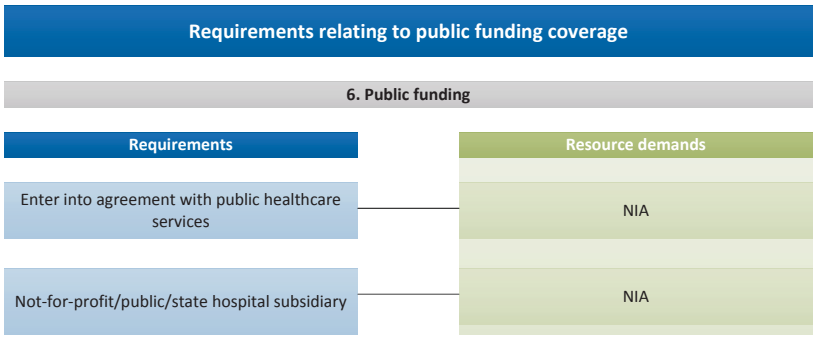
Requirements	Resource demands
Professional insurance	NIA

4. Business registration

Requirements	Resource demands
Company law (registry of Companies)	Time: NIA Costs (EUR):310

5. Other registrations

Requirements	Resource demands
Registration with tax authorities	NIA


Requirements relating to public funding coverage
6. Public funding
Requirements
Resource demands
Enter into agreement with public healthcare services
NIA
Not-for-profit/public/state hospital subsidiary
NIA

Netherlands: scenario 5 (hospital subsidiary branch)

Requirements relating to place of work

1. Legal form available	2. Authorisation/licensing	3. Business registration	4. Other registrations
Not-for-profit subsidiary	Obligatory authorisation from government body	Company law	Registration with tax authorities
For-profit subsidiary	Compliance check		Registration with professional body

Requirements relating to public funding coverage

5. Public funding
Compliance with public tariff for specific types of healthcare services
Entering into agreement with public healthcare services
Registration code for hospital (AGB code)
Not-for-profit/public/state hospital subsidiary

Requirements relating to place of work

1. Legal form available

Requirements	Resource demands
Not-for-profit subsidiary	NIA
For-profit subsidiary	

2. Authorisation/licensing

Requirements	Resource demands
Obligatory authorisation from government body (Ministry of Health Care Facilities Act - upon completion requirements legal form)	NIA
Compliance check	

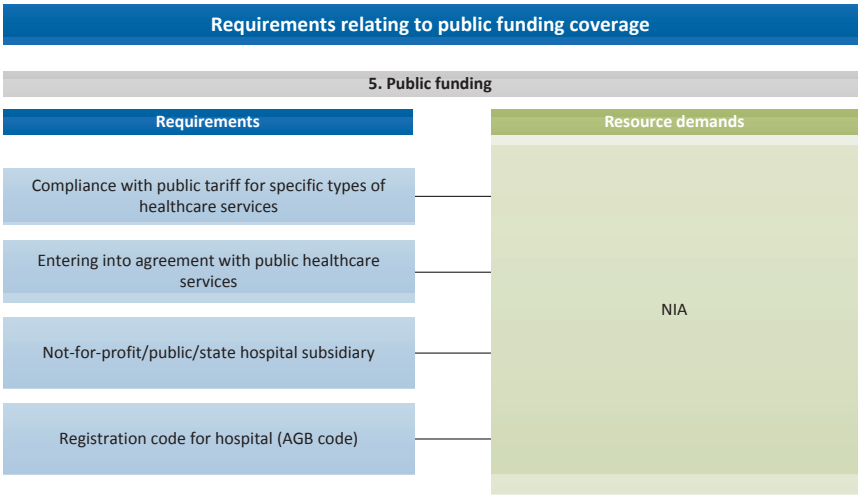
3. Business registration

Requirements	Resource demands
Company law: Registration Dutch Commercial Registration Act (Chamber of Commerce)	Costs (EUR): 50 Waiting time: 1 week

4. Other registrations

Requirements	Resource demands
Registration with tax authorities (stems from business registration)	NIA
Registration with professional body (membership of the national association of hospitals)	NIA

Rough estimate of resource demands for compliance with all requirements
Time:30-50 days , Costs (EUR): 50,000 – 100,000 (estimation by stakeholder)


Requirements relating to public funding coverage
5. Public funding
Requirements
Resource demands
Compliance with public tariff for specific types of healthcare services
Entering into agreement with public healthcare services
Not-for-profit/public/state hospital subsidiary
Registration code for hospital (AGB code)
NIA

Poland: scenario 5 (hospital subsidiary branch)

Requirements relating to place of work

1. Legal form available	2. Authorisation/licensing	3. Insurance	4. Business registration	5. Other registrations
Company	Registration in CEIDG or KRS (National Court Register)	Obligatory (liability) insurance	*Stems from authorisation/ licensing*	*Stems from authorisation/ licensing*
	Registration in Register of Entities Performing Medical Activity			
	Compliance with organisational rules			

Requirements relating to public funding coverage

6. Public funding
Entering into agreement with public health care services
Patients' affiliation to public health care system
Not-for-profit/public/state hospital subsidiary

Requirements relating to place of work

1. Legal form available

Requirements	Resource demands
Company	NIA

2. Authorisation/licensing

Requirements	Resource demands
Obligatory authorisation from government body (Registration with CEIDG / Register of Entrepreneurs of the National Court Register (KRS))	Waiting time: 1 day / up to 14 working days Costs (EUR): 0 / 120 [500 PLN]
Registration in the Register of Entities Performing Medical Activity	Waiting time: 30 days Costs (EUR): 100 [413 PLN]
Compliance with organisational rules, such as health/construction/hygiene standards	NIA

3. Insurance

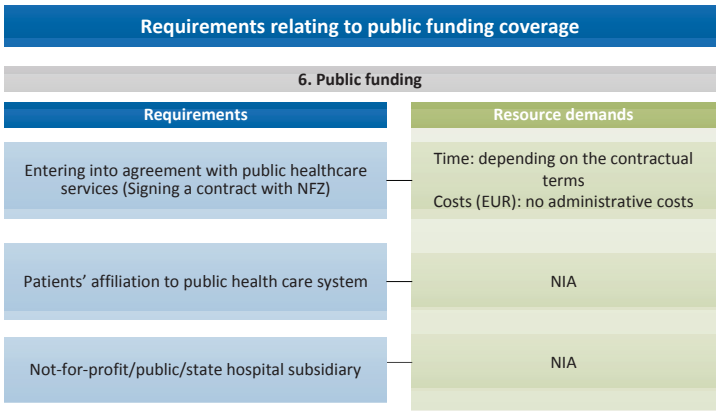
Requirements	Resource demands
Obligatory (liability) insurance	NIA

4. Business registration

Requirements	Resource demands
Stems from authorisation/licensing	*Stems from authorisation/licensing*

5. Registration with tax authorities

Requirements	Resource demands
Stems from authorisation/licensing	*Stems from authorisation/licensing*


Requirements relating to public funding coverage
6. Public funding
Requirements
Resource demands
Entering into agreement with public healthcare services (Signing a contract with NFZ)
Time: depending on the contractual terms
Costs (EUR): no administrative costs
Patients' affiliation to public health care system
NIA
Not-for-profit/public/state hospital subsidiary
NIA

Slovenia: scenario 5 (hospital subsidiary branch)

Requirements relating to place of work

1. Legal form available	2. Authorisation/licencing	3. Insurance	4. Business registration	5. Other registrations
Company	Obligatory authorisation from government body	Obligatory (liability) Insurance	Company law	Registration with tax authorities

Requirements relating to public funding coverage

6. Public funding
Becoming a concessionaire

Requirements relating to place of work

1. Legal form available

Requirements	Resource demands
Company	NIA

2. Authorisation/licensing

Requirements	Resource demands
Obligatory authorisation from government body (licensing and authorisation from physicians)	NIA

3. Insurance

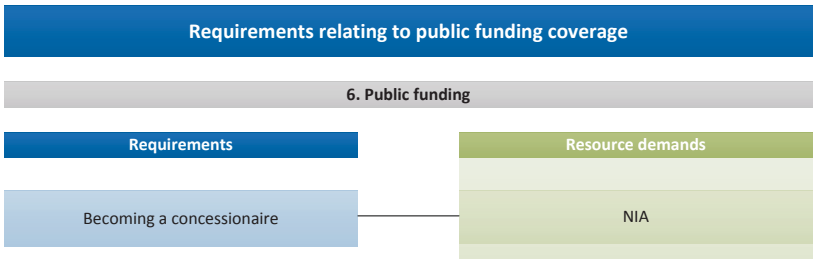
Requirements	Resource demands
Obligatory (liability) Insurance	NIA

4. Business registration

Requirements	Resource demands
Company law	NIA

5. Other registrations

Requirements	Resource demands
Registration with tax authorities	NIA


Requirements relating to public funding coverage
6. Public funding
Requirements
Resource demands
Becoming a concessionaire
NIA

Sweden: scenario 5 (hospital subsidiary branch)

Requirements relating to place of work

1. Legal form available	2. Authorisation/licensing	3. Insurance	4. Business registration	5. Other registrations
Company	Authorisation from government body	Obligatory insurance	*Stems from authorisation/ licensing*	Registration with tax authorities
	Procurement			Registration with regulatory body

Requirements relating to public funding coverage

6. Public funding
Entering into agreement with public healthcare services
Not-for-profit/public/state hospital subsidiary

Requirements relating to place of work

1. Legal form available

Requirements	Resource demands
Company	NIA

2. Authorisation/licensing

Requirements	Resource demands
Authorisation from government body (County Council)	NIA
Procurement	

3. Insurance

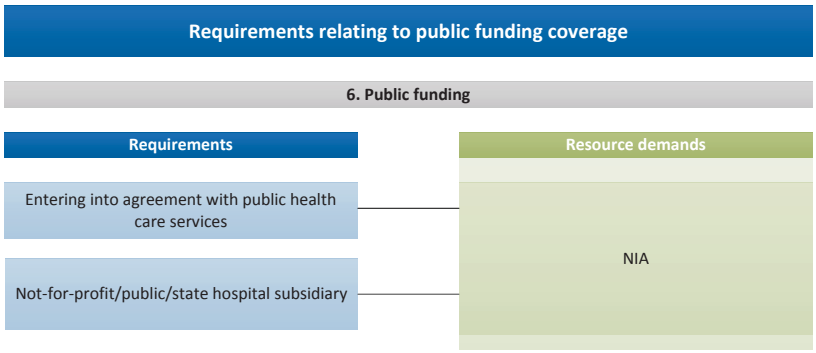
Requirements	Resource demands
Obligatory insurance	NIA

4. Business registration

Requirements	Resource demands
Stems from authorisation/ licensing	*Stems from authorisation/ licensing*

5. Other registrations

Requirements	Resource demands
Registration with the regulatory body (Health and Social Care Inspectorate)	NIA
Registration with tax authorities	NIA


Requirements relating to public funding coverage
6. Public funding
Requirements
Resource demands
Entering into agreement with public health care services
Not-for-profit/public/state hospital subsidiary
NIA

United Kingdom: scenario 5 (hospital subsidiary branch)

Requirements relating to place of work

1. Legal form available	2. Authorisation/licensing	3. Insurance	4. Business registration	5. Other registrations
Company	Obligatory authorisation from government body	Obligatory insurance	Company law	Registration with tax authorities
	Compliance check			Registration with professional body
	Compliance with organisational rules			Registration with regulatory body

Requirements relating to public funding coverage

6. Public funding
Entering into agreement with public healthcare services
Not-for-profit/public/state hospital subsidiary

Requirements relating to place of work

1. Legal form available

Requirements	Resource demands
Company (private limited company or branch)	NIA

2. Authorisation/licensing

Requirements	Resource demands
Obligatory authorisation from government body (Care Quality Commission)	NIA
Compliance check	NIA
Compliance with organisational rules, such as health/construction/hygiene standards	NIA

3. Insurance

Requirements	Resource demands
Obligatory insurance	NIA

4. Business registration

Requirements	Resource demands
Company law (registration with Companies House)	Time: 24 hours Costs (EUR): 19 (15GBP)

5. Other registrations

Requirements	Resource demands
Registration with tax authorities	NIA
Registration with regulatory body (CQC)	
Membership of the Association of Independent Healthcare Organizations	

Requirements relating to public funding coverage

6. Public funding

Requirements	Resource demands
Entering into agreement with public healthcare services (Licensing from NHS)	Waiting time: 20 days Costs (EUR): NIA
Not-for-profit/public/state hospital subsidiary	NIA

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