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HPCB
Healthcare Professionals Crossing Borders

Crossing Borders Update

This update includes information on the EU negotiations on the proposal amending the recognition of professional qualifications Directive; opinion pieces on the proposal from different healthcare professional organisations across Europe; the HPCB Memorandum of Understanding on information sharing; medical education reforms in Poland; the Medical Practitioners Tribunal Service in the UK; and the launch of a support service for international medical graduates in the United States.

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EU institutional developments

Update on the EU negotiations on the proposal amending Directive 2005/36/EC

EUROPEAN PARLIAMENT

In July, the European Parliament (EP) published two key reports on the recognition of professional qualifications (RPQ) Directive from the **Internal Market and Consumer Protection Committee** (IMCO), the EP's lead committee for the proposal, and the **Environment, Public Health and Food Safety Committee** (ENVI) which is providing an opinion to the IMCO committee focusing on the patient safety aspects. The reports have been drafted by Bernadette Vergnaud MEP (S&D, France) and Anja Weisgerber MEP (EPP, Germany) respectively.

Language requirements

The reports propose that competent authorities for healthcare professionals should be able to verify an applicant's language competence after recognition. This would no longer be dependent on a request by a national healthcare system or national patient organisation as originally proposed by the European Commission (EC).

European Professional Card (EPC)

The European Commission proposed that competent authorities be required to process an application for automatic recognition within 1 month and for general systems within 2 months under the EPC. The reports propose to slightly increase these deadlines:

- **IMCO report** – the deadline for host competent authorities to process automatic recognition applications is increased to five weeks and for general systems to eight weeks.

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- **ENVI report** – the deadline for host competent authorities to process automatic recognition applications is increased to eight weeks and for general systems to twelve weeks.
- The **ENVI report** also proposes to remove the principle of tacit authorisation.

Alert mechanism

Both reports suggest extending the alert mechanism to all sectoral professions, regardless of their route to recognition. The ENVI report also proposes to include all professions with patient safety implications under the same alert mechanism. The reports also recommend the extension of the alert mechanism to cover the exchange of intelligence about individuals who try to register using fake diplomas or false identities.

Continuous competence

The IMCO report proposes to allow competent authorities to introduce additional controls on professionals post recognition if they have not worked for the last 4 years, provided that they are proportionate, non-discriminatory and represent no cost to the professional.

Next steps

These reports will form a basis for negotiations with the European institutions. There will be an opportunity for MEPs to table further amendments to the reports in October and both committees are scheduled to adopt the final texts in November. The EP is aiming to adopt its official position for negotiating with the European Council by the end of the year.

EUROPEAN COUNCIL

The European Council has progressed the proposal through working groups under the Danish and Cypriot Presidencies. The professional card, language requirements and minimum training requirements have all been discussed but no common position has yet been reached.

The Cypriots have scheduled a further 4 working groups to discuss the proposal until the end of the year but it looks unlikely that the European institutions will be in a position to start negotiations until 2013.

Views on the proposal amending the professional qualifications Directive

This section captures views from different healthcare professional organisations across Europe on their views on key aspects of the revision of the professional qualifications Directive. These are not the views of HPCB but represent a range of opinions on key themes of the proposal.

EUROPEAN PROFESSIONAL CARD

John Chave, Pharmaceutical Group of the European Union

The European Professional Card is a well-intentioned attempt to speed up and facilitate the recognition process for professionals who wish to exercise their right to practise in another EU state.

The adoption of the card would have a significant impact on current practice. It would require the home Member State to issue the card following an analysis of the professional's qualifications, and subsequent 'validation' of the card by the host Member State, using supporting documents uploaded onto the IMI system.

It is questionable whether all home Member State authorities are sufficiently resourced to do this (they would have only two weeks), but in any event prudent host Member State authorities will also wish to undertake a thorough analysis of the supporting documentation as they currently do. The initial issue of the card may not always make process easier in practice.

According to the Commission's proposal, the host Member State has only a month to 'validate' the card. I have not spoken to any authorities who believe a month is an adequate time period to assess an application. Moreover, if (as will often be the case), the host needs to request more information from the home state, a time extension is not available. The Directive also provides that if the time periods are exceeded, the card is deemed to be validated and recognition granted. This would in many cases prevent host authorities from properly exercising their responsibility. There would be significant danger that unsuitable professionals could be granted recognition by default.

It is often said there needs to be a balance between facilitating movement, and ensuring appropriate checks. The professional card has the potential to make a positive contribution in this respect. But in the health sector, the balance must be weighted very strongly toward appropriate checks and protecting patients. Lives are potentially at risk. The current proposal has not got the balance right.

NURSES AND MIDWIVES GENERAL EDUCATION: 10 VS 12 YEARS?

Mr Raul Fernandes, Portuguese Order of Nurses

The European Commission proposal amending Directive 2005/36/EC on the recognition of professional qualifications has suggested updating the requirement of general education for nurses and midwives to 12 years, which generated significant debate in Europe despite global consensus on the issue.

Both professions have significantly evolved in the last three decades: community-based healthcare; the use of more complex therapies; and the development of new technology have led to increased responsibilities for nurses and midwives.[1] However, the training requirements for nurses included in Directive 2005/36/EC remained unchanged from Directive 77/453/EEC, which was published 35 years ago.

European consensus in this area is easily demonstrated as 25 Member States already require 12 years of general education prior to nursing training[2] and 16 Member States only train general care nurses at University Level.[3] The WHO Europe has stated[4] the need to improve initial and continuing education and access to higher nursing and midwifery education so that nurses and midwives could work efficiently and to their full potential.

Some have suggested that the plans to increase the length of general education would move young students away from these professions,[5] however evidence suggests that updating nursing training attracts more students[6] and reduces early exit from the profession.[7] Several reports have indicated the added value of well-trained nurses to healthcare systems and patient safety.[8] The Commission proposal only lacks the ambition to go further and require that these professions have the same entry requirements as other students entering University training.

1 Proposal for a DIRECTIVE OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation on administrative cooperation through the Internal Market Information System.

2 European Federation of Nurses – EFN EVIDENCE REPORT ON DIRECTIVE 36 – NURSING EDUCATION FROM 10 TO 12 YEARS – January 2012

3 European Commission; SURVEY ON THE TRAINING OF GENERAL CARE NURSES IN THE EUROPEAN UNION; July 2012 (not available online).

4 WHO – Europe - MUNICH DECLARATION: NURSES AND MIDWIVES: A FORCE FOR HEALTH; 2000.

5 IMCO Committee video

6 Ordem dos Enfermeiros - SURVEY ON THE PROFESSIONAL SITUATION OF YOUNG NURSES IN PORTUGAL 2010 – Portugal, page 11.

7 Next Study Group - LOW-PERCEIVED WORK ABILITY, AGEING AND INTENTION TO LEAVE NURSING: A COMPARISON AMONG 10 EUROPEAN COUNTRIES – University of Wuppertal – Germany 2006.

8 European Federation of Nurses – EFN EVIDENCE REPORT ON DIRECTIVE 36 – NURSING EDUCATION FROM 10 TO 12 YEARS – January 2012

LANGUAGE REQUIREMENTS

Kaisa Immonen-Charalambous, European Patients' Forum

Effective communication with patients and colleagues is essential for all healthcare professionals to ensure patient safety and high quality care. The European Patients' Forum (EPF) has been strongly advocating the need to strengthen the provisions on language testing in the context of the revision of the professional qualifications Directive. We are pleased that the European Commission has reflected this concern in its legislative proposal and suggests applying stricter provisions to all professions with implications for patient safety.

However, the provisions for language testing should be further strengthened. Assessment of language should be separate from the recognition of qualifications; the check should be mandatory and, while it could take place before or after recognition, it should always be a precondition for a health professional to practise.

Moreover, we feel it is important to define competence requirements at a national level for different health professionals. In our position paper we recommend that such requirements should be developed by the national health system – this would help ensure consistent standards, even if in practice the tests were delivered through different bodies or employers.

How to ensure that the language skills of health professionals meet the real-life needs of patients? Ask them! Health professionals need to understand the way patients speak, and they need to speak the kind of language that patients understand. Patient organisations have a wealth of expertise in this area, and EPF believes they can play a key role in the development of criteria for language knowledge in their respective Member States, to ensure patients benefit from high quality care and that their safety is never compromised.

THE ALERT MECHANISM: A KEY PATIENT SAFETY ENHANCEMENT

Phillippa Hentsch, European Network of Medical Competent Authorities

Accurate and timely information exchange between Member States lies at the heart of a safe and effective system for the recognition of professional qualifications and the movement of doctors across Europe.

There is currently a good level of communication between medical competent authorities through the Internal Market Information (IMI) system at the point of registration but very little information is exchanged proactively about a doctor's right and fitness to practise beyond this.

Our experience is that doctors, and other professionals, often maintain simultaneous registration in multiple countries. This means that, in the absence of any mechanism to share information proactively, a doctor might be suspended from practice in one Member State but is able to continue practising in another. This is why the alert mechanism proposed in the revised recognition of professional qualifications Directive is so important and why we consider it as a key enhancement to improve trust and confidence in the system.

We are calling on the European institutions to ensure that the alert mechanism covers all doctors, regardless of whether they benefit from automatic recognition or general systems and irrespective of whether they have a basic medical or specialist qualification. We believe all information about doctors should be treated with the same urgency.

We are also calling for the alert mechanism to be extended to cover the exchange of intelligence about individuals that try to register with fake diplomas or false identities. This would provide greater reassurance to competent authorities that the doctors they register are appropriately qualified.

Finally, we suggest that competent authorities be involved in the development of the alert mechanism through delegated acts. Given that they will be responsible for issuing and responding to the alerts, it is essential for them to be involved in its design and implementation.

USE OF DELEGATED AND IMPLEMENTING ACTS

Cédric Grolleau, French Dental Council (ONCD)

The Lisbon Treaty introduced a new system for delegating "implementing powers" to the Commission through Regulations and Directives, which will be applicable from 2014 onwards. These implementing powers are defined as Delegated Acts and Implementing Acts; the Treaty considers they are 'nonlegislative acts'.

In the case of the proposal to revise Directive 2005/36/EC on the recognition of professional qualifications, the revision suggests that delegated and implementing acts be used for the development of the professional card, implementation of the alert mechanism and development of competences for the sectoral professions. Given the diverse use so far of the implementing powers in other Directives and Regulations, the legislative framework proposed by this proposal is far from being set in stone.

Some important details remain to be defined for health professional recognition, in particular:

- The Commission's ability to adopt delegated acts is indefinite under the current draft Article 58a however the duration of this mandate must be set out in the Directive, in accordance with Lisbon Treaty requirements.
- Criteria should be introduced to limit the scope of the Commission's implementing powers. The Lisbon Treaty states that non-legislative acts are admissible to the extent that they cover "certain non-essential elements of the legislative act" and that "the essential elements of an area shall be reserved for the legislative act and accordingly shall not be subject of a delegation of power." Under the current proposal it's unclear whether these conditions are met regarding the Commission's mandate to adapt the training content of health professions "to scientific and technical progress". To remedy the situation, the proposal should ensure that prior consultation with health bodies is undertaken - as suggested by many health professions and health competent authorities - but, more importantly, it should also define the "essential" and "non-essential" elements of healthcare professional training proposed in the Directive and Annex V.

The Lisbon Treaty gives the European Parliament and Council greater oversight over the Commission's use of delegated acts. However, the details of this safeguard have to be clearly defined in the revised Directive to enable the institutions to carry out their check properly.

(The views expressed are those of the author and do not necessarily represent the views of the French Dental Council)

COMMON TRAINING FRAMEWORKS

Sarah Eldred, FORE

The Forum for Osteopathic Regulation in Europe (FORE) has always welcomed freedom of movement across the EU, but not if this threatens the safety of patients and the public. As a profession regulated in only six European countries, we have faced a number of challenges following the implementation of the professional qualifications Directive in 2007, including the consequences of a lack of consensus on standards of osteopathic education, training and practice across Europe.

For this reason we welcome the Commission's proposal to replace common platforms, which we were not convinced could be developed and effectively implemented in the absence of regulation. We are interested, therefore, to find out more about the new proposal for common training frameworks which would open up the possibility of automatic recognition to other professions.

Alongside the Commission's own proposal on common training frameworks, FORE has already embarked upon a three-year project, with the European Federation of Osteopaths, to develop pan-European standards through collaboration with the European Committee of Standardisation (CEN).[1] While voluntary standards do exist,[2] stronger regulatory mechanisms are needed. Once agreed, this 'CEN standard', which is currently a working draft, will not override national laws governing the practice of osteopathy, but would provide a standard of patient care expected of osteopaths in those countries without any form of formalised regulation. This project should be ready for implementation in 2015.

1 http://www.cen.eu

2 European Framework for Standards of Osteopathic Practice, FORE 2007; European Framework for Standards of Osteopathic Practice, FORE 2007; European Framework for Standards of Osteopathic Education and Training, FORE 2008.

European medical organisations publish joint statement

Eight European medical organisations have issued a joint statement following the publication of the EP reports on the proposal to amend the professional qualifications Directive. The European Association of Senior Hospital Physicians, the European Working Group of Practitioners and Specialists in Free Practice, the European Council of Medical Orders, the European Junior Doctors Permanent Working Group, the Standing Committee of European the Doctors, European Medical Students Association, the European Federation of Salaried Doctors, the European Union of GPs/Family Specialists have called for home Member States to retain the final decision on recognition and for the principle of tacit authorisation and partial access to be removed.

The Single Market Week: celebrating 20 Years of the Single Market

To celebrate the 20th anniversary of the European Single Market, the European Commission has organised its second annual Single Market Week from 15–20 October 2012, with events taking place in cities across the 27 Member States. The week aims to bring together European citizens and businesses with MEPs and other EU institutions and representatives from Member States to celebrate and reflect on the past, present and future of the Single Market.

The Single Market Week will be launched with a major event in Brussels on October 15, 2012. 800 citizens from across Europe will have the opportunity to take a seat in the Hemicycle of the European Parliament to share their experiences and express views on 20 years of the European Single Market. The event will be focused on real stories and experiences of people and businesses from across the EU.

European Commission article on recognition of professional qualifications Directive

The July edition of Eurohealth, a quarterly publication that focuses on key issues in health policy across Europe, includes an article from Jürgen Tiedje and Andras Zsigmond from the EC on the professional qualifications Directive. The article provides helpful clarity and context on a number of the proposals included in the Directive. For example, on the issue of tacit authorisation, the article clarifies that if a competent authority fails to respond to a recognition request within the specified timeframe, the qualification would be automatically recognised, but this would not constitute automatic authorisation to practise with the host competent authority.

Tiedje J, Zsigmond A. How to modernise the professional qualifications directive. Eurohealth 2012;18(2):18-22. Available here.

EP questions

EP question on multilingualism in Europe

Mr Ramon Tremosa i Balcells MEP (Spain, ALDE) has asked the EC's view on language-related difficulties in the European health system. The question highlighted that only 42% of Europeans are competent in a first foreign language and that this poses a challenge when accessing healthcare abroad. The Commissioner for Education, Culture, Multilingualism, Sport, Media and Youth, Androulla Vassiliou noted that the Commission has attempted to address some of these challenges and has created 'Health EU', an internet portal which provides information on health services in Europe so that patients can make more informed decisions about their healthcare in another country.

Question on European professional associations

Aldo Patriciello MEP (EPP) has asked the EC how it plans to ensure greater uniformity between European professional associations and has called for educational requirements to be standardised across Europe. In response, Commissioner Barnier highlighted the mutual evaluation mechanism, which has been suggested in the EC's RPQ proposal, which will require Member States to record which professions require a specific qualification; justify the need for regulating these professions; and evaluate them on a comparative basis with other Member States.

Developments in European regulation

Reform of medical education in Poland

Arleta Zaremba, Ministry of Health, Poland

The Polish Government has recently decided to revise the education and training system for doctors and dentists. The change has a number of aims – to enable more doctors and dentists to enter the health care system quicker and to increase patient access to specialised health care services.

In order to achieve these goals, the postgraduate internship which doctors and dentists are currently required to undertake after completion of their degree will be replaced with practical training during the last year of undergraduate study. This will enable doctors and dentists to enter the workforce one year earlier than under the previous system. State examinations will also be amended and specialist training will become modular to ensure greater flexibility in training and to shorten the time required to become a specialist.

From 2012 doctors' basic medical education will consist of six years at university culminating in a final state examination, rather than the previous system of six years study followed by a one year internship and a state examination. Undergraduate dental education will follow a similar pattern, with the final year of study being replaced with practical training. Dental degrees will be five years in length, followed by a final state exam.

Reforms to the specialty training system will see a new, modular system introduced, which will change the current way specialties are classed. Under the planned changes, specialties will be developed into basic and specific (subspecialties) categories.

The training will consist of a basic module, which will include basic theoretical knowledge and practical skills required for medicine. After completion of the basic specialty training, practitioners will be required to complete the relevant specialised module in order to gain recognition in a subspecialty. The Ministry is still exploring whether training for certain specialties will be run as a single module.

HPCB Memorandum of Understanding on information sharing

The HPCB Memorandum of Understanding on information sharing was drawn up in 2007 in the context of the mutual assistance requirements provided for in Directive 2005/36/EC on the recognition of professional qualifications. It sets out the practical arrangements for the exchange of information between European competent authorities.

There are currently 11 signatories undertaking both reactive and proactive information sharing and an additional 3 signatories undertaking reactive information exchange only.

As a signatory of the MoU and the secretariat for HPCB, the General Medical Council (GMC) has undertaken an internal evaluation to assess the extent to which it complies with the MoU commitments.

We would encourage other signatories to carry out your own review; ensure that the contact details listed for your organisation are up to date, and to let us know about any challenges you have encountered with meeting the commitments outlined in the MoU.

Launch of Medical Practitioners Tribunal Service in the UK

In June 2012, the GMC launched a new tribunal service for doctors as part of its fitness to practise reform programme.

The Medical Practitioners Tribunal Service (MPTS) is a new impartial adjudication function for doctors, which is part of the GMC but operationally separate from its complaint handling, investigation and case presentation functions. The MPTS is led by His Honour David Pearl, an independently appointed Chair, and will take over all fitness to practise cases relating to registered doctors and make decisions on what action is needed to protect patients. It was set up to enhance confidence in the profession and patients in the impartiality of decision making. MPTS panels can, in the most serious cases, remove or suspend a doctor from the UK medical register or place restrictions on their practise. It can also take early action to ensure patient safety by considering cases before a full fitness to practise hearing, where it may be appropriate to place restrictions on a doctor's practise immediately or suspend their practice while investigations proceed. This provides an important safeguard should allegations against the doctor be considered to present a risk to the public.

Changing trends in the pharmacy workforce

Damian Day, General Pharmaceutical Council (UK)

A new analysis of the register of pharmacists commissioned by the General Pharmaceutical Council (GPhC) has found that the pharmacy workforce is becoming more diverse, but there has been a drop in the number of pharmacists on the register who qualified overseas.

The analysis by the Centre for Pharmacy Workforce Studies at the University of Manchester found that the number of overseas-qualified pharmacists on the register in 2011 had fallen slightly since 2010, from 6130 (12.1% of the register) to 5460 (11.8% of the register).

This was mainly caused by the removal of all non-practising pharmacists from the register between 2010 and 2011, including those who had qualified overseas. A significant number of overseas-qualified pharmacists had maintained their registration even after leaving Great Britain, but these pharmacists were no longer eligible for registration after the closure of the register for non-practising pharmacists in 2010.

This means that although there has been an overall drop in the number of registered pharmacists who qualified overseas, there has been an increase in the proportion intending to practise in Great Britain. Over 22% of new registrants in 2011 were overseas-qualified, a slightly higher proportion than in 2010. The majority of these (65.4%) came from Europe.

The analysis also found that there has been a 5% increase in the number of pharmacists from a black or minority ethnic background on the register between 2010 and 2011, from 34% to 39%. The proportion of pharmacists who are female is also continuing to grow steadily, with female pharmacists now making up 59% of the register.

The GPhC has commissioned a similar analysis of the pharmacy technician workforce for the first time, following the introduction last year of compulsory registration for pharmacy technicians. This analysis will be available later this year. The GPhC plans to use this knowledge of the changing profile of the pharmacy professions to help improve the way they work as the regulator.

Changes ahead for postgraduate medical education and training in the UK

Vicky Osgood, Secretary of Shape of Training Review, Assistant Director, Postgraduate Education, GMC

Postgraduate medical education and training in the UK has evolved alongside the structure and demands of the National Health Service over the last 60 years. In addition, changes to the healthcare system, doctors' roles and responsibilities have evolved to take account of changing medical and scientific advances, evolving healthcare and population needs, the information and communications technology (ICT) revolution and ever changing patient and public expectations. These changes inevitably will have an effect on doctors' training.

Recent years have seen significant developments in UK medical education and training following recommendations made in a number of **reports**.

Satisfaction with current medical education and training in the UK remains high, and continues to improve, as highlighted in the 2011 **National Trainee Survey**. The overall satisfaction score for training has risen from 78.8 (out of a possible 100) in 2011 to 80.4 in 2012. Other figures showed that

- Nearly 99% of trainees said they had a designated supervisor, responsible for reviewing their educational progression and almost 92% had discussed their objectives with them.
- 81% of trainees said they would rate the quality of clinical supervision as excellent or good.
- Almost 87% of trainees said someone explained their role and responsibilities in their unit or department at the start of their post.

But these reports also pointed to the pressing need for further reform if education and training is to support society's changing needs.

In 2007, the independent **inquiry** into Modernising Medical Careers, led by Sir John Tooke, made a number of recommendations about the shape and structure of postgraduate medical education and training in the UK. It called for a more flexible and broad based approach to medical training; integrating both training and service objectives into workforce planning. Following on from the Tooke report, other inquiries also pointed to the need for more flexibility in training in order to equip doctors to respond better to the changing needs of patients and the service.

In response to these concerns, in February 2012, the Shape of Training review of postgraduate medical education and training was established. This independent initative is jointly sponsored by seven bodies involved in postgraduate medical education across the UK: the Academy of Medical

Royal Colleges, the General Medical Council, Medical Education England, the Medical Schools Council, NHS Scotland, NHS Wales, and the Northern Ireland Department of Health, Social Services and Public Safety. Professor David Greenaway, Vice-Chancellor of Nottingham University, has been appointed by the Shape of Training Sponsoring Board to lead the review.

The Shape of Training Review will look at whether current training continues to meet the needs of patients and the service as a whole and whether trainees are appropriately prepared for practice now and in the future. It will also evaluate options to support flexibility including how doctors could retrain during their careers.

The review will focus on five themes:

1. Workforce needs – specialists or generalists?
2. The breadth and scope of training
3. The needs of the health service
4. The needs of the patient
5. Flexibility of training.

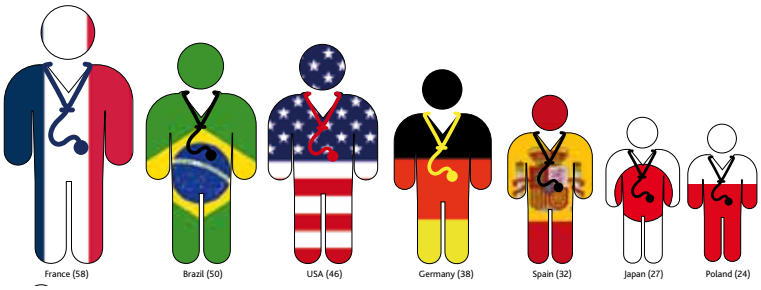
The project will launch an open call for evidence in late October 2012 which is intended to gather views and experiences on the shape of postgraduate medical education and training. Further information about the review and the call for evidence can be found on the review's website: **www.shapeoftraining.co.uk**

UK registers hundred of overseas doctors to support the Olympics and Paralympics Games

The GMC contributed to the London Olympics by assisting overseas doctors with their medical registration, enabling them support their athletes during the Olympic and Paralympics Games.

Temporary registration was granted to 849 doctors – 83% male and 17% female - from 141 countries. This is the largest number of doctors the GMC registered for a single event.

France registered the highest number of doctors (58) to support their 333 Olympic athletes. Next was Brazil who registered 50 doctors for their 259 athletes, followed by the US who registered 46 doctors for 530 athletes. Spain,



Poland, Canada, Australia, Croatia, Russia and Sweden registered between 10 and 35 doctors. More than 40 applications were also either withdrawn or rejected by the GMC including one by Mexico for a vet and another by Venezuela for a masseuse!

These doctors were only allowed to treat non-UK nationals for the duration of the Games. The GMC will be developing a 'good practice' paper for regulators, outlining how we managed the process.

Around the world

New Zealand Medical Council launches review of Good Medical Practice guidelines

The Medical Council of New Zealand has launched a consultation on their draft revision of Good Medical Practice. Some of the changes they plan include:

- A new section on professionalism that outlines the key duties and competencies that should underpin all good professional practice.
- Specific guidance on end of life care.
- Introducing a new duty regarding the protection and welfare of vulnerable patients, and the reporting of abuse.

The consultation closes on 12 October 2012 and the Council is seeking feedback from doctors, patients and other agencies engaged in medical regulation.

US launches support service for IMGs

The Educational Commission for Foreign Medical Graduates (ECFMG) has launched a new programme which provides a support service to ECFMG-certified doctors. The ECFMG Certificate Holders Office (ECHO) will provide free guidance at key milestones, such as applying to graduate medical programmes, obtaining a medical license and medical speciality certification. ECFMG evaluates whether IMGs are ready to enter the US health system. Currently overseas trained doctors make up more than one quarter of the US medical workforce.

South African Pharmacy Council consults on professional development guidance

The Pharmacy Council in South Africa is consulting on continuing professional development regulations. This gives the Council power to assess on an ad-hoc basis, the compliance of registered pharmacists. If a practitioner is found to be non-compliant, the Council has the power to erase them from the register.

Upcoming events

2–5 October 2012
International Association of Medical Regulatory Authorities 2012 Conference, Ottawa

8 October 2012
Environment, Public Health and Food Safety (ENVI) committee deadline for amendments to the RPQ proposal

13–16 October 2012
European Council working group on RPQ proposal

15 October 2012
Internal Market and Consumer Protection (IMCO) committee deadline for amendments to the RPQ proposal

15–20 October 2012
Single Market Week

18–23 May 2013
International Council of Nurses 25th Quadrennial Congress

Recently published regulators' newsletters

- **GMC Student news**
  General Medical Council
- **GMC News**
  General Medical Council
- **NMC Review**
  Nursing and Midwifery Council
- **GDC update**
  General Dental Council
- **HCPC newsletter**
  Health & care profession council
- **French Order of Doctors newsletter**
- **Eurohealth**
- **IAMRA e-News**

If you would like to contribute a piece to the next Crossing Borders Update please contact the **HPCB secretariat**.