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HPCB
Healthcare Professionals Crossing Borders

# Crossing Borders Update

Welcome to the November 2010 Healthcare Professionals Crossing Borders (HPCB) Update. This newsletter includes information on the next HPCB meeting in Budapest, the European Parliament's consideration of the draft patients' rights Directive, and competent authorities' contributions to the revision of Directive 2005/36/EC on the mutual recognition of professional qualifications. It also features articles on the new Irish regulatory framework for advanced nursing and midwife practitioners, meetings on medical education and training in Europe, and the latest signatory to the HPCB Memorandum of Understanding on Case by Case and Proactive Information Exchange.

Please contact us if you would like to contribute to future editions or promote forthcoming events to other European competent authorities for healthcare professionals. For more information, please visit the HPCB website at www.hpcb.eu.

## Content



## HPCB meeting on the Future of Professional Qualifications

**HPCB will hold its next meeting on Monday, 29 November 2010 in Budapest, Hungary. Hosted by the Hungarian Office of Health Authorisation and Administrative Procedures, the event will focus on *The Future of Professional Qualifications: Balancing Mobility with Patient Safety*.**

It will provide an opportunity for professional healthcare regulators from across Europe to discuss the revision of EU Directive 2005/36/EC, and the European Commission's evaluation process. The programme will consider key issues including:

- National experience reports on Directive 2005/36/EC – common themes and concerns;
- European Parliament activities;
- Further development of the Internal Market Information (IMI) System;
- Policy priorities of the forthcoming Hungarian EU Presidency; and
- Research initiatives on cross-border movement of healthcare professionals.

Speakers include representatives from: the informal networks of dentists, pharmacists, nurses, midwives and doctors; the Hungarian EU Presidency; the Commission's Directorate General for the Internal Market and Services (DG MARKT); the European Parliament; the CHRE International Observatory and the FP7 EU Cross Border Care Collaboration project.

The meeting is open to all healthcare professional regulators in the European Economic Area (EEA). For further information, please contact the HPCB Secretariat on hpcb@gmc-uk.org.


For further information please contact:

**Chad Jeudy**
Healthcare Professionals Crossing Borders
350 Euston Road
London, NW1 3JN
Tel: +44 20 7189 5292
Email: hpcb@gmc-uk.org

# European Commission unveils Single Market Act

**At the end of October, DG MARKT published the Single Market Act. The 46 page long document contains 50 new measures which should be adopted by 2012, 'so that the 20th anniversary of the Single Market can be celebrated with renewed dynamism'.**

Speaking at the launch, Michel Barnier said: *'Markets need to serve both the economy and our citizens. That is what defines our society. But right now, the EU Single Market is not delivering as well as it could: it needs to offer more. Citizens and businesses, big and small, need to find an interest for them in the Single Market. There is real urgency: Europe can't afford to leave this potential unexploited.'*

The Single Market Act confirms that in 2012 the European Commission will adopt a legislative initiative to reform the recognition of professional qualifications based on the evaluation of the existing acquis (proposal 33). As part of this work, it will evaluate the feasibility of cards for professionals. The Act stresses that freedom of movement for citizens is a fundamental right, and that bureaucratic delays and excessive requirements continue to exist for many people wishing to have their qualifications recognised.

The document also notes that DG MARKT is planning to adopt a strategy for IMI at the beginning of 2011, with a view to present a legislative text before the end of the year (proposal 45). It is expected that this will 'lay down the rules for data processing and other conditions for the use of IMI, and would make administrative cooperation possible in areas where it is necessary for the implementation of internal market law but not specifically provided for by existing legislation'. In addition, the Commission is committed to reducing the average time it takes to deal with infringement files (proposal 47); SOLVIT will be prioritised following an evaluation of the network in 2010 (proposal 50); and dialogue with civil society will be increased in the preparation and implementation of future texts (proposal 48).

Alongside the Act, the European Commission has published a **stakeholder consultation**. The closing date for submissions is 28 February 2011.

Most of the proposals contained in the Single Market Act are included in the **Commission's work programme for 2011**, which was adopted on the same day, and includes a commitment to revise the working time Directive by autumn of 2011.

# National experience reports published on Professional Qualifications Directive

On 23 October, DG MARKT published the **results of its initial evaluation of Directive 2005/36/EC**. This included more than 170 national experience reports prepared by competent authorities and a **Staff Working Document** on the transposition and implementation of the legal framework.

The paper emphasises that there have been considerable transposition delays in some member states, and that national laws are not always in line with the Directive. There is low awareness of the **code of conduct** drawn up by national coordinators in April 2010, and there are examples relating to doctors and physiotherapists where regulatory practices are not in line with the principles outlined in the text.

In addition, the working document highlights that competent authorities are more reluctant to register professionals on a temporary and occasional basis and concerns are raised about the content and timing of the declarations that applicants are required to submit in advance. On language and skills assessments, the Commission clarified that professionals are entitled to attest skills through 'any means of proof' and that the Directive permits testing in 'exceptional cases'.

According to DG MARKT, the national experience reports also show that significant deviations exist in relation to minimum training requirements and that member states appear to seek additional flexibility for the sectoral professions, particularly for nurses and doctors. These will be examined in the final evaluation of the legal framework. Competent authorities found that administrative cooperation via the IMI system is encouraging, but that improvements could be made. DG MARKT is keen to examine whether to make the use of IMI compulsory, and whether it should consider introducing a proactive alert mechanism for fitness to practise information exchange across Europe.

## Next steps

The Commission will launch a wide-ranging public consultation in 2010 to seek the views of the professions, employers, consumers and citizens. A final evaluation report is scheduled for publication in autumn 2011, and a Green Paper will follow the year after. The recently published **Single Market Act** indicates that DG MARKT will bring forward a legislative proposal in 2012.

# European competent authorities review Professional Qualifications Directive

## Medical regulators agree joint statement on Directive 2005/36/EC

*Tanja Schubert, European and International Policy Manager, General Medical Council, UK*

Twenty six European competent authorities from 24 European countries have endorsed a joint statement suggesting ways to improve patient safety in the current EU legislative framework for the cross-border mobility of doctors.

The ***Berlin Statement*** is the result of an agreement reached after a series of meetings of the informal network of medical regulators[1] which was convened to assist the European Commission with the evaluation of the Directive.

The declaration urges DG MARKT to take steps to facilitate the identification of competent authorities responsible for the recognition of qualifications for doctors, and improve fitness to practise information sharing about medical professionals. It also encourages the EC to examine competence assurance mechanisms in member states, such as revalidation and continuous professional development (CPD), to satisfy regulators that the professionals they register maintain their clinical competence and skills over time.

In addition, the statement calls for legal clarity on regulatory responsibility in the provision of cross-border care; a mandatory obligation to respond to requests for information; improvements to the IMI System; and an examination of the language provisions in the Directive to address competent authorities' and patients' concerns.

Commenting on the joint submission, Niall Dickson, the Chief Executive of the GMC, said: '*This is a significant step forward. It shows that regulators across Europe share the goal of securing improved patient safety and are committed to helping refine the current rules so that free movement of doctors can go hand in hand with proportionate, effective and targeted regulation*'.

1 The network was coordinated by the Conseil National de l'Ordre des Médecins (France), the Bundesärztekammer (Germany), and the General Medical Council (UK).

*Patrick Kavanagh, Registration Development Manager, General Dental Council, UK*

In recent months, an informal network of competent authorities responsible for the recognition of dentists' qualifications in Europe met on two occasions to support the European Commission in its evaluation of Directive 2005/36/EC. This in turn will facilitate the review of the Directive planned for 2012.

The Ordre National des Chirurgiens-Dentistes (France) hosted the first meeting on 28 June in Paris which brought together competent authorities from 11 member states. Representatives had the opportunity to consider and suggest amendments to a questionnaire drafted by the Commission. Answers to the questionnaire generated the basis of national implementation or experience reports which the competent authorities then prepared over the summer.

The General Dental Council hosted a second and final meeting in London on 8 September to discuss draft experience reports. Representatives were able to outline their practical experiences with the Directive and explain the areas where they felt development of the Directive would be useful.

Amongst topics discussed in depth were:

- Recognition and registration procedures for EEA dentists;
- Approaches to confirming language competence;
- Cross-border cooperation – particularly in the field of fitness to practise information sharing and what the outcomes could be from such sharing;
- Take-up of the IMI system and how it could be encouraged to develop further; and
- Competent authorities' differing approaches to CPD.

Officials from DG MARKT attended both meetings to facilitate discussions and explain areas of interest, such as the implementation of a professional card system.

After the meeting, competent authorities had the opportunity to update their experience reports in light of discussions prior to submission to the Commission.

*Patrick Fortuit, Member of the Bureau, Ordre national des Pharmaciens, France*

Following the launch of the assessment of the existing system of mutual recognition of professional qualifications, the Ordre national des pharmaciens de France agreed to coordinate an informal European network of competent authorities for pharmacists. The network organised meetings on 7 June and 9 July in Brussels, and on 3 September in Paris.

At the first meeting a questionnaire was agreed and circulated to competent authorities in the 27 member states. On the basis of the responses received, competent authorities of pharmacists drafted a synthesis on the evaluation of the application of the Directive. The main messages identified are:

- Citizens and patients benefiting from cross-border services should not have their health or safety put at risk and should obtain the highest level of quality and consumer protection;
- The system of automatic recognition for establishment can be considered as a success;
- Competent authorities have little experience of temporary provision of services;
- Minimum training requirements and compulsory training, skills and knowledge should be revisited to take into consideration the changing role of pharmacists;
- The duration of training seems to be adequate, but it was suggested that the Directive should specify the number of hours and that training should be completed in a block of time;
- Competent authorities are generally satisfied with the IMI system, even if some improvements are needed;
- The question of adequate language skills remains a concern for competent authorities;
- CPD is becoming mandatory across member states. The Directive should reflect this and explore whether credits should be validated throughout the EU;
- The issuing of professional cards (at both national and European levels) by competent authorities represents an added value for the recognition of diplomas and facilitates the conditions of mobility for health professionals both for establishment and temporary provision of services.

# EP and national parliaments debate professional mobility

On 26 October, the EP's Committee on the Internal Market and Consumer Protection (IMCO) hosted an interparliamentary hearing on the Professional Qualifications Directive entitled ***The Internal Market for professionals: how to make it work?***

The meeting brought together national parliamentarians and MEPs to take stock of the Directive's implementation. It also provided an opportunity to identify and discuss areas for better regulation in the run-up to the revision of the legal framework in 2012.

Ahead of the meeting, the Committee circulated a **questionnaire** to delegates asking them to share their national experiences with the Directive. A number of experts from the regulated professions spoke, including Professor Tony Hazell, Chair of the Nursing and Midwifery Council (UK), and Patrick Fortuit, Member of the Bureau of the Ordre national des Pharmaciens (France).

**Addressing** Parliamentarians at the event, Michel Barnier, EU Internal Market Commissioner, signalled his dissatisfaction with the late transposition of the Directive. He thanked competent authorities for their efforts in gathering and drafting experience reports, but highlighted that these drew attention to practises that are not consistent with the legal framework.

Mr Barnier set out his vision for 2005/36/EC under three key principles: more simplification, modernisation, and proactive coordination between national authorities. He noted that greater use of electronic applications would facilitate mobility, and that an examination of minimum training conditions could improve the functioning of the automatic recognition system. A warning mechanism for professionals whose fitness to practise is brought into question should also be explored.

On language and skills assessments, he stressed that competent authorities should avail themselves of the existing powers in the Directive, and that it was questionable whether this area should be reconsidered in the revision. In conclusion, he signalled support for the introduction of professional cards, and stated that the tool will be given prominence in the Single Market Act.

# EP meeting on link between Bologna and professional mobility

On 14 October, IMCO hosted a well-attended meeting entitled ***The Bologna Process and Directive 2005/36/EC: Is there scope for creative interaction?***. The event was held in collaboration with the Commission's DG MARKT and the European University Association (EUA).

The objective of Bologna is to create a European Higher Education Area (EHEA) that facilitates student mobility, recognition of study periods abroad, and cooperation between higher education institutions on quality assurance. It has introduced a three-cycle system of bachelor, master and doctorate programmes, and consolidated mobility instruments such as the European Credit Transfer System and the Diploma Supplement.

Howard Davies, EUA Senior Advisor, set out some of the key areas of divergence between the ongoing Bologna reforms and the Directive, based on feedback from the university sector, and focused particularly on the areas of curriculum development, qualifications frameworks, lifelong learning and quality assurance. He outlined that knowledge and skills are subjects that are variably defined across the sectoral professions, and that the text of the Directive agreed in the 1970s may be out of date in terms of scientific progress, professional aspirations and pedagogical approach. As such, stakeholders have called for the inclusion of areas such as foreign languages, business management, telemedicine and working with ethnically diverse patients.

He also enquired whether core curricula should focus on a body of knowledge or a set of competences and learning outcomes.

Speaking for the Commission, Jürgen Tiedje, DG MARKT Head of Unit for Professionals Qualifications, outlined the next steps for the evaluation of the Directive. DG MARKT will publish a public consultation inviting views from all stakeholders including the professions and patient groups. The Commission also plans to launch a major **study** next year on the impact of recent education reforms.

IMCO Chair Malcolm Harbour MEP (European Conservatives and Reformists, UK), stated that the EP will closely align its work to DG MARKT's timetable. It has established a small working group that will work on an own-initiative report focusing on the review of the Directive. Mr Harbour invited stakeholders to share their views with the group.

*From left to right: Lesley Wilson, Secretary General, EUA; Jürgen Tiedje, Head of Unit for Professional Qualifications, DG MARKT; Howard Davies, Senior Advisor, EUA*

## Patients' rights Directive – a step closer to agreement?

On 27 October, the EP's Committee on the Environment and Public Health (ENVI) **adopted** its second reading recommendation on the patients' rights Directive. The report, drafted by Françoise Grossetête MEP (European People's Party, France), was approved by an overwhelming majority of 47, with two voting against and one abstention.

The Parliament's position reinstates many of the first reading amendments that were removed by the Council of Ministers' **common position**, adopted on 13 September. This includes a legal duty on member states to 'immediately and proactively exchange information about disciplinary and criminal findings against health professionals where they impact upon their registration or their right to provide services'. MEPs also called on national authorities to 'guarantee that registers in which health professionals are listed are available to relevant authorities of other member states'.

The ENVI report also simplifies prior authorisation system for patients seeking treatment abroad, introduces special provisions for cross-border care for rare diseases, and encourages deeper cooperation on eHealth.

MEPs are due to debate the ENVI report during the December plenary session, with a vote provisionally scheduled in January 2011. The Belgian Presidency is committed to reaching agreement with the EP before the end of its six month mandate in December. However, with several member states opposed to the Directive because of concerns over costs, and MEPs so far unwilling to move towards the Council's position, significant compromises will need to be made on both sides for a deal to be reached.

## Council considers Europe's health workforce

The Belgian Presidency hosted a ministerial conference on 9-10 September in Brussels to raise awareness of the obstacles to maintaining an adequate European health workforce for the future. Entitled ***Investing in Europe's health workforce of tomorrow: scope for innovation and collaboration***, the event focused on skills, training, recruitment and lifelong learning.

The **draft Council conclusions** highlights the challenges to healthcare systems posed by growing patient and health professional mobility, ageing populations, and the emergence of new health technologies. Ministers underlined the need to develop appropriate initiatives to invest in well-skilled health professionals, and called for EU financing tools to help achieve this objective.

Member states were also encouraged to strengthen collaboration and best practice sharing in workforce planning, and called for the development of an action plan, by 2012, to support policy development in the areas of competency assessment, CPD, and recruitment and retention strategies.

Speaking at the conference, European Commissioner for Health and Consumer Policy John Dalli stated: *'We must do everything we can to ensure that Europe has an adequate health workforce able to meet growing healthcare demands. It is essential that Europeans receive safe and good quality healthcare'*.

For more information, please see the Presidency **press release**.


*EU Commissioner for Health and Consumer Protection, John Dalli*

# Cyprus signs HPCB MoU on information exchange

The Cyprus Medical Council has become the 14th signatory to the HPCB *Memorandum of Understanding on Case-by-Case and Proactive Information Exchange*. The Council has committed to undertake both proactive and reactive information exchange.

The MoU was created in 2008 to describe an agreed minimum level of information-sharing between regulators in disciplinary cases, and the processes for undertaking that exchange of information. Its purpose is to protect patients and the public from healthcare professionals whose practice might put citizens at risk and to contribute to high-quality healthcare across Europe. The new signatory demonstrates that both the Edinburgh and Portugal Agreements have led to practical and important changes to the way in which healthcare regulators in Europe collaborate and share information.

If your organisation would like to sign the MoU, or if you require further information, please contact the HPCB Secretariat at hpcb@gmc-uk.org.

# New Irish framework for advanced nursing and midwife practitioners

*Kathleen Walsh, Professional Officer, Standards of Practice and Guidance, An Bord Altranais, Ireland*

An Bord Altranais, the Irish regulatory body for nurses and midwives has recently established the structures and processes for the regulation of advanced nurse practitioners (ANP) and advanced midwife practitioners (AMP) along with accreditation of a linked post developed by a health service provider or employer. These additional functions of An Bord Altranais are a result of legislation[1] signed into law earlier this year by the Minister for Health and Children.

The registration of the individual as an ANP or AMP and the accreditation of the post by An Bord Altranais is directed by the Nurses Rules 2010 and in accordance with the previous criteria set down by the National Council for the Professional Development of Nursing and Midwifery[2]. As provided for in the legislation and operationalised through the Nurses Rules 2010 An Bord Altranais will admit persons to the Advanced Nurse/Midwife Practitioner Divisions of the Register who have received an offer of employment in respect of the specified post and will not be entitled to registration unless he or she commences employment in the specified and accredited post concerned. An Bord Altranais has the authority to remove a person from the above divisions if the person no longer complies with the set criteria or if the person ceases to be employed in the specified and accredited post.

The newly created registration and accreditation frameworks for advanced practitioners and the linked posts demonstrate An Bord Altranais' responsibility for ensuring public safety, its primary objective. Building upon the current structures and criteria in place it is anticipated that An Bord Altranais will be examining/reviewing the scope of practice for the advanced practitioner, developing requirements and standards for educational programmes and professional practice guidance. In recognising the evolving nature of health care delivery and regulation within Ireland, including a Nurses and Midwives Act (now at Committee stage in the government) An Bord Altranais is committed to working and consulting with key stakeholders for responsive regulation in progressing safe quality health care provided by the advanced nurse/midwife practitioner.

Further information about the regulatory framework for advanced practice is available on www.nursingboard.ie.

1 Statutory Instrument Number 3 of 2010, Health (An Bord Altranais) (Additional Functions) Order 2010.

2 The statutory body which was responsible for supporting the creation of advanced nurse/midwife practitioner roles and employment posts.

# Italian Orders consider CCPS adoption

*Giovanni Maria Righetti, President, Order of Physicians and Dentists of the Province of Latina, Italy*

In Italy, the law transposing Directive 2005/36/EC established that the national competent authority for the recognition of qualifications of professionals from the EEA is the Ministry of Health. This is reflected in the IMI System where currently only Dr Giovanni Leonardi, Director-General of the Department of Health Professions, Ministry of Health, is registered as a user. On the other hand, within Italy, the competent authorities' responsible for the professions are the professional orders, which are organised at provincial level. There is currently no information technology system linking the Health Ministry with the provincial orders. There are 106 provinces in Italy and therefore 106 competent authorities for doctors. Every provincial order is an autonomous and independent public body. To practise, a doctor registers in the province of practise or residence. Professionals must ensure that they are registered with the relevant order if their residential address or place of work changes.

Registration is mandatory for the exercise of the profession and awarded after the completion of a bachelor's degree and diploma. Provincial orders for each profession are grouped under a national association which is tasked with coordinating and providing guidance, but has no jurisdiction over the functions of the orders and no legal powers in relation to the EU or international activities.

The disciplinary powers of the provincial medical orders are limited to doctors pursuing their profession in private practise and do not extend to professionals employed by the national health service, for example. Courts in Italy are not obliged to inform the provincial orders if a professional registered with them has received a criminal or civil conviction.

The Certificate of Good Standing (CGS) and / or the Certificate of Current Professional Status (CCPS) is produced and issued by the provincial orders, not the Health Ministry nor the national federation. Therefore, Italian nationals wishing to establish themselves professionally in another EU member state must obtain their certificates directly from the order in which they are registered.

The Order of Physicians and Dentists in the Province of Latina issues the CCPS in accordance with a text agreed with the General Medical Council (UK) in 2007, which is currently being implemented, and that could become a model for other provincial orders in Italy. The CCPS also provides information on the activities' of the doctor in the national health service, as well as any criminal or civil convictions, and ensures that the degree entitles, and the certification and specialisation documents have been checked for authenticity with the issuing authorities. The Certificate also includes a photo identity check to avoid fraud.

The Latina Order is currently encouraging all other Italian orders to adopt the CCPS to guarantee the safe mobility of Italian professionals in Europe.

# New CEO of Irish Medical Council

On 1 October, Caroline Spillane became the new Chief Executive of the Medical Council (Ireland).

Commenting on her appointment she said: *'I look forward to working with the Council and its staff to enhance the services it provides and to ensure a more integrated approach to communication with the public, the medical profession and other major stakeholders.'*

For more information, please click **here**.

*Caroline Spillane, Chief Executive, Medical Council*

# New regulator for pharmacy professions in Great Britain

*Hugh Simpson, Director of Policy and Communications, General Pharmaceutical Council, UK*

**On 27 September 2010, the new, independent regulator for the pharmacists, pharmacy technicians and registered pharmacy premises in England, Scotland and Wales, the General Pharmaceutical Council (GPhC) was officially launched.**

The aim of the **GPhC** is to protect, promote and maintain the health, safety and wellbeing of patients and of those who use pharmaceutical services.

The GPhC was established after the government decided that the Royal Pharmaceutical Society of Great Britain (RPSGB) could no longer be both a regulator and a leadership body. The creation of the GPhC as an independent regulator, separate from the leadership bodies of the profession and independent of government, brings the regulation of the pharmacy professions into line with other regulated health professionals. These changes, which see the GPhC take over responsibility for the regulation of pharmacists, pharmacy technicians and registered pharmacy premises from the RPSGB, received cross-party parliamentary support.

Speaking at the launch, Bob Nicholls CBE, Chair of the GPhC Council, said: *'The role that Parliament has entrusted us, as an independent regulatory body, is to protect, promote and maintain the health, safety and wellbeing of patients and the public who use pharmaceutical services. Our vision is the provision of proportionate, risk based, efficient and fair regulation of the pharmacy professions and pharmacy premises.'*

Duncan Rudkin, Chief Executive and Registrar, added: *'As a new body, our first priority is to demonstrate to patients and the public as well as the pharmacy professions that we are delivering effective regulation. This will mean delivering efficient and effective services, being open and transparent, as well as demonstrating that we are genuinely focussed on upholding standards, supporting good practice and only taking action where a registrant's fitness to practise is in doubt.'*

Pharmacists and pharmacy technicians must register with the GPhC to practise in England, Scotland and Wales. The register is available for the public to search online and contains details of pharmacists, pharmacy technicians and pharmacy premises. There is a clear process for how to apply and detailed requirements for registering as a pharmacist or pharmacy technician. For further information on registration with the GPhC, click **here**.

General Pharmaceutical Council

# GMC conference considers Education Strategy

*Mark Dexter, Head of Policy, Education, General Medical Council, UK*

General Medical Council
Regulating doctors
Ensuring good medical practice

The regulation of medical education in the UK was significantly strengthened in April 2010 when the GMC assumed statutory responsibility for postgraduate medical education and training. This has provided an unparalleled opportunities to bring together all stages under a single regulator, including undergraduate, foundation and specialty, including GP, training.

On 12 October, the GMC hosted a major conference for key stakeholders. Entitled Tomorrow's Professionals, and set against the background of the regulatory changes, delegates addressed some key questions including: what challenges lie ahead for medical education and training?; what should the GMC's priorities be?; and what changes would do most to ensure excellence in medical education and training?

Central to discussion at the conference was the **GMC's draft Education Strategy** which sets out an ambitious programme of work for 2011-13. Key highlights of the Strategy include:

- Plans to develop an approvals framework for all trainers of undergraduate and postgraduate learners;
- A new Quality Improvement Framework which will underpin a strengthened system for gathering and commission evidence from our key partners;
- Joint working with the Medical Schools Council and others to identify examples of good practice in relation to the selection of medical students;
- Work to help foster the widening access to the medical profession from under-represented groups; and
- Examination of case for generic outcomes in postgraduate training.

Underpinning all this work is the GMC's commitment to fully engage with stakeholders who are involved in the delivery or receipt of medical education and training. Commenting on the conference, GMC Director of Education Paul Buckley said: *'It was a very important step for the GMC in its new role as the regulator for all stages of medical education and training. It provided an excellent platform for our stakeholders to feed into the development of our education strategy. We were delighted that so many people attended the event, and engaged so enthusiastically in the discussion sessions.'*

# Medical regulators discuss education and training developments

*Tanja Schubert, European and International Policy Manager, General Medical Council, UK*

On 13 October, the GMC hosted a meeting with European medical regulators to discuss developments in medical education and training. The meeting brought together 16 delegates from 11 European countries to debate approaches, challenges and concerns related to various aspects of undergraduate and postgraduate medical education including standards, responsibility for medical curricula and development, quality assurance, concerns over students' fitness to practise, the impact of the European Working Time Directive on training and service delivery, the Bologna Process, graduate entry programmes, and medical workforce shortages.

During the meeting, participants heard presentations from Henning Beck, Danish National Board of Health, on **undergraduate medical education and quality assurance in Denmark**; Professor Nicholas Dombros, Dean, Faculty of Medicine, Aristotle University of Thessaloniki, on **specialist training in Greece**; Professor Roland Laan, Radboud University Nijmegen Medical Centre, on the **implementation of the Bologna Process in the Netherlands**; and Martin Hart, General Medical Council, on the **Quality Assurance Improvement Programme in the UK**. Participants agreed to meet again in the future to consider common challenges and continue to share information about developments in their own countries and across Europe.

*Participants at the medical education and training meeting, London*

# GDC launches consultation on revalidation

*Denis Toppin, Council Member and Chair of the Revalidation Working Group, General Dental Council , UK*

GDC | protecting patients, regulating the dental team

The General Dental Council (GDC) has launched a 12 week consultation on its plans for the revalidation of dentists. Although the GDC does not foresee the introduction of the scheme for dentists until 2014 and at a later date still for dental care professionals (DCPs). In the meantime, the GDC wants to encourage as many of its registrants as possible to have their say on its proposals. The consultation can by found on the GDC website at **www.gdc-uk.org**.

Revalidation will provide, for the very first time, a way of checking that dentists carry on meeting the GDC's standards after they have first joined its registers. The GDC's Fitness to Practise proceedings are reactive rather than proactive; they assume that dental professionals meet its standards unless the regulator

receives information which suggests otherwise. With patient protection in mind, the GDC feels this is no longer good enough.

A standards and evidence framework will set out the standards dentists must meet under the four domains of clinical, management and leadership, communication and professionalism. The framework will also set out the evidence which will be acceptable to demonstrate compliance with each standard.

Dentists will gather this evidence over five years, and revalidate at the end of each cycle, very much building on the current Continuing Professional Development responsibilities placed on them. The GDC is proposing a three-stage process at the end of each cycle:

**Stage 1** – compliance check, which will apply to all dentists;

**Stage 2** – remediation phase, which will provide an opportunity to dentists who do not pass Stage 1 to remedy deficiencies;

**Stage 3** – in-depth assessment, which will apply to dentists who fail to demonstrate their compliance at the end of the remediation phase.

The proposals aim to avoid over-regulation by making as much use of existing and developing quality systems. Dentists will, in many cases, already be required to show that they are meeting quality standards. For example through NHS practice inspections or performance appraisals. The GDC approach is designed so that dentists can meet all its requirements and not be over burdened with extra work.

# 2010 IAMRA Conference identifies best practises in medical regulation

At the International Association of Medical Regulatory Authorities (IAMRA) **9th Biennial Conference on Medical Regulation**, 226 participants representing 90 organizations from 32 countries worked together to identify global best practices in medical regulation.

The conference held in Philadelphia, on 26–29 September, was jointly organised by the Educational Commission for Foreign Medical Graduates, the National Board of Medical Examiners, and the Federation of State Medical Boards.

Interactive group sessions allowed participants to share their own experiences in the areas of registration and licensure, complaints and resolutions, and maintenance of licensure. The IAMRA Management Committee will now review the outcomes of the conference and working groups will be established to further develop the key principles. The goal is to present results for review and adoption at IAMRA conference on best practices taking place in Ottawa, Canada, in September 2012.

John Hiller, former Chair of IAMRA said: *'IAMRA members face quite different challenges in medical regulation. As a resource for all members, IAMRA must focus on core aspects of regulation that can be implemented anywhere in the world'.*

The IAMRA General Assembly, which convened after the main conference, examined the work carried out by the Association over the past two years. It considered an international comparison of Certificates of Good Standing, carried out to identify a core list of information common to all or most certificates exchanged worldwide. This formed the basis of a resolution, unanimously adopted by members, which encourages medical regulators worldwide to adapt the certificates they issue to the IAMRA endorsed template[1]. To view the recommendation, please click **here**.

Professor Kenneth Cochrane, Chair of IAMRA Exam Review Working Group and the GMC's Professional and Linguistic Assessments Board, also presented the **IAMRA Assessment Resource**. This provides information on six medical regulators' assessment requirements and practises. IAMRA is now seeking to add further information to the site and would encourage all regulators wishing to contribute to get in touch via the **secretariat**.

1 The IAMRA CGS template is compatible with the Certificate of Current Professional Status developed by HPCB in 2005.

# Forthcoming Dates and Events

**8 November 2010**
European Council for the Liberal Professions General Assembly, **Brussels, Belgium**

**9 November 2010**
EP IMCO public hearing, ***Single Market Forum***, **Brussels, Belgium**

**18-20 November 2010**
European Quality Assurance Forum, ***Building bridges: Making sense of QA in European, national, and institutional contexts***, **Lyon, France**

**29 November 2010**
HPCB meeting, *The Future of Professional Qualifications: Balancing Mobility with Patient Safety*, **Budapest, Hungary**

**30 November – 1 December 2010**
Council of Europe seminar, ***Decision making and medical treatment in end of life situations***, **Strasbourg, France**

**1 December 2010**
Belgian EU Presidency high-level roundtable, ***Patients' perspectives in cross-border healthcare***, **Brussels, Belgium**

**2 December 2010**
Meeting of the Conférence Européen des Ordres des Médecins, **Paris, France**

**Mid-January 2011 (indicative date)**
EP plenary second-reading vote on draft patients' rights Directive, **Strasbourg, France**

# HPCB Portugal Agreement made in Lisbon, Portugal on 8 April 2007

## Agreement 1

**Identifying Shared Principles of Regulation:**

- **a)** Competent authorities should ensure that patient safety is of over-riding importance within their model of professional regulation.
- **b)** The pursuit of safe and high quality practice by health professionals should shape the continued development of health regulation across Europe.
- **c)** Competent authorities should identify common or shared concepts and values of healthcare regulation through a series of focused European level discussions.
- **d)** Competent authorities should collectively consider how the five principles of good regulation – accountability, transparency, proportionality, consistency, targeting – may contribute to the effective development of healthcare regulation in Europe, through a series of European level discussions.

## Agreement 2

**Transparent and Accessible Healthcare Regulation:**

- **a)** Competent authorities should run a website signposted or accessible via the **www.healthregulation.org website and/or http://ec.europa.eu/internal_market/qualifications/compauth_en.htm**.
- **b)** Competent authorities will share experience in the development of web-based information and publicly transparent lists of registered professionals and identify good practice.
- **c)** Competent authorities should work to develop real-time web-based publicly searchable lists of registered professionals.
- **d)** Competent authorities should work towards making all notifications of disciplinary hearings and decisions public, where legally possible.
- **e)** Competent authorities will continue to adopt and implement the European template for a Certificate of Current Professional Status, as appropriate, as agreed within the Edinburgh Agreement.
- **f)** Competent authorities will continue to work towards adopting the HPCB Memorandum of Understanding on Case by Case and Proactive information exchange.
- **g)** Competent authorities will continue to support the development of the European Commission's Internal Market Information System (IMI) and will utilise this information exchange tool in accordance with the provisions for administrative cooperation contained within Directive 2005/36/EC.

## Agreement 3

**Competence Assurance of European Healthcare Professionals:**

- **a)** Competent authorities will identify best practice from existing competence assurance and performance enhancement initiatives from across the globe.
- **b)** Competent authorities will undertake an audit of all existing or proposed competence assurance and performance enhancement initiatives within the EEA.
- **c)** Competent authorities should, where possible, work to develop appropriate competence assurance and performance enhancement initiatives based on global good practice.
- **d)** Competent authorities should develop appropriate information exchange tools to provide assurance to other competent authorities of current practitioner performance competence when practitioners seek to practise in other member states.
- **e)** All competent authorities should take proactive steps to make new registrants familiar with the relevant professional standards, codes and guidance on registration that apply in their jurisdiction.
- **f)** All competent authorities should make their standards, codes and guidance publicly available.