

## Up to date information on the upcoming call for new members and 'affiliated partners'

Please be informed about the updated information we have received regarding the Second Call for full ERN membership:

### Timeline:

- Announcement of call (End of July 2019)
- Call for new ERN members (Sep-Nov 2019)
- Eligibility check by European Commission (Nov-Dec 2019)
- Opinion of the ERNs (Dec 2019-Apr 2020)
- Independent Assessment Body (IAB) assessment (May 2020-Oct 2020)
- Approval procedure by the ERN BoMS (Nov-Dec 2020)

Centres applying for full membership will need to fulfil a set criteria and be endorsed by their national government. We will post more information when we receive the call terms. The network-specific criteria used as part of the 2016 call for full members can be found here:

[https://ec.europa.eu/health/sites/health/files/ern/docs/specificcriteria\\_en.xlsx](https://ec.europa.eu/health/sites/health/files/ern/docs/specificcriteria_en.xlsx)

Up until the 'call for full members' launch date, member states can designate '**affiliated partners**'. Affiliated partners are **not** members of an ERN and they are not required to meet the same criteria. Furthermore, if a member state already has a healthcare provider involved in the network as a full member, they cannot designate an affiliated partner. Affiliated partners are expected to provide a link to the ERN for those European countries without a healthcare provider involved. They thus address the concerns related to the geographic coverage of the networks. More information is provided below.

### What are affiliated partners?

There are two types of affiliated partners.

1. **Associated National Centres** which will participate in one ERN only and, as defined in the [2017 Board Statement](#), are healthcare providers "*with at least some special expertise matching the global thematic domain of a given reference network that concentrates primarily on the provision of healthcare directly related to the activities and services of this specific network, including any type of diagnostic contribution supporting this provision of healthcare. Associated National Centres can therefore comprise any of the following institutions: (i) clinics and departments/clinical units providing direct outpatient and/or inpatient services to patients; (ii) medical and genetic diagnostic laboratories; (iii) pathological laboratories; (iv) specific facilities for instrument-based diagnostics*".
2. **National Coordination Hubs** which establish a link with more than one ERN at once and, as defined in the [2017 Board Statement](#), comprise "*any type of institution with the appropriate knowledge and the legal and organizational capacity to link the national healthcare system to a number or all European Reference Networks. National Coordination Hubs function as interfaces between the national healthcare system and those Networks where a given Member State is neither represented by a full member nor by an Associated National Centre. National Coordination Hubs do not need any specific medical expertise or knowledge and their composition might range from: (i) a major national healthcare provider [...]; (ii) a network of healthcare providers coordinated at national level; (iii) a non-hospital based, specifically assigned institution as contact and coordination point linking the ERNs with the national system [...]*" such as the National Contact Points created by the [2011 Cross Border Healthcare Directive](#).

## What is the expected role of an ‘affiliated partner’ within ERNs?

Whilst ‘affiliated partners’ may not have the level of expertise that would allow them to qualify for full membership, they will contribute to the networks’ activities and benefit from their expertise, facilitating the sharing of knowledge across the EU. Most importantly, affiliated partners should act as entry points to ERNs for patients, improving the accessibility for patients across the EU. For that reason, the affiliated partners shall participate in the CPMS virtual consultation panels for those patients that they have referred to the networks and may also attend some other virtual panels for their own learning purposes or to fill any knowledge gap, due to their specific expertise (e.g. in case of laboratories).

As per the [2017 board statement](#), the ERN coordinators will develop:

- a) *"a clear policy objective for the active engagement and participation of affiliated partners, underpinned by transparent rules and strategies that describe how affiliated partners can interact, participate and contribute to the specific ERN"*
- b) *"a clear strategy which includes detailed pathways regarding the integration and participation of affiliated partners in the networks".*

## Can an affiliated partner become a full ERN member?

Affiliated partners may at a later stage, if they are healthcare providers and have/develop the required expertise, become ERN members. However, this would only happen in compliance with the procedures for membership applicable to any healthcare provider and NOT automatically or with a special procedure. Please note moreover that an affiliated partner will lose its partnership if a healthcare provider from the same member state joins the network as a full member.

## How does the application process work?

Member states must ‘designate’ an affiliated partner. A designation letter must be prepared which includes information on the affiliated partner and the network(s) which they wish to establish a link with. This letter must be **signed by the National Competent Authority**. The letter must also be accompanied by an Annex which gives a description of the designated affiliated partner, highlighting how the affiliated partner complies with the set of minimum recommended criteria identified in the [2017 Board Statement](#). At the same time, as stated by the Board in that document, *“it is important to note that despite the mandatory requirement for some specific expertise within the thematic area covered by the respective network, Associated National Centres are not requested to meet these criteria to the same degree that is expected for full membership.”*

As for National Coordination Hubs, the Board noted in the same document that *“With the broad range of non-specialized institutions eligible as National Coordination Hub, the minimum recommended criteria applicable to all are confined to general aspects only.”*

In this context, various Member States asked the Commission to publish the **Network specific criteria** to be complied with by the healthcare providers wishing to join a Network as **full members**, established by each Network in their application to the 2016 Call. The respective table can be found at this link:

[https://ec.europa.eu/health/sites/health/files/ern/docs/specificcriteria\\_en.xlsx](https://ec.europa.eu/health/sites/health/files/ern/docs/specificcriteria_en.xlsx)

There are designation letter and annex templates available, which members states can choose whether or not to use.

Once these documents are prepared and signed, member states are required to email them to the Commission's functional mailbox [SANTE-ERN-AFFILIATED-PARTNERS@ec.europa.eu](mailto:SANTE-ERN-AFFILIATED-PARTNERS@ec.europa.eu) and to the Coordinator of the Network that this affiliated partner is seeking to join (with Project Managers in copy).

ERNICA Coordinator: Prof. dr. René Wijnen – [r.wijnen@erasmusmc.nl](mailto:r.wijnen@erasmusmc.nl)

ERNICA Project Managers:

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The application deadline will be at the launch of the next call for new full members (expected September 2019). The coordinators (/project managers) will make contact with the designated affiliated partner and member state. They may request more information from them.

Please also note that, as stated by the Board on 10 October 2017, "*In the event of a disagreement on the integration of a concrete, nationally designated Affiliated Partner into an ERN between the Member State and the Coordinator of the given Network, the Board of Member States on ERN shall be contacted by both parties and provided with all necessary information on the nationally designated candidate in question, as well as the reasons identified by the ERN why it might not be advisable to include this specific candidate into the Network. Based on the information and evidence provided, the Board will take the final decision on the inclusion or non-inclusion of this candidate into the network*".

If your centre is unsure about whether full membership or affiliated partnership is most suitable, we advise you to speak to your Board of Member States representative. You can find the list of names here:

[https://ec.europa.eu/health/sites/health/files/ern/docs/ern\\_board\\_members\\_en.pdf](https://ec.europa.eu/health/sites/health/files/ern/docs/ern_board_members_en.pdf)

### **Additional documents:**

- **2016 Statement on Affiliated Partners**  
[https://ec.europa.eu/health/sites/health/files/ern/docs/boms\\_strategicview\\_affiliatedpartners\\_en.pdf](https://ec.europa.eu/health/sites/health/files/ern/docs/boms_strategicview_affiliatedpartners_en.pdf)
- **2017 Statement on the definition and minimum recommended criteria for Affiliated Partners**  
[https://ec.europa.eu/health/sites/health/files/ern/docs/boms\\_affiliated\\_partners\\_en.pdf](https://ec.europa.eu/health/sites/health/files/ern/docs/boms_affiliated_partners_en.pdf)
- **2018 Statement on the timeline for designation of Affiliated Partners**  
[https://ec.europa.eu/health/sites/health/files/ern/docs/2018\\_statementtimeline\\_ap\\_en.pdf](https://ec.europa.eu/health/sites/health/files/ern/docs/2018_statementtimeline_ap_en.pdf)
- **2018 Rules for termination of Affiliated Partners**  
[https://ec.europa.eu/health/sites/health/files/ern/docs/2018\\_rulestermination\\_ap\\_en.pdf](https://ec.europa.eu/health/sites/health/files/ern/docs/2018_rulestermination_ap_en.pdf)