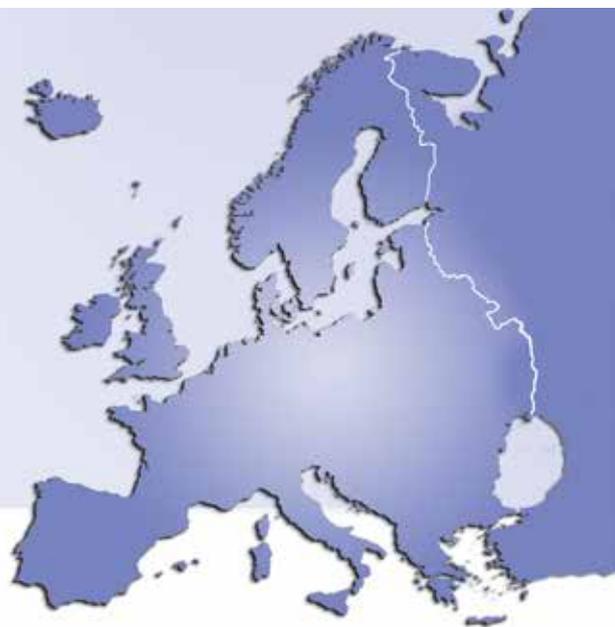


## Crossing Borders Update



Welcome to the March edition of the *Healthcare Professionals Crossing Borders Update*. In this edition we look at the adoption of the new EU data protection Regulation, the Irish Medical Council publishes its *Your training counts 2015* report and the Joint Action Health Workforce discuss their third and final conference that was held in Bulgaria. Meanwhile, UK health and social care regulator HCPC have published revised standards on conduct, performance and ethics and the Australian Medical Board have revised its standards for Continuing Professional Development (CPD).

### RPQ Directive goes live!

The recognition of professional qualifications [Directive](#) came into force on 18 January 2016 across all member states. The revised Directive was adopted at the end of 2013 and member states have had two years in which to implement the provisions of the Directive into their national legislation.

The main features of the new Directive introduce:

- a pro-active fitness to practise alert mechanism
- the ability for healthcare competent authorities to assess the language competence of professionals after recognition but before access to the profession
- a requirement for member states to encourage continuing professional education and training
- the principle of partial access for professionals who do not benefit from automatic recognition

- revised minimum training requirements for some of the healthcare professions including doctors, nurses, dentists and midwives.

The European professional card was introduced for general care nurses, physiotherapists and pharmacists across the European Union. This provides a centralised online application procedure for these professionals.

HPCB participants have worked to influence every step of the decision making process for this Directive, particularly the proactive fitness to practise alert mechanism, the introduction of which was one of the founding principles of HPCB.

Going forward, HPCB will continue to work with stakeholders across the EU to ensure the evaluation of the European professional card is transparent and thorough and that member states have the opportunity to highlight any substantive issues that may arise post-implementation.

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For further information please contact:  
**Olivia Guthrie**, Healthcare Professionals Crossing Borders,  
 350 Euston Road  
 London NW1 3JN  
 Tel: +44 020 7189 5162  
 Email: [hpcb@gmc-uk.org](mailto:hpcb@gmc-uk.org)

## STOP PRESS – 2016 HPCB conference

The next Healthcare Professionals Crossing Borders conference, jointly hosted by the UK [General Medical Council](#) and [Nursing and Midwifery Council](#), will take place in London on **Friday 28 October 2016**.

The conference will focus on the lessons learnt from the implementation of the recognition of professional qualifications Directive, with a focus on the European professional card and alert mechanism.

Further details can be found on the [HPCB website](#) and upcoming editions of the HPCB Update.

## European Union institutional developments

### EC consultation on work-life balance

*Kate Ling, Senior European Policy Advisor, NHS Confederation European Office*

Working hours and patterns in the health sector have been a controversial issue for several years across the EU, with some countries struggling to reconcile European working time rules with local practices and working patterns. Compliance with European Court of Justice (ECJ) rulings about the amount and timing of rest periods for doctors “on call” has proved especially problematic.

On 23 December the [ECJ ruled that Greece had failed to fulfil its obligations](#) under EU law by not implementing a maximum 48-hour working week and not making provisions for minimum periods of rest for doctors. The European Commission brought legal action against Greece following a complaint from ten Greek medical associations, on the grounds that doctors were sometimes obliged to work up to 32 hours consecutively. In its ruling, the ECJ confirmed the validity of the EC action. Greece must now comply with the ruling without delay.

The European Commission launched a consultation (closed last year) asking how the working time Directive rules might be changed in future.

The EC wishes to take a broader approach to the entire issue of work/life balance, in particular enabling employees with dependents to combine their working lives and family responsibilities more easily. The Commission therefore launched a “fresh approach” by conducting a [public consultation](#) on whether further legislation (for example on maternity/paternity leave, carers’ leave, right to request flexible working, etc.) or non-legislative initiatives, such as guidance, would be welcome at European level.

Health service employers responded to the consultation saying, as with the working time Directive, a one-size-fits-all, top-down legislative approach would not be helpful.



However employers would very much welcome exchanges of best practice between EU countries showing how flexible working practices and patterns can help employers retain staff, improve staff health and wellbeing by reducing stress and sickness, and deliver services more efficiently.

The European Commission has told the organisations representing employers and trade unions at EU level that they plan to issue proposals for action in time to allow a second-stage consultation and implementation before the end of 2016. However it has indicated they won’t bring forward any new legislative proposals on the Directive before 2017.

## Adoption of new data protection Regulation

The EU has agreed a new data protection [Regulation](#) which will replace the current data protection Directive which dates from 1995. Key features of the Regulation for the health sector include:

- increased flexibility for healthcare staff to access medical records, so long as they have legitimate reason to do so
- the possibility of national laws and rules to make it easier and clearer for the health service and competent authorities to share data with other organisations in a more joined-up way

- a legal framework which will not hamper the ability to conduct medical research

- easier patient access to their medical records for which healthcare providers will no longer be allowed to charge an administrative fee

The Regulation must be implemented by member states by early 2018.



## European professional card launched



The European professional card (EPC) has been introduced for general care nurses, pharmacists, physiotherapists, real estate agents and mountain guides who wish to work in another EU member state. The card aims to ease the free movement of these professionals by simplifying the procedure for getting their professional qualifications recognised in another EU country.

This fits in with one of the objectives of the recently adopted [Single Market Strategy](#) to enable Europeans to work wherever they chose, anywhere in the EU.

The EPC is not a plastic card, but an electronic certificate issued via an online procedure for the recognition of qualifications. It works via the Internal Market Information (IMI) system which allows professionals to communicate with the relevant competent authorities within a secure network. The IMI also provides for an official, multilingual communication channel between competent authorities with the aim of facilitating cooperation and enhancing mutual trust.

The EPC does not replace the 'traditional' recognition procedures that have existed for a number of years; rather it provides an additional route to recognition for professionals.

## EC investigates complaint against French midwife authority

The European Commission has [responded](#) to a petition submitted by a Belgian midwife whose qualification was not recognised by the French competent authority. The petitioner obtained her midwifery qualification in Belgium in 2014, which was accompanied by a certificate attesting to its compliance with the minimum training requirements of the recognition of professional qualifications Directive.

However the French authorities did not accept the certificate, which was issued as the Belgium authority recognised part of her previous training as a nurse by way of an academic recognition procedure. The EC has asked for further documents to be submitted before it can rule on the case.

## Petition on certificates of compliance

The European Commission has considered a [petition](#) which complained about the requirement to obtain a certificate of compliance for the diplomas of medical specialists wishing to practise in another member state. As obtaining such a certificate can sometimes take a large amount of time, the petitioner argued that this was an obstacle to the free movement of workers in the EU and could result in uncertain situations for the doctors concerned. Consequently, the petitioner advocated that compliance should automatically be indicated on each new diploma so as to save time and money. In its response, the EC differentiated between the automatic and general system route to the recognition of qualifications and highlighted the continued need to obtain certificates of conformity in cases of acquired rights.

# European networks update

## 4th International Conference of Dental Regulators

Momentum is building for the 4th International Conference of Dental Regulators which will take place on 20 May 2016 in Geneva, Switzerland.

The agenda for the conference has been announced, including the keynote speakers André Gariépy from the Government of Québec's Office of the Professions and Rosalyn Hayles from the Professional Standards Authority in the UK.

The event will also include a presentation and forum for discussions about the first Draft International Accreditation of Dental Competencies. Please [click here to view the full conference agenda](#).



International  
Society of  
Dental Regulators

Don't miss out on this unique opportunity to network with a range of dental regulators from around the globe. The learning experience transcends the conference as you can create new contacts and networks to enhance your knowledge base.

For more information, including the full biographies of the keynote speakers, [visit our website](#). The registration deadline is 15 April 2016 and hotel accommodation is limited, so be sure to [register today!](#)

## European Medical Organisations' conference on CPD for doctors



On 18 December 2015, the European Medical Organisations hosted a joint conference entitled '*Continuing Professional Development for Doctors – Improving Healthcare*'. The conference received support from the Ministry of Health of the Grand Duchy of Luxembourg, with Luxembourg holding the Presidency of the Council of the EU.

The focus of discussions was the future vision for doctors' Continuing Professional Development (CPD), taking into account policy developments, academic debate and real-life experience. In several working groups, conference participants reflected on the impact of regulatory changes, e.g. the amendment to the professional qualifications Directive, the correlation between CPD and patient safety, and the European and national experience of creating incentives and tackling barriers to CPD.

The experts agreed that regardless of systemic approaches, the discussion and continued cooperation of all stakeholders involved in enabling CPD is key to ensuring

added value for quality of care. In a [consensus statement](#) enshrining shared principles for CPD, the hosting European Medical Organisations reaffirmed that "*it is an ethical obligation for every practising doctor to ensure that the medical care they practise is safe and based on valid scientific evidence. In order to achieve this, every doctor must engage actively in CPD which is appropriate for her/his identified learning needs*".

This article was written on behalf of; the European Association of Senior Hospital Doctors (AEMH); the European Council of Medical Orders (CEOM); the Standing Committee of European Doctors (CPME); the European Working Group of Practitioners and Specialists in Free Practice (EANA); the European Junior Doctors Permanent Working Group (EJD); the European Medical Students Association (EMSA); the European Federation of Salaried Doctors (FEMS); the European Union of General Practitioners (UEMO) and the European Union of Medical Specialists (UEMS).

## Final meeting of the Romania-Moldova Joint Feasibility Study on Health Workforce Planning

*Marius I. Ungureanu MD, Mara P. Timofe MA, Babeş-Bolyai University Cluj-Napoca, Romania*

On 8 February 2016, the National Institute of Public Health in Bucharest, Romania hosted the final meeting of the Romania-Moldova Joint Feasibility Study on Health Workforce Planning. The meeting was built around the findings of the interviews conducted with stakeholders from Romania and Moldova between October 2015 and January 2016.

Attendees included representatives of the Romanian and Moldovan Ministries of Health, Romanian Presidential Administration, National Institute of Public Health and professional associations. Other Joint Action associated partners, including Babes-Bolyai University in Cluj-Napoca, Romania, Belgian Ministry of Health and Italian Ministry of Health also attended.

The discussion focused especially on the challenges faced by both countries in the need to use health workforce data in planning methodologies and informing subsequent policies. Participants agreed that planning – both at the individual level of each country and as a shared process – is feasible and that the steps leading to that aim are manageable.

One key element of this process is a Memorandum of Understanding (MOU) between Romania and Moldova which will focus on health workforce issues. By establishing an MOU both countries can intensify the process of sharing lessons in data collection and analysis, and start thinking about a shared planning process. Expected changes in Romanian legislation plan to ease the access of Moldovan health workers in Romania, where the MOU will help prevent unwanted effects from health workforce migration such as “brain drain” and have advantages for both countries by improving circular migration.



## European Council of Medical Orders Plenary Meeting Outcomes

*Dr. Nicola D'Autilia, President, CEOM*

The European Council of Medical Orders (CEOM) brings together Medical Orders and independent medical regulatory authorities of member states of the European Union. Its purpose is to promote the practice of high quality medicine respectful of patients' needs within the EU.

The last CEOM plenary meeting was held in Sanremo, Italy on 28 November 2015. Ten Medical Orders attended the meeting: Belgium, Cyprus, France, Greece, Italy, Luxembourg, Portugal, Romania, Spain, and Switzerland. Four guest organisations also attended the meeting: the Standing Committee of European Doctors (CPME), the European Federation of Salaried Doctors (FEMS), the Institute of Global Health of the University of Geneva and the Italian Institute for Health, Migration and Poverty (INMP).

Several texts were adopted during the Sanremo plenary session: the [Statement of the CEOM on the impact of the Transatlantic Trade and Investment Partnership \(TTIP\) on health and the medical profession](#), and four deontological guidelines on [medical research and therapeutic tests, conflict of interest, appropriate prescribing of medications, and professional updating and CME-CPD](#).

Participants had the opportunity to hear and to discuss presentations on various topics. The [European Observatory of Medical Demography](#) presented two studies on the migration flows of doctors practicing in Belgium and in France and the work of the Italian Institute for Health, Migration and Poverty on refugees' health in Italy was also presented. Participants were also privy to a presentation on the impacts of climate change on human health made by the Director of the Global Health Institute of the University of Geneva.

To learn more information on the CEOM Website: [www.ceom-ecmo.eu](http://www.ceom-ecmo.eu), on the [CEOM LinkedIn webpage](#) and on [Wikipedia](#).

## Joint Action Health Workforce third and final conference

Joint Action Health Workforce (JA EUHWF) is a three year project aiming at improving the capacity for health workforce planning and forecasting by supporting European collaboration. The general objective is to provide a platform for collaboration and exchange between member states, and to support them in the preparation of the future health workforce. It is partly funded by the EU Consumer, Health, Agriculture and Food Executive Agency and is coordinated by Belgian Federal Public Service of Health. The JA EUHWF represents a significant part of the execution of the European Commission's 2012 Action Plan for the EU Health Workforce.

After two successful conferences in Bratislava and in Rome, the Joint Action Health Workforce organised its third and final conference *Planning and Educating Health Workforce without Borders*. The event took place on 18-19 February in Varna, Bulgaria.

The main focus of the conference was on the highly discussed topics of health workforce mobility and migration, not only from a data perspective but also from ethical and social aspects with 'rich country' cases providing inspiring case studies. The topic of education in health workforce provided different perspectives on educating health professionals for the future, and the effects of a changing demography on health workforce needs concluded the three mutually intertwined topics of the conference. The rich variety of speakers and presenters demonstrated a balanced mixture of research, theoretical and practical experiences. The full programme of the conference along with the speakers' presentations and CVs are available on our [website](#).

The last major event organised under the auspices of the Joint Action will take place on 3-4 May 2016 in Belgium. This event will focus on sharing the information about the Joint Action outputs and outcomes and will present the vision with regards to the sustainability options of the EU Health Workforce activities. The meeting will support policy dialogues in the field of health workforce and will provide a platform for discussion, networking and future partnerships. Information on the event can be found [here](#).



Funded by  
the Health Programme  
of the European Union

# IPL Dublin 2015

## Advancing Health and Wellbeing through Interprofessional Learning

***"Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care"***

CAIPE, 2002

Almost 200 delegates representing 13 health and social care professions, patient groups, government, regulators, education and training providers came together on 6 October 2015 to attend the inaugural Health and Social Care Interprofessional Learning (IPL) conference in Dublin.

Jointly hosted by the Nursing and Midwifery Board of Ireland, Health and Social Care Professionals Council (CORU), Medical Council, and the Pharmaceutical Society of Ireland (PSI), with the support of the Dental Council and the Department of Health, the aim was to commence dialogue on the nature and significance of interprofessional education and learning and future directions for IPL and collaborative practice in Ireland.

Under the broad theme "Advancing health and wellbeing through interprofessional learning for collaborative practice: good practice, dilemmas and future directions", the conference programme contemplated the future of shared learning from a range of perspectives. Throughout the conference there was repetition of the need to embed interprofessional care, communication and learning from the earliest stages of undergraduate education and continuing throughout the lifelong learning spectrum, including continuing professional development.



Picture above: Dr John HV Gilbert presents the first keynote address at IPL Dublin 2015

Key themes emerging from the conference include:

- systems-level support will be required to more widely implement the valuable IPL initiatives that are being rolled-out in higher education institutions and in health and social care settings
- efforts are necessary to minimise barriers to the introduction of a greater degree of IPL, including issues around fear of loss of professional identity, overcoming timetabling constraints for education providers and the impact of traditional hierarchies in health and social care provision
- IPL in undergraduate health and social care education and the early introduction of such learning will enhance the patient experience and ultimately patient care

It is the intent of the health and social care regulatory bodies to continue to work together, and with key stakeholders, to progress the IPL agenda in Ireland. Details of the conference are available on [www.iplconference.org](http://www.iplconference.org) and a conference report will be published in Spring 2016.

## Nursing regulators pave the way to update Annex V of RPQ directive

On 11 February the Educationalists Working Group of the network of EU nurse regulators met to discuss the revision of Annex V of the recognition of professional qualifications Directive. This meeting was held in preparation for the network conference which will take place on 19 and 20 April 2016 in Dublin.

The Dublin conference follows from the September 2015 conference in London and will discuss competences for nurses; the aim being to form a regulators' position on the revision of Annex V of the qualifications Directive. It is widely agreed that the subjects listed in the Annex are no longer useful and need to be revisited. The challenge is to modernise the current Annex with content that is both

relevant today but is also future-proof. The constraints of the delegated powers which the Commission has to change the Annex will also play a role in shaping this content.

The network of EU nurse regulators has agreed that it would not seek to "reinvent the wheel." As such, it recognises the very good work produced by professional associations and in particular EFN's [Competency Framework](#). The content and principles of the framework will be used by the Network in order to produce an updated Annex which will draw a wide consensus from different nursing stakeholders.

European competent authorities for nurses can register for the conference [here](#).



## Caring for Older People

*Bert de Groot, Bureau Lambregts*

In aging societies nurses play a key role in caring for older people and delivering safe, high quality and cost-effective health services. Nurses know only too well that, unfortunately, very often health care does not fit the needs of older people. The Fifth European Nursing Congress (Rotterdam, 4-7 October 2016) rises to the challenge and asks: Caring for Older People: How Can We Do the Right Things Right?

The congress focuses on scientific research and innovations in fields like patient and public involvement, patient safety, patient systems, informal and community care, palliative care, technology and medication. Prominent keynote speakers from across the globe will address the issues at stake: Professor Carole Estabrooks (University of Alberta) is an expert on knowledge translation in the health sciences. Professor David Richards (University of Exeter) is leading

in health services research methods including systematic reviews, clinical trials and complex interventions. Professor Li-Chan Lin (National Yang-Ming University, Taiwan) is best known for her contributions in the area of institutional care of the elderly, and particularly for her work in interventions to improve problem behaviour for patients with dementia. Professor Anne Marie Rafferty (King's College London) will address education and learning, another key issue at the congress.

Increasingly, health professionals across the globe are adapting practices from each other that have proven their value. Nurses will be crossing borders quite literally too: hundreds of abstracts from an astonishing 25 countries across the globe have been submitted. Read more and registration: [www.rotterdam2016.eu](http://www.rotterdam2016.eu)

# Developments in European regulation

## New Irish Medical Council Research to Improve Induction for Doctors

Co-authored by Ailbhe Enright & Gráinne Behan, Irish Medical Council

In February 2016 the Irish Medical Council announced that it would contact over 4,000 doctors to identify how registration and employment practices can better support doctors new to the Irish health system.

University College Dublin's (UCD's) School of Medicine has been appointed to speak directly to new and recent entrants to medical practice in Ireland to find out what education and training they would have benefitted from when they first began work in the Irish health system. This information will then go on to inform the design of a registration support programme to be delivered by the Medical Council, which will be called *Safe Start*. The project is also being developed to inform the work of employers on their own more detailed induction programmes and the ongoing support of doctors who have qualified outside Ireland.



A questionnaire has been sent to over 4,000 doctors who are new to the medical register in Ireland and the UCD medical education research team will also conduct face to face interviews with a sample of doctors to explore issues raised in detail.

The research will continue over the coming months and a full report will be published by the Irish Medical Council in due course.

## Irish Medical Council Publishes Your Training Counts 2015 Report

Co-authored by Ailbhe Enright & Simon O'Hare, Irish Medical Council



In December 2015, the Irish Medical Council published its [Your Training Counts 2015 report](#). This report reflects the second year of data the Medical Council has collected from trainee doctors in order to gain a greater insight into their perceptions of clinical learning environments.

In 2015, trainees reported a slight increase in the quality of learning environments and 9-in-10 rated the quality of care to patients as 'good or better'. Trainees also rated 'teamwork' and 'peer collaboration' significantly more highly than in the previous year.

The lowest rated aspect of clinical learning environments by trainees this year was 'feedback', similar to findings in 2014. The report showed that 30% of interns still disagreed, to some extent, that their previous medical

education prepared them well for the intern year. Poor experiences of induction and orientation were reaffirmed in 2015, with 22% of trainees reporting they were not offered an induction at all and a further 9% reporting they were offered an induction programme but could not get released from their duties to attend. Bullying still persists within training environments with 35% of trainees saying they had been bullied within the last year. Of the trainees that were bullied, 50% reported doctors as being the main sources of bullying, while 36% of trainees reporting nurses and midwives as being the main sources of bullying they experienced.

To view more on the Your Training Counts surveys, please go to the following link on our website: <http://bit.ly/MedicalCouncilEducationYourTrainingCounts>

## Revised standards of conduct, performance and ethics

The UK's Health and Care Professions Council (HCPC), which regulates health, psychological and social work professions, has published revised [standards of conduct, performance and ethics](#). These are the high level ethical standards that are set for all the professionals on the register. They are important because they help the HCPC make decisions about the character of professionals who apply to the register and are used if someone raises a concern about a registrant's practice.

The HCPC have made general changes to the overall structure of the standards. These include the reduction in the number of standards from fourteen to ten, as well as an easier to follow format.

Other changes include a new standard about registrants being open and honest when things go wrong. The language chosen was designed to reflect the desire for greater accessibility across the revised standards. Included in this standard is the requirement that registrants apologise and ensure that the service user receives an explanation of what has happened.

Changes have also been made introducing a requirement for registrants to report and escalate concerns they might have about the safety and wellbeing of service users.



Registrants must, for example, ensure that the safety and wellbeing of service users always comes before any professional or other loyalties.

The changes were made after a series of external engagement activities before approval by the HCPC Council. These included the recommendations of a Professional Liaison Group, a series of service user and carer engagement events across the UK, and a three-month public consultation.

Further to the recently published revised standards, the HCPC is also in the process of producing revised guidance on conduct and ethics for students. The guidance is based on the revised standards of conduct, performance and ethics and explains what they mean for students on HCPC-approved programmes. The guidance will be published in May 2016.

The revised standards of conduct, performance and ethics can be found [here](#).

## HCPC fitness to practise annual report 2015

In December 2015 the [Health and Care Professions Council \(HCPC\)](#), which regulates health, psychological and social work professions in the UK, published its twelfth fitness to practise annual report. The report provides information about the work it does in considering allegations about the fitness to practise of some of their registrants from 1 April 2014 to 31 March 2015.

The report highlights some interesting statistics including:

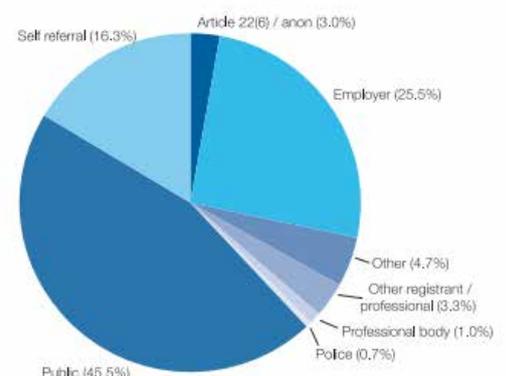
- in 2014-2015 the number of individuals on the register increased by 2.7%
- the number of new fitness to practise concerns received also increased from 2,069 to 2,170 (a 4.8% increase from the year before)

In terms of the cases that were progressed through the fitness to practise process in 2014-2015:

- 1,042 cases were closed without being considered by an Investigating Committee Panel (ICP)
- 849 cases were considered by an ICP
- 351 final hearings were concluded
- 236 review hearings were held

The report can be read [here](#).

### Who raised concerns in 2014-15?





## Certificates of Current Professional Status / Certificates of Good Standing

Andrew Richardson, Applications Manager,  
General Medical Council UK

The GMC has improved the way it issues Certificates of Current Professional Status (CCPS) / Certificates of Good Standing (CGS). From 18 January 2016 when a doctor requests a CCPS/CGS the GMC will, in the majority of cases, automatically email these out to regulators where they have verified the email address for that regulator.

### Regulators who already receive certificates electronically

If the GMC already emails you CCPS/CGS you don't need to do anything. You won't notice any significant difference as certificates will still be attached to an email as PDFs. If you want to update the email address the GMC send certificates to then please let us know via [reginfoteam@gmc-uk.org](mailto:reginfoteam@gmc-uk.org).

### Regulators who don't receive yet certificates electronically

So that the GMC are able to send you certificates, we'll need an email address for your organisation. Please respond to [reginfoteam@gmc-uk.org](mailto:reginfoteam@gmc-uk.org) to confirm a suitable email address, or if you have any other questions about CCPS/CGS.

## Options for longer term development

More and more people are accessing the GMC's register – last year there were over seven million searches – and the regulator is now exploring options for further improvement.

Last year independent research found that compared with some other jurisdictions the GMC's register offers limited

information and that many people are keen to see it offer a greater range of detail about a doctor's practice.

Later this year the GMC will carry out a consultation about future changes to help create a register that is of much greater use to everyone who needs to access it, whilst balancing doctors' concerns for privacy.

## New standards for education and training

On the 1 January 2016 the UK's General Medical Council (GMC) launched a new single set of standards promoting medical education and training excellence, and patient safety.

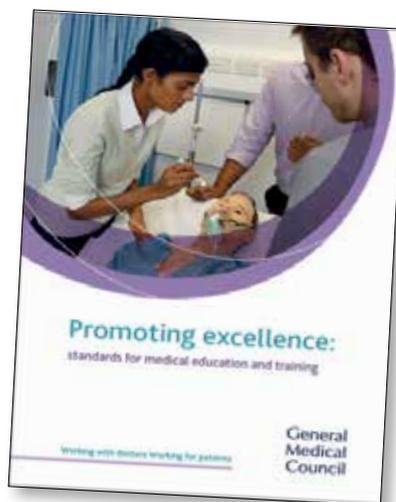
The standards cover both undergraduate and postgraduate medical education and are designed to put patient safety, quality of care, and fairness at the heart of the training received by both medical students and doctors.

They also make the roles and responsibilities of organisations delivering medical education clearer as well as the requirements for teaching, supervision and support.

To meet the GMC's standards, organisations will need to demonstrate they have a culture where concerns about patient safety and standards of care or training can be raised without fear of adverse consequences.

The standards also highlight the importance of leadership and governance, ensuring those providing medical education are accountable for the quality of training they provide.

The new standards were developed with input from a wide range of organisations and individuals interested in medical education and training following a public consultation earlier in 2015.



[Promoting excellence: standards for medical education and training](#) will mean that organisations will now only be responsible for delivering one set of standards which reduces the burden on medical education and training providers.

The new document replaces current GMC standards set out in *Tomorrow's Doctors 2009* (aimed at medical students) and *The Trainee Doctor* (aimed at postgraduate doctors in training).

## Professional Qualifications safe in motion – 28 June 2016

Gerlinde Holweg, Ministry of Health, Netherlands

During the Dutch EU presidency the Netherlands will host a conference titled 'Professional Qualifications safe in motion'. The conference will take place on the 28 June in Amsterdam.

We will –inter alia- look into the implementation of the recognition of professional qualifications Directive with the European professional card and the alert mechanism as new instruments. We will discuss topics like:

- What experiences do countries have with these new instruments?
- What difficulties have been experienced – are there solutions?
- What can we learn from each other?

The conference will also deal with the question of how to prevent the situation whereby health care professionals functions below par. Current research about the early signals of suboptimal function will be presented and translated into practical tips.



We will also discuss the possible roles and responsibilities of different institutes and organisations: what can employers do? What role could the national representatives of the profession take? What about the influence of education and continuous professional development? And how can the professional and her/his family and friends help?

We will outline a broad scope of possibilities and best practices about signalling and preventing suboptimal functioning – giving the participants of the conference the opportunity to cherry pick what fits best for them and their country.

Members of the EU Expert Group on the European health workforce will also receive an invitation to the conference.

## Patient Empowerment Charter: 10 Fundamental Principles

Nicola Bedlington, EPF Secretary General

The European Patients' Forum (EPF) is an umbrella organisation that works with patients' groups in public health and health advocacy across Europe. Our 65 members represent specific chronic disease groups at EU level or are national coalitions of patients.

In 2015, EPF launched a one year campaign on *Patient Empowerment* to promote understanding of patient empowerment among political decision makers and health stakeholders. The objective is to encourage the development and implementation of policies, strategies and healthcare/ social services that empower patients in the decision making and management of their condition.

An important milestone of the campaign is the delivery of a Charter encapsulating the 'cardinal rules' of patient empowerment. The document outlines "what really matters" to patients.

The Charter is an advocacy and political tool to promote actions on the ground and at policy level.



The document is co-developed with and "owned" by patient communities across the EU, and supported by other stakeholders.

The Charter will be designed as a poster that can be displayed anywhere, and used to promote action and culture change "on the ground" in the healthcare environment, or at policy level. Once available in several languages, patient organisations will be able to use it as an important advocacy tool for their activities at national level.

The Charter will be launched at the closing exhibition of our *Patient Empowerment* campaign later this year. We will also present a "Roadmap for action", a document which will outline concrete actions that different stakeholders such as policymakers, health professionals' associations, and others can take to promote patient empowerment at different levels.

Further information on the Campaign: <http://www.eu-patient.eu/campaign/Patientsprescribe/> or contact [policy@eu-patient.eu](mailto:policy@eu-patient.eu)



### Revised standards for all medical practitioners

The Medical Board of Australia has published its revised registration standards for Continuing Professional Development (CPD) and recentness of practice for Australia's 100,000 registered medical practitioners. The revised standard was approved by the Australian Health Workforce Ministerial Council in August 2015 and was reviewed in a scheduled review of standards which included public consultation. Changes are to:

- continuing professional development
- recentness of practice

#### Continuing Professional Development (CPD)

The revised CPD registration standard has not changed significantly. All registered medical practitioners must continue to participate in regular CPD activities. The changes mostly affect medical practitioners with provisional or limited registration, and the new standard clearly sets out requirements to ensure that CPD is linked to

training and/or supervision plans. The revised standard also requires international medical graduates to complete a minimum of 50 hours CPD per year.

#### Recentness of practice

The recentness of practice standard has changed and practitioners will need to practise a minimum number of hours to meet it. Medical practitioners must practise within their scope of practice at any time for a minimum total of:

- four weeks full-time equivalent in one registration period, which is a total of 152 hours
- twelve weeks full-time equivalent over three consecutive registration periods, which is a total of 456 hours

The revised standards will take effect from 1 October 2016 and will replace the current standards. For more information all new standards can be found [here](#).

### Move to common entrance exams for medical courses in India

In October 2015 the [Medical Council of India \(MCI\)](#) made recommendations to the Indian government for an amendment to the [Indian Medical Council \(IMC\) Act 1965](#) that will empower it to hold a nationwide common medical entrance test.

Currently the Act limits the role of the MCI as a medical education regulator allowing it to only finalise the medical curriculum, while states and individual colleges can still devise their own admission procedures.

The health ministry has prepared a draft cabinet note to be circulated among ministers and ministries in a bid to gain support. The proposed amendment will make way for a one-country, one-medical entrance plan, for both undergraduate and postgraduate medical courses in all colleges, including private colleges.

A common entrance exam has been a long-standing demand of students, but has been opposed by private colleges as well as state governments. The ministry is currently in the process of seeking opinions on the cabinet paper with other ministries.



### MCNZ reviewing its statement on telehealth – submissions close 29 March 2016

The Medical Council of New Zealand (MCNZ) is reviewing its Statement on Telehealth. The review follows the growth of technology-assisted healthcare, or telehealth, and will look to set regulations for overseas doctors treating New Zealanders remotely, including the requirement to meet local standards of care.

The revised statement is intended to apply to:

- doctors registered in New Zealand and practising telehealth in New Zealand and/or overseas
- doctors who reside overseas and provide health services through telehealth to patients in New Zealand

Submissions close on 29 March 2016. All information can be found on the MCNZ website [here](#).

## Damaging report of the Medical Council of India

Earlier this month, the Indian Parliamentary Standing Committee on Health and Family Welfare released its ninety-second report on the functioning of the Medical Council of India (MCI). [The report](#) examined the role and functioning of the MCI; India's medical education; and practising regulation process, with the aim of suggesting practical solutions to address the perceived inadequacies in Indian medical education and health care delivery.

Despite having the highest number of medical colleges globally, India is far from meeting the [WHO's prescribed target doctor population ratio](#) of 1:1000.

The report recommends:

- a live database is developed to provide a realistic depiction of the number of doctors actually practising in the country

- that the ministry take urgent action to amend the statute or enact new legislation to enable the removal and sanction against, members of the MCI Council
- an investigation into the arbitrary appointment of Council members and inspectors
- a split of the MCI's current functions.

The Committee found the MCI have repeatedly failed at its role as the regulator of medical education in the country. The formation of a National Medical Commission (NMC) has been proposed to replace the MCI, which will comprise of a; Under-Graduate Board of Medical Education and Training; Post-Graduate Board of Medical Education and Training; National Assessment and Accreditation Board and; National Board for Medical Registration.



## IAMRA Conference 2016 Melbourne – last call for abstracts!

The International Association of Medical Regulatory Authorities (IAMRA) has announced that it is now accepting abstracts for its 12th International Conference on Medical Regulation, to be held in Melbourne, Australia in September 2016. Get your submissions in by 6 April 2016 to be considered for an oral, workshop or poster presentation.

The biennial IAMRA conference has become a thought provoking forum where international medical regulators, policy makers and academics share ideas, experiences and learn from each other. IAMRA conferences attract approximately between 250 to 350 delegates, from over 30 different countries.

A diverse program of international and local speakers will underpin IAMRA's purpose – to protect, promote, and maintain the health and safety of the public by ensuring proper standards for the profession of medicine.

The conference will also provide networking opportunities through a unique social program to experience Melbourne, Australia's most vibrant, creative and playful city.

Themes for this year's abstracts are:

- Medical regulation — What works?
- Medical education — Preparing the doctors of tomorrow
- Medical practitioners — Ensuring ongoing competence, professionalism and performance
- Medical practice — Innovation and emerging challenges for regulators

All abstracts must be prepared according to guidelines provided by IAMRA. To view the guidelines, visit [www.iamra2016.org/call-for-abstracts](http://www.iamra2016.org/call-for-abstracts).

## Upcoming events

**8-9 April**

[Standing Committee of European Doctors \(CPME\) Meeting](#) Brussels, Belgium

**19-20 April**

[EU Network of Nurse Regulators Conference](#)  
Dublin, Ireland

**28-30 April**

[Federation of State Medical Boards \(FSMB\) 2016 Annual Meeting](#) San Diego, USA

**3-4 May**

[Joint Action Health Workforce Closure Event and Plenary Assembly](#) Belgium

**18 May**

[Reforming regulation of professions: results of mutual evaluation and way forward](#) Brussels, Belgium

**20 May**

[4th International Conference of Dental Regulators](#)  
Geneva, Switzerland

**21-22 May**

[World Health Professions Association \(WHPA\)](#)  
Geneva, Switzerland

**3-4 June**

[CEOM conference](#)

**11-13 June**

[Federation of Medical Regulatory Authorities of Canada \(FMRAC\) 2016 Annual Meeting & Conference](#) Canada

**28 June**

[Professional Qualifications safe in motion](#)  
Amsterdam, Netherlands

**14-17 September**

[Council of Licensure, Enforcement & Regulation \(CLEAR\) Annual Educational Conference](#)  
Portland, USA

**20-23 September**

[International Association of Medical Regulatory Authorities \(IAMRA\) 12th International Conference on Medical Regulation](#) Melbourne, Australia

**4-7 October**

[The fifth European Nursing Congress: Caring for Older People](#) Rotterdam, Netherlands

**19-22 October**

[World Medical Association \(WMA\) General Assembly](#)  
Taipei, Taiwan

**28 October**

[2016 Healthcare Professionals Crossing Borders \(HPCB\) Conference](#)  
London, England

**2-3 December**

[European Midwives Association Education Conference](#)  
London, UK

## Newsletters

[Association for Dental Education in Europe \(ADEE\)](#)

[Health-EU e-newsletter](#)

[French Order of Doctors](#)

[General Chiropractic Council \(UK\)](#)

[General Medical Council \(UK\)](#)

[Health & Care Professions Council](#)

[IMCO newsletter](#)

[Nursing and Midwifery Council \(UK\)](#)



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