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HPCB
Healthcare Professionals Crossing Borders

Crossing Borders Update

This update includes articles on the IAMRA 2014 conference held in London and the 18th Annual Conference of the Association of Medical Councils of Africa held in Mauritius. You'll also find updates from European networks and regulators, information on the launch of the Medical Council of Ireland's ***Medical Workforce Intelligence*** and General Medical Council's ***State of medical education and practice 2014*** reports, and news from around the world affecting healthcare professional regulation.

IAMRA 2014 conference

On 9-12 September 2014, the General Medical Council (GMC) hosted the International Association of Medical Regulatory Authorities (IAMRA) conference in London.

The most diverse of its kind, the conference welcomed around 400 regulators, academics, health officials and other participants to London. Under the conference theme of *Evaluating risk and reducing harm to patients*, experts shared their views on promoting professionalism, risk-based regulation, patients' rights and social media in medical regulation.

Keynote speakers included:

- Professor Malcolm Sparrow, Harvard University
- Sir Robert Francis QC, Chairman, Mid Staffordshire NHS Foundation Trust Public Inquiry and President, Patients Association
- Dr Margaret Mungherera, President, World Medical Association
- Professor Frank Montgomery, President, German Medical Association
- Dr Marie Bismark, The University of Melbourne.

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A session on the Fundamentals of Medical Regulation explored the basics of medical regulation with a practical and operational focus and facilitated the sharing and capturing of good practice and experience.

The conference materials, including speaker presentations, exhibition posters, photos, videos and the IAMRA 2014 Storify can be downloaded from the IAMRA 2014 conference website.

IAMRA 2016

The next IAMRA conference will take place on 20-23 September 2016 in Melbourne, Australia. The conference will be hosted by the Medical Board of Australia and Australian Health Practitioner Regulation Agency (AHPRA).

For more information and to register your interest in the conference, contact: IAMRA2016@ahpra.gov.au.

EU institutional developments

New EU Commissioners

The new European Commission began work on 1 November and will be in post until 2019. Commission President, Jean-Claude Juncker, has changed the organisational structure of the Commission to reflect the new EU priorities of growth and jobs.

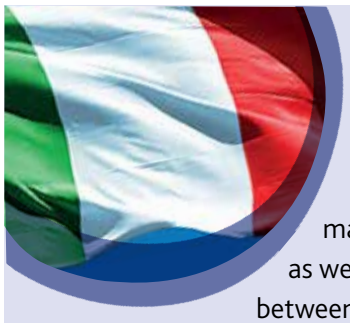
- Elżbieta Bieńkowska (Poland) is the new Commissioner for Internal Market, Industry, Entrepreneurship and SMEs. She will be responsible for recognition of professional qualifications and the implementation of the 2013/55/EU Directive. She cited this as one of her priorities during her parliamentary hearing.
- Vytenis Andriukaitis (Lithuania) is the Commissioner for Health and Food Safety. His portfolio will include health workforce.
- Marianne Thyssen (Belgium) is the Commissioner for Employment, Social Affairs, Skills and Labour Mobility whose portfolio includes the working time Directive.
- Vera Jourova (Czech Republic) is the new Commissioner for Justice, Consumers and Gender Equality who will be responsible for progressing the negotiations on the new data protection Regulation.

Trilogue negotiations between the Council and Parliament are due to start in the spring.

European Parliament elections

Following the European elections that were held across the EU earlier this year, the 751 MEPs took their seats in the Parliament in July. The European People's Party (EPP) remains the largest political group followed by the Group of the Progressive Alliance of Socialists and Democrats (S&D).

Parliamentary committees have since begun their work and new chairs have been elected. Of interest to HPCB, the new Chair of the Internal Market Committee (that is responsible for the recognition of professional qualifications) is Vicky Ford MEP (ECR, UK).



Italian EU Presidency

Italy took over the six month rotating presidency of the EU on 1 July. The single market is the top priority for Italy, as well as brokering an agreement between Parliament and Council on the proposed new data protection Regulation.

EP petition on recognition of professional qualifications

The European Parliament has responded to a petition submitted by a qualified speech therapist with a Polish university degree. The speech therapist had experience working in Germany and then applied to work in a French hospital. She passed the initial language tests required but was excluded from the next stage of the recruitment process on the grounds that she lacked relevant qualifications.

In its response, the Commission clarified that the recognition of qualifications does not provide any guarantee that professionals will receive job offers. Employment decisions remain the sole discretion of employers (subject to applicable national laws) and they may require additional qualifications and/or work experience from candidates before employing them.

Cross border healthcare infringement proceedings

The European Commission has sent formal requests to the Czech Republic, Romania and Slovenia to notify full transposition of the cross-border healthcare Directive (2011/24/EU). This enables patients to choose to receive healthcare in another Member State, and claim reimbursement for it at home. The Directive has only been partially transposed by the three countries. They now have two months to inform the Commission of the measures taken to fully implement it. Failure to notify adequate measures could lead to the Commission referring the three countries to the EU Court of Justice.

Workshop "Modernising Access to Professions" Warsaw, 17 October 2014

Marek Szewczyński Legal Advisor Polish Supreme Chamber of Physicians and Dentists

Single Market Forum 2014 consists of 21 workshops and conferences in 16 EU cities aimed at assessing how well the EU's single market works in practice. The workshop in Warsaw was a part of this, and one of the four relating specifically to professional qualifications.

It was certainly an interesting event, and in my view the discussions and presentations were more relevant for regulated professions instead of medical professions (especially sectoral ones).

The Polish Ministry of Justice presented the process of deregulation taking place in Poland describing how each profession was analysed, how they choose the optimal method of decreasing the conditions to access for a given profession and how the supporting legislative procedure was carried out. This will eventually lead to deregulation (cancelling or reducing certain requirements) of nearly 250 various professions. The adopted methods of deregulation were different and specific to each profession concerned, from total cancellation of access conditions to the simple reduction of charges related to accessing.

The panel discussions touched on issues of how to evaluate the reforms (deregulation measures) and whether regulating certain professions is indeed in the public interest or rather in the interest of the profession itself. It was suggested that regulation of profession is a broad term that may have a number of different understandings, for example licensing, registration, certification, accreditation, and each method of regulation may have specific impacts.

What was important from the point of view of medical regulators is that at no point during the discussions were they referred to as professions likely to be subjected to deregulation. On the contrary it was stated that in Poland the current deregulation process did not involve medical professions. Researchers engaged in analysing the effects of regulating certain professions commented that medical professions are not covered by their analysis, and that they do not see in the future any delicensing or deregulation of these professions. Other participants expressed a view that regulation measures are needed for professions related to healthcare.

European Parliament questions

Equivalence and mutual recognition of non-university higher education qualifications: (E-004132/2014 to the Commission Rule 117 Antonio Cancian [PPE])

The European Commission has been asked to clarify the steps professionals should take to secure proper recognition of their professional skills if no such procedure exists in the Member State for their specific qualification.

The written question detailed the example of the German post-secondary school professional qualification of geriatric nurse (Altenpfleger), only awardable by specialised geriatric nursing schools. An equivalent qualification does not exist in Italy, where the German geriatric nurse qualification is recognised as only equivalent to that of a healthcare worker which only requires an upper secondary school leaving certificate.

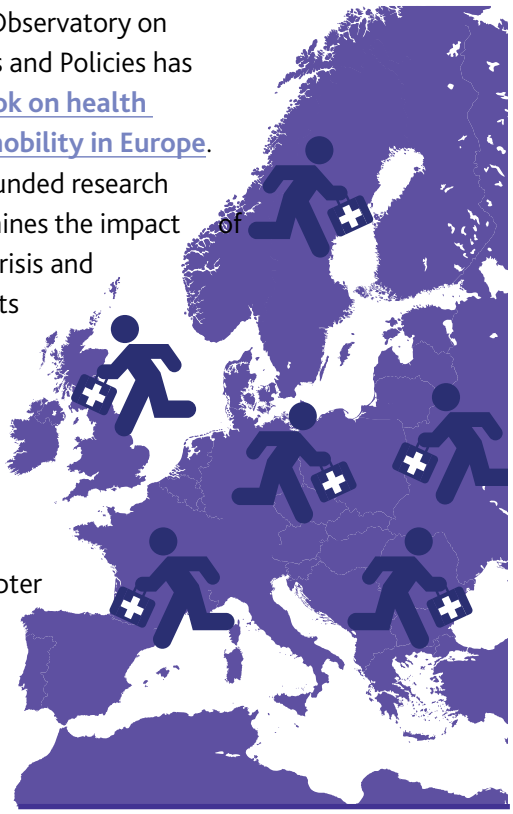
In its response to the written question, the Commission stated that professions such as Altenpfleger fall under the so-called general system of recognition. This ensures that the competent authority of the host country shall compare

the training of a professional with its national training requirements for a given profession. In case of substantial differences, the authority in the host country may impose compensation measures before granting recognition. The Commission suggested that the professional contact the authorities in the host country for the recognition of his/her professional qualifications.

European networks update

Health professional mobility in Europe

The European Observatory on Health Systems and Policies has published a book on health professional mobility in Europe. Part of an EU-funded research project, it examines the impact of the economic crisis and EU enlargements on health professional mobility. It also presents a number of case studies including a chapter on health professional migration to the UK.



European Network of Medical Competent Authorities (ENMCA)

The next meeting of the European Network of Medical Competent Authorities (ENMCA) takes place in Malta on 24 November. Competent authorities will discuss the implementation of Directive 2013/55/EU on the recognition of professional qualifications and a number of health workforce issues.

June CEOM Meeting

The European Council of Medical Orders (CEOM) held their June plenary meeting on 13 June in Bari, Italy. Thirteen Orders were represented at the meeting, including Austria, Belgium, Cyprus, France, Germany, Greece, Italy, Luxembourg, Romania, Slovenia, Spain, Switzerland and the United Kingdom. Issues such as deontological recommendations and telemedicine were discussed and results of the CEOM Board elections announced, with the election of Dr D'Autilia as President.The next CEOM plenary meeting is scheduled for 5 and 6 of December, in Rome.

Joint Action on European Health Workforce Planning and Forecasting

Lieve Jorens, WP1 Project Manager on behalf of the JA EUHWF

Funded by the Health Programme of the European Union

The Joint Action on European Health Workforce Planning and Forecasting (JA EUHWF) is a collaborative project between 30 associates and over 50 collaborating partners. These include most EU Member states and health professional federations, the European Commission and the World Health Organisation (WHO), the Organisation for Economic Co-operation and Development (OECD) and International Organization for Migration (IOM). The aim of JA EUHWF is to create a platform for collaboration and exchange between Member States to prepare the future of the healthcare workforce. It is partly funded by the Executive Agency for Health & Consumers and is coordinated by the Belgian Federal Public Service of Health. The JA EUHWF also plays a key role in the Action plan for the EU Health workforce of the European Commission.

JA EHWPF December conference in Rome

On 4–5 December JA EUHWF will hold its second conference within the framework of the Italian Presidency.

The conference aims to support Member States and national-level stakeholders in improving current health workforce planning processes. Through collaboration and sharing of good practice the JA EHWPF conference also hopes to influence political agendas concerning better health workforce planning mechanisms in the future.

Further information regarding the next JA EHWF conference can be found here.

We look forward to seeing you in Rome in December!

European Partnership for Supervisory Organisations (EPSO) in Health Services and Social Care activities in 2014

Jooske Vos, EPSO secretariat

European Partnership for Supervisory Organisations in Health Services and Social Care (ESPO) is a network of member organisations working to improve the quality of health and social care in Europe. EPSO organises informal conferences that are held twice a year in member countries. They are open to EPSO members, invited guests or speakers, and include usually no more than 35 delegates. At the conferences specific topics are presented for open debate, using a mix of plenary and small group discussions.

In 2014 EPSO held two conferences; Porto in Spring and Dublin in Autumn.

The Spring Porto conference agenda saw delegates' debate issues around economic regulation and financial aspects of inspection, risk management and risk indicators, media and social media in relation to health inspectorates and active aging.

The Autumn Dublin conference covered topics such as

- the use of information and risk based inspection in various European countries
- user involvement in health services
- effects of resilience in a contracting economies as well as methodological frameworks
- models for supervisory organisations
- a framework for Restraints and Coercive Methods in long term nursing care, psychiatric wards and hospitals (developed by EPSO countries and tested in Estonia).

The Norwegian Board of Health Supervision will host the 2015 Spring ESPO conference in Oslo, Norway. The agenda will cover:

- The EPSO Peer evaluations of the:
  - Danish Health and Medicines Authority in 2014
  - Norwegian Board of Health Supervision in 2013.
- Evaluation of various inspectorates and regulators in Europe.
- Studies on the effectiveness of supervision in healthcare.
- Alternative medicine and e-health/medicine.

If you would like to know more about the above topics, the work of EPSO or would like to suggest a speaker/expert on an ESPO topic, please contact me at jmvos@eurinspect.eu or info@epsonet.eu.

Partial access, dentistry and the implementation of the revised Directive

Cédric Grolleau, Ordre National des Chirurgiens-Dentistes

Partial access refers to the possibility for a professional moving to a host country to be granted access to a regulated profession for a limited set of activities.

This right, created by the European Court of Justice (ECJ), has been incorporated into the revised Directive 2013/55/EU on the recognition of professional qualifications. Under these provisions, only health professionals benefiting from automatic recognition are excluded from the scope of application. Professionals falling under the general system regime are included. In the latter case where partial access applies, the general phrasing of the Directive's provisions might initiate some misunderstanding. Before any new indications from the ECJ, let us consider one ruling to help the future application of this notion by competent authorities once the revised Directive will be in force from 18 January 2016 onward: partial access covers intra-professional movement and not inter-professional movement.

Any other reading would contradict both case law and the Directive's spirit.

Partial access is a case-law creation that was initiated to facilitate cross-border movement within one area of a professional activity, namely the area of engineering (case-law C-330/03), and the area of physiotherapy (case-law C-575/11). In spite of the general wording of the Directive, it should not be concluded that a non-engineer could gain access to activities reserved for engineers, in the case of health professions, that a non-paramedical professional could access activity reserved for a paramedic, nor that a paramedic professional could partly access activities reserved for the medical profession and regulated by the Directive. Otherwise, such a reading of the right to partial access would be against the spirit of the law as it would make the long and exhausting efforts to harmonise the minimum training requirements for the professions of dentists, doctors, midwives, nurses and veterinaries redundant.

Developments in European regulation

Launch of the Medical Council of Ireland's Medical Workforce Intelligence Report

Simon O'Hare and Úna Ní Chárthaigh, Medical Council of Ireland

The Medical Council of Ireland's second Workforce Intelligence Report was published on 28 of August 2014. The report highlights information collected by the Council through our annual registration retention process.

Findings within the report include:

- One in ten doctors aged 25-29 years departed the practice of medicine in Ireland. With an annual relative increase of 23% in the exit rate among graduates of Irish medical schools aged 25-29 (6.4% in 2012 to 7.9% in 2013).
- 5% of 25-29 year old doctors on the medical register are practising outside of Ireland.
- There has been a 12% increase in the number of women on the medical register since 2008, and now Four in ten (41.3%) doctors on the register are women.
- One in three doctors (34.3%) practising in Ireland qualified elsewhere. Our reliance on international medical graduates is among the highest in the OECD.
- 21.4% of doctors are aged 55 or older, compared to an OECD average of 32% of doctors aged 55 or older.
- 46.3% of doctors are registered as specialists, with a slightly lower percentage of 41.8 registered as general doctors.

As this is the second year of data in Ireland, it is difficult to draw firm trends from the statistics. However research in this area is a continued focus which will allow us to observe trends over time. The Council will share the findings with employers, educators and policy makers to inform developments in medical education, training and manpower planning in Ireland.

GMC gives green light to 'passport to practise'

The General Medical Council (UK) agreed on 25 September 2014 to develop a single national licensing examination, marking the first step to a unified 'passport to practise' for doctors wishing to practise in the UK.

The exam will be designed to give patients assurance about the competence and quality of those treating them, regardless of where they received their training.

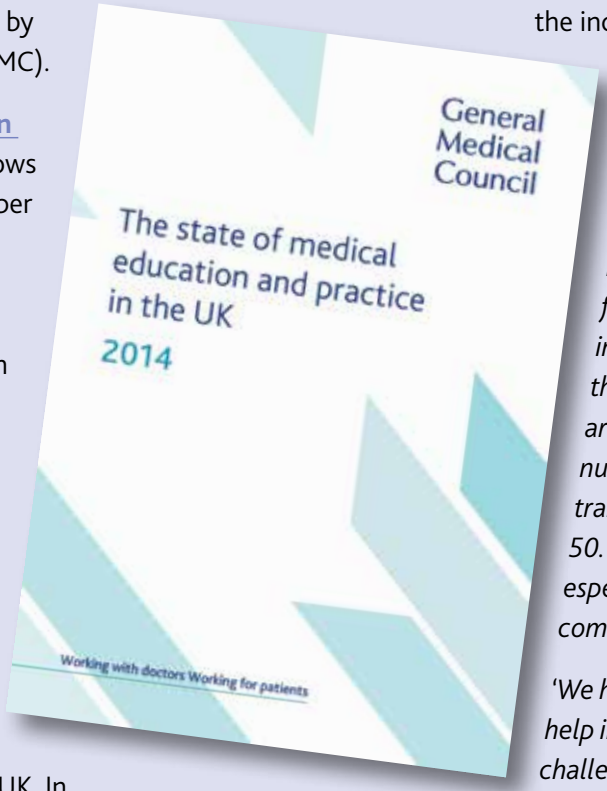
Niall Dickson, Chief Executive of the General Medical Council, said:

'This is the start of a process that, if we get it right, will create a level playing field for entry into medicine in the UK. Medicine is an increasingly mobile profession, and we must have systems in place which not only ensure that UK-trained graduates meet the required standards, but that all doctors practising here have been examined and evaluated to the same high level. There is plenty of detail to be worked out, but today we begin discussions about how to develop a single 'passport to practise'.'

The GMC will work with doctors, patients, employers and educators to develop the exam. Our aspiration is that this exam should apply to any doctor joining the medical register.

Face of UK medicine is changing, says GMC

The face of medicine in the UK is changing, with women breaking into traditionally male areas such as surgery and emergency medicine and more doctors than ever coming to work here from Europe. These are some of the findings from a major report on the state of medicine in the UK published by the General Medical Council (GMC).



The state of medical education and practice 2014 (SoMEP) shows significant increases in the number of women becoming surgeons and specialists in emergency medicine.

At the same time, the profession as a whole will soon have equal numbers of men and women doctors – already women account for 44% of all registered doctors and more than half of medical students are female.

There has also been a shift in the pattern of doctors from overseas coming to work in the UK. In the past, the largest source of overseas-trained doctors was south Asia, but recently there has been a sharp rise in doctors coming to work here from southern Europe (mainly Italy and Greece).

This may have been caused, in part, by changes to immigration rules which have made it more difficult for doctors from outside Europe to work here. The economic downturn in southern Europe and the expansion of the European Union in Eastern Europe are likely to be behind the increase in European trained doctors seeking to practise in the UK.

Niall Dickson, Chief Executive of the General Medical Council, said:

'The face of medicine is changing and it is important that those responsible for workforce planning understand the implications. Of particular concern are the potential shortages in some specialist areas where there are diminishing numbers of doctors in postgraduate training and large numbers over the age of 50. Recruitment in some parts of the UK, especially deprived areas and more remote communities is also a significant challenge.'

'We hope that this data from the GMC will help inform future decision making. The challenge for governments, educators and those who commission services must be to work together to make sure we have a medical workforce with the right skills and one which is adequately resourced, trained and supported to meet those needs.'

GDC study on UK dental CPD industry in UK

The GDC has published a report about how Continuing Professional Development is provided to dental professionals in the UK. The study, undertaken by ICF GHK Ltd on behalf of the GDC in 2013, estimates that the value of the CPD industry in dentistry in the UK is £57m per year.

CPD is a mandatory requirement for all dental professionals in the UK. They must meet the legal requirements in this area to stay on the GDC's register, or to re-join after time away.

The report assesses the range of CPD provider bodies in the UK and estimates that, in income terms, commercial providers are the main provider type, running 33% of CPD on offer. Although there is no single dominant provider organisation there are an estimated 556 providers and around half of them have been operating for more than 15 years. 43% of provision requires the participant to pay the full cost and most CPD is provided as short courses. The quality control of CPD was found to be mainly based on feedback from participants, and the report also indicated there is increasing development of e-learning amongst commercial providers.

General Dental Council

protecting patients, regulating the dental team

Claire Herbert, Head of Policy (Continuing Assurance & Revalidation) at the GDC said: *'This study has given us a real insight into how CPD is provided to dental professionals in the UK and contributes to our understanding of the CPD industry'.*

The report is available at the GDC's research library here: Rapid Industry Assessment of CPD in Dentistry (Note: the study **excluded** CPD provided 'in-house' for employees or contractors)

The GDC does not have direct regulatory powers in relation to CPD provision and has called on CPD providers in the UK to develop industry-led standards.

New decree on Professional Incompetence

Dr André Deseur, Vice-President of the French Medical Council

A new decree regarding Professional Incompetence was launched by the French Medical Council on 26 May 2014. It establishes a framework for assessment of a doctor who has not kept the full competence in their speciality, whether through a continued absence from medical practice or due to a complaint by a patient, colleague or health insurance medical inspectorate.

This is an administrative, non-disciplinary procedure and is compulsory for physicians. It will assess a physician's competence and establish the scope, nature and modalities of the training necessary to address any lack of competence. Depending on the nature of the detected deficiency, the procedure will then establish if suspension (partial or full) is appropriate.

If a physician is suspended under this decree, they will have to prove that they comply with the required training obligations before they can be authorised to resume their medical practice. If not, or if there is any doubt, the French Medical Council can extend the duration of the suspension be it total or partial, and possibly require the physician to submit to a further assessment before taking a final decision.

In urgent cases, an immediate suspension can be pronounced by the Director General of the Health Regional Agency. The French Medical Council would then automatically apply the assessment.

If, following a complaint, the Disciplinary Chamber of First Instance or the National Disciplinary Chamber of Appeal judge that a professional deficiency exists, the French Medical Council can implement this administrative procedure in addition to a disciplinary sanction.

This procedure, although burdensome to implement, is a major step forward for the protection of patients and the public and confirms the essential role played by the French Medical Order. It may also represent a step towards a regular re-certification procedure which currently does not exist in France.

Leadership Alliance for the Care of Dying people

In 2013 the UK government set up an independent panel to review the use of the Liverpool Care Pathway (LCP) in England. The Panel's report *More Care, Less Pathway* (July 2013) found evidence of both good and poor care delivered through use of the LCP. In some cases, the LCP had been used as a generic protocol to deliver standardised treatment and care, rather than personalised care to meet the needs of the individual patient; this in turn causing distress and harm to the dying person and their family.

The Panel recommended phasing out use of the LCP in England by July 2014. This and other Panel recommendations for improving standards of care for dying people have had a major impact across the UK. The report has also had repercussions in other parts of Europe where the LCP has been adopted as a key tool supporting efforts to drive up the quality of care provided to dying people in hospital and community settings.

In England, 21 national organisations (including the GMC) formed a Leadership Alliance to develop a system-wide response to the Panel's recommendations. In their report *One chance to get it right* Alliance members set out wide ranging actions for the year ahead to support improved care following the phasing out of the LCP.

The LCP is also being phased out in Scotland where the Living and Dying Well National Advisory Group has produced an interim statement to support the provision of high quality care during the transition. And in Northern Ireland approaches to care of the dying will now focus on meeting the 'five principles'.

It is uncertain whether similar action might be follow in Europe. However, the Council of Europe's recent publication of the *Guide on medical treatment in end of life situations* provides additional important support for good practice.

UK General Chiropractic Council research into rising complaints

Neil Johnson, Policy and Communications Manager, General Chiropractic Council

In 2010 we received 27 allegations against chiropractors. Yet by 2013 we had seen a more than threefold increase in the number of complaints to 83.

The research looked at the 199 complaints we received between 2010 and 2013 to identify the issues that were encouraging people to make complaints against chiropractors.

So what did we find?

The key finding was that two-thirds of the complaints that we receive could be avoided if chiropractors paid greater attention to their levels of professionalism, ethics and relationships with patients.

The most commonly occurring allegations concerned the clinical care that chiropractors delivered and complaints arising from the relationship between the chiropractor and the patient. Complaints centred on:

- Substandard treatment
- Failure to explain the diagnosis or treatment plan
- Issues regarding consent for treatment
- Confidentiality breaches
- Poor hygiene.

Most of these complaints were not a consequence of the chiropractor seeking to deliberately circumvent our requirements, but of not understanding the intent behind a particular requirement or allowing standards to slip over time.

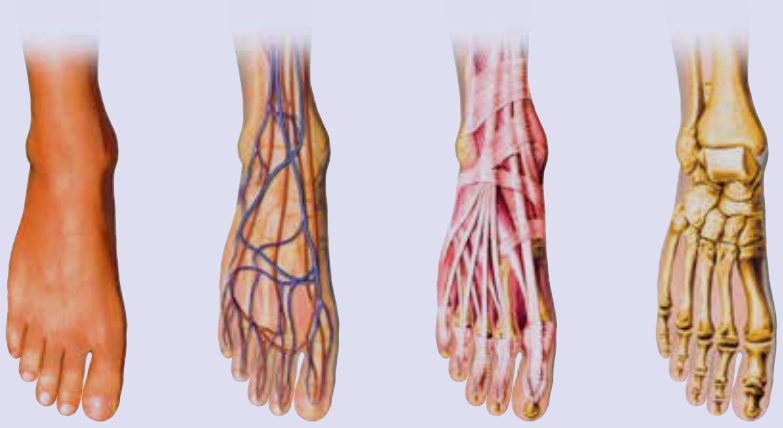
So what are we going to do?

With so many complaints being avoidable, we intend producing more guidance for chiropractors, working with the education providers and reviewing our code of practice, standard of proficiency and continuous professional development requirements. We have also asked for changes to be made in the legislation that governs our work.

We have also introduced a system to study each fitness to practice case to see if any steps could have been taken to prevent the individual from transgressing our standards.

Consultation on proposed standards for podiatric surgery

Greg Sutherland, Communications Officer, Health and Care Professions Council



The Health and Care Professions Council (HCPC) has launched a 16-week consultation to seek the views of stakeholders on proposed standards for podiatric surgery. The standards set out requirements for podiatric surgery training programmes, as well as the knowledge, skills and understanding necessary for safe and effective podiatric surgery practice.

Once agreed, the HCPC will use the standards to approve and monitor post-registration education and training programmes in podiatric surgery. The HCPC will in the future annotate (mark) the Register to indicate podiatrists who have successfully completed an approved programme. By providing information to the public about who is qualified in podiatric surgery, this annotation will help support informed choices.

Podiatric surgery is the surgical management of the bones, joints and soft tissues of the foot and its associated structures such as the correction of bunions or dealing with foot problems related to diabetes. Podiatrists complete additional training lasting a number of years in order to practise podiatric surgery and must already be registered with the HCPC. Therefore, podiatrists practicing podiatric surgery will also still need to meet the HCPC's other standards including the standards of proficiency for chiropodists / podiatrists, the standards of conduct, performance and ethics, and standards for continuing professional development.

The consultation will run until Friday 16 January 2015. The HCPC will then analyse the responses, publish the comments received and explain the decisions made as a result. Subject to the outcome of the consultation, the HCPC plans to publish the approved standards in June 2015.

For more information on the consultation please click here.

Around the world

New York law gives nurses more independence from doctors

A new law will give nurse practitioners in New York freedom to operate independently of doctors from January 2015. The Nurse Practitioners Modernisation Act removes the requirement for a written practice agreement between a nurse and a doctor as a condition of practice. Nurse practitioners can diagnose and treat illnesses, prescribe drugs and do many of the same things doctors do. A nurse practitioner is a registered nurse who has received a master's degree and training in a specialty area such as primary care. 17 other US states have adopted similar laws.

World Health Professions Regulation Conference

The World Health Professions Regulation Conference took place in Geneva on 17-18 May 2014. At the conference, global leaders of the main health professions urged their members to pay more attention to regulation issues and implement the right systems in order to act in the public interest. More information on the conference outcomes can be found here.

The next conference will be held the 14 - 15 May 2016, in Geneva. Information on this conference will be available in due time on the WHPA webpage: www.whpa.org.

Quality healthcare through collaboration

Charmaine Motloung, Senior Manager: Public Relations & Service Delivery, Health Professions Council of South Africa

The 18th Annual Conference of the Association of Medical Councils of Africa (AMCOA) was held from 28 July till 1 August in Mauritius, one of the member countries of the organisation. AMCOA is an association of African regulatory bodies who share a common aim of protecting the public and guiding health professions in Africa. Representatives from member countries, such as South Africa, Kenya, Ghana, and Namibia, meet annually to discuss means of ensuring an integrated process of medical regulation, standardisation and harmonisation of education and training, and improving the quality of healthcare in Africa.

In his welcome message at the conference the President of AMCOA Professor George Magoha highlighted challenges the African continent is facing in regards to the scarcity of health professionals, brain drain in the health sector, the quality of medical education and the increase in number of litigations. He also highlighted the importance of collaboration of associations to share knowledge and best practices to assist with militating against challenges. "The health sector is one of the most demanding and sensitive area. This is particularly given that it is the sector that deals with human life and matters of life and death", he said.

The same sentiments were echoed by the Minister of Health & Quality of Life in Mauritius, Hon. Lormus Bundhoo. He underlined the primary functions of medical councils to be that of ensuring the highest standards in medical practice; ensuring all registered with respective Councils observe their codes of practice at all times along with continuing their professional development. This is to ensure they are able to protect, promote and maintain the health and safety of the public in general and patients in particular. At the conclusion of the conference, camaraderie had been reinforced by representatives from the various member countries and breakthroughs identified in improving the quality of healthcare in the respective countries.

HPCSA
Health Professions Council of South Africa

New IAMRA Chair

At the IAMRA General Assembly on 9 September 2014, Niall Dickson, GMC Chief Executive and Registrar and IAMRA Chair Elect, took up the chairmanship of IAMRA. IAMRA Members also elected Dr Humayun Chaudhry, President and Chief Executive Officer of the Federation of State Medical Boards of the United States, as the new IAMRA Chair-Elect and Secretary. Niall Dickson's chairmanship will run until 2016 when Dr Chaudhry will take over the role until 2018.

IAMRA Vacancy: Executive Director

IAMRA is seeking a part-time Executive Director to lead the day-to-day operations of the Association and delivery of its work programme. This includes executive leadership for IAMRA to ensure it meets its strategic priorities and becomes more proactive in dealing with the needs of its members.

The deadline for applications is **24 November 2014.** For more information visit: http://www.iamra.com.

Addressing the Globalisation of Dental Education & Regulation

Cédric Grolleau, Ordre National des Chirurgiens-Dentistes

In September this year the International Society of Dental Regulators (ISDR) held their 2nd International Conference of Dental Regulators in London, UK. Participants from ten countries, including France, Canada, Australia, Republic of Korea, Ireland, New Zealand, Dubai, United Kingdom, Spain, and Singapore came together to discuss substantive issues such as accreditation, labour mobility, quality assurance, and competency standards.

The group debated different models of continuing education for practicing dentists, as well as the main findings from three landmark studies into the new system of medical revalidation in the United Kingdom. Professor Robert Love from the University of Otago in New Zealand also presented on the issue of globalisation of dental accreditation, confirming the need for an *international agreement on quality process, benchmarking and assessment that will allow global mutual recognition of professional activities, education and training*.

The ISDR was established during early 2014 by regulators from Australia, Canada, France, Ireland, New Zealand, Korea, Singapore, France and the Emirate of Dubai, after the success of the first international conference of dental regulators in Edinburgh, Scotland in October 2013. The society provides a forum for the development and sharing of new concepts and approaches in dental regulation,

with its overall aim to facilitate international cooperation for the regular exchange of dental licensing, registration, regulatory and disciplinary information and to encourage good practice internationally.

Presentations from the 2014 ISDR conference are available here: http://www.isdronline.org/Assets/DOCUMENTS/ISDR/ISDR_PPT_Presentations_Sept2014.pdf.

The next conference is scheduled for 15 September 2015, in Boston, in association with the International Council on Licensure, Enforcement & Regulation (CLEAR) conference.

Upcoming events

5 – 7 November 2014
The Canadian Association of Midwives Annual Conference
Saskatoon, Saskatchewan

14 November 2014
Single Market Forum 2014 workshop "Regulating professions - Effects and way forward"
Berlin

24 November 2014
European Network of Medical Competent Authorities meeting
Malta

1 December 2014
Single Market Forum, Conference on European Professional Card
Rome

4 – 5 December 2014
Health workforce plenary meeting
Rome

6 December 2014
European Council of Medical Orders (CEOM) meeting
Rome

Expected by end 2014
Publication of European Professional Card Implementing Act and alert mechanism implementing

Expected February/March 2015
Tri-logue negotiations on proposed data protection Regulations

25 – 26 June 2015
Council on Licensure, Enforcement & Regulation (CLEAR) International Congress on Professional and Occupational Regulation
Amsterdam

18 January 2016
Transposition deadline for Directive on recognition of professional qualifications

Newsletters

Association for Dental Education in Europe
Special edition European activities August 2014
Volume 10, issue 2, August 2014

Eurohealth
Issue 138, 16/10

French Order of Doctors
September 2014 bulletin
October 2014 newsletter

General Chiropractic Council
August 2014

General Dental Council
Autumn 2014

General Medical Council GMC News
October 2014

Health and Care Professions Council (HPCP)
Issue 55, October 2014

Health & Social Care Professions Council CORU
Issue 7 Summer 2014

Internal Market and Consumer Protection Committee, European Parliament (IMCO)
September edition

Internal Market Directorate-General, European Commission
Issue 36, 10/2014

Nursing and Midwifery Council
October 2014

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