

Crossing Borders Update



This update includes articles on the adoption of the recognition of professional qualifications Directive, reports of the recent HPCB conference, updates from European networks and regulators; and news from around the world affecting healthcare professional regulation.

HPCB meeting: 'Healthcare professional mobility and patient safety: looking to the future'

On Thursday 31 October 2013, over 80 HPCB participants gathered in London to discuss the new Directive on the recognition of professional qualifications; the joint action on European health workforce planning and forecasting; and other regulatory developments.

The event was hosted by the **UK Health and Care Professions Council** and provided an opportunity for healthcare professional regulators to hear from European Commission (EC) representatives and share views on key aspects of the new Directive, including the European Professional Card (EPC).

A panel discussion on the card acknowledged that streamlining the recognition process would be helpful to smaller countries and welcomed the suggestion that the development of IMI to accommodate recognition with an EPC would facilitate the introduction of the alert mechanism. It also noted that, to be truly valuable, recognition with an electronic card must accommodate for 'outlier' cases.



These are cases of a complex nature (i.e. general systems recognition) that take a significant time for competent authorities to process.

It was also highlighted that making the EPC available to employers and the public has the potential to cause confusion, especially as the EPC does not represent proof that a competent authority has granted access to the profession following recognition, and should be considered carefully.

In the afternoon, two workshops focused on formalising standards for osteopathic care across Europe and the introduction of revalidation for doctors in the UK. Participants also heard from representatives from the EC and the project team for the European Joint Action on Health workforce.

All presentations from the day are available on the HPCB website: <http://www.hpcb.eu/news/events.asp>

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Adoption of the recognition of professional qualifications Directive

The revised Directive on the recognition of professional qualifications has been adopted by the European Parliament and Council of Ministers. Both institutions agreed the compromise agreement they approved in July virtually unchanged.

Key features

The new Directive introduces:

- A pro-active fitness to practise alert mechanism;
- The ability for 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 option of a EPC for interested professions;
- No partial access for health professionals who benefit from automatic recognition, or for other professionals if there are public health or patient safety implications;
- Revised minimum training requirements for some of the healthcare professions. These are:

- a new definition of basic medical training of 5 years and 5,500 hours;
- minimum training requirements for nurses of 3 years and 4,600 hours, which should be preceded by 12 years general education for degree level courses or ten years for vocational training courses;
- a revision of dental training to 5 years and 5,500 hours;
- a requirement for midwives who have not previously trained as nurses to undertake 3 years and 4,600 hours, along with the requirement for 12 years' general education before accessing training, except where the person has previously qualified as a general care nurse.

Transposition

Member states will have two years in which to transpose the new rules into national law from the day that the Directive appears in the Official Journal of the European Union. The EC intends to begin work on the implementing acts needed for the introduction of the EPC and the proactive alert mechanism during 2014.

European professional card

In October, the EC launched a call for expressions of interest in the EPC aimed at national and European level professional organisations. After analysing the responses received, the Commission has decided to undertake a more thorough assessment in relation to the professions which seem to fulfil the Directive's conditions for the EPC. It is now inviting all stakeholders and in particular competent authorities of for doctors, nurses, pharmacists, physiotherapists, engineers, mountain guides, and real estate agents, to comment by 10 January 2014 on the interest expressed by the professional bodies to benefit from the EPC.

Once this **second consultation** round is concluded, the Commission intends to hold a first focus group to discuss the functioning of the EPC on 31 January 2014. This will be followed by further meetings in the first trimester of 2014.

EU consultation on patient safety

The European Commission has published a **consultation** on the future of EU policies on patient safety and quality of care. The specific objective of this consultation is to seek opinion of civil society on a series of questions relating to the implementation of the 2009 Council Recommendation on patient safety and the future direction of patient safety policy. **The deadline for responses is 28 February 2014.**

Data protection vote

On 21 October, the European Parliament's civil liberties committee voted in favour of a **report** on the revised data protection Regulation. This followed a compromise between the Parliament's political groups on over 4,000 amendments. MEPs also agreed on a mandate for Parliament to start negotiations with national governments and have indicated that they would like to reach an agreement before the European elections in May 2014.

European Court of Justice ruling on temporary and occasional

The European Court of Justice (ECJ) has published a **ruling** about the temporary and occasional provisions of Directive 2005/36/EC. The case involves a Greek doctor who argued that, under temporary and occasional mobility, he is not subject to the German Medical Chamber's (*Landesärztekammer*) professional conduct rules. In its ruling, the Court stated that professional codes of conduct are compatible with Directive 2005/36 only if they are directly linked to the actual practice of medicine and if the failure to observe them harms the protection of patients. The ECJ also considered the wider question of whether Directive 2005/36 precludes national provisions such as codes of professional conduct from applying to doctors providing temporary and occasional services. The court stated that EU member states may provide either for automatic temporary registration with, or pro forma membership of, a professional organisation in order to facilitate the application of disciplinary provisions.



Automatic recognition of nurses and carers for the elderly training

Rolf Juschkewitz, a German national, has **petitioned** the European Parliament calling for recognition throughout the EU of training and qualifications of nurses and carers that specialise in elderly care. In its response, the EC notes the introduction of common training principles in the new recognition of professional qualifications Directive. These provisions provide for the possibility of automatic recognition for those professions which currently fall under the general system, such as nurses or carers for the elderly.

Common training frameworks will be based on a common set of minimum knowledge, skills and competences, or a common training test and would allow professionals to be exempted from compensation measures altogether. To develop these, the profession must be regulated in at least one third of member states and the combination of skills, knowledge and competences must be required in at least one third of member states.

European Parliament questions

Telemedicine and remote patient monitoring

A **written parliamentary question** to the European Commission from the Italian MEP Oreste Rossi (EPP) has highlighted the value of telemedicine and remote patient monitoring for supporting patient care and addressing the needs of an ageing population. Mr Rossi called on the Commission to encourage the use of these tools, develop an EU telemedicine network and support the exchange of best practice among member states. In its response, the Commission agrees that scaling up efficient telemedicine services could contribute to more sustainable healthcare services and enhance the quality of life of citizens. It states that sharing good practice and benchmarking activities are essential to support the use of telemedicine. It notes however that a number of barriers exist to the take up of telemedicine, including legal barriers, interoperability challenges and professional acceptance.



Data protection legislation

Belgian MEP Marc Tarabella (S&D) has asked a **written parliamentary question** to the European Commission regarding its draft legislation on data protection. He points out the lack of provision for the storage and exchange of public health data and highlights the need to strike the right balance between protecting privacy and using data in the public interest. Mr Tarabella calls on the Commission to opt for a directive instead of a regulation to allow more flexibility in data protection legislation. Alternatively, the MEP proposes to exclude the use of data in the public interest from the draft regulation.

Patients' rights Directive

John Rowan, Directorate General for Health and Consumers, European Commission

The EU Directive on the application of patients' rights in cross-border healthcare was due to be put into national law by each of the EU member states by 25 October 2013. The Directive complements the existing regulations on social security, which cover emergency healthcare (via the European Health Insurance Card (EHIC) card) and planned healthcare (via the S2 system).

Under the Directive, patients have the right to choose treatments provided by public and private providers located anywhere in the EU. They should then be reimbursed up to the cost of that treatment in their home system. For some treatments (for example, those requiring highly-specialised and cost-intensive infrastructure or equipment) the patient may be required to seek prior authorisation before travelling for treatment.

National contact points

The Directive also requires patients to be given the information they need to make informed decisions.

New National Contact Points will tell "outgoing" patients about their rights in cross-border healthcare and "incoming" patients about the functioning of their health system (including the rights of patients in that country). Providers also have a duty to be transparent with their patients – for example on the quality and safety of the care they provide.

The Directive also facilitates the recognition of prescriptions for medical products in every member state and promotes further cooperation between member states in the areas of eHealth, Health Technology Assessment and European Reference Networks.



Update on Joint Action on European Health Workforce Planning and Forecasting

Lieve Jorens, JA EUHWF, WP1 Project Manager

Collaborative project

The Joint Action on Health Workforce Planning and Forecasting (JA EUHWF) is a collaborative project between 30 associated partners and a growing number of collaborating partners – currently 25 - including most of the EU member states, several major international organisations (such as WHO Europe, OECD and IOM) and important health professionals federations. The programme is partly funded by the Executive Agency for Health & Consumers and is coordinated by the Belgian Federal Public Service of Health. The overall objective of the JA EUHWF is to provide a platform for collaboration and exchange between EU member states in order to help countries move forward in the health workforce planning process.



Funded by
the Health Programme
of the European Union



Project progress

After its first six months of work JA EUHWF has already made great progress. The number of partners in the project is increasing and we are seeing strong participation at Joint Action meetings. By the end of 2013 we are expecting our first deliverable on health workforce planning: the Minimal Data Set designed by the work package 5 team. In early 2014, the first results of the surveys on Health workforce planning data and methodology will be issued by the work packages 5 and 6. The first list of experts and some recommendations to policy makers, created by work package 7 team, will also be ready by that time.

Conference

On 28-29 January 2014 the Joint Action will organize its first Conference and Stakeholder Forum at the Hilton Hotel Double Tree in Bratislava. For more information, please visit our temporary website: <http://euhwforce.weebly.com/140128-conference-bratislava.html>

Eager to know more?

Don't hesitate to check out our various activities and results on our website www.euhwforce.eu or contact us by email at the following address: EUHWF@health.belgium.be.

European Commission work programme

The EC has adopted its work programme for 2014. Due to the European Parliament elections in May and the appointment of a new college of Commissioners in June, it will focus on the delivery and implementation of current laws. The priority in the first quarter of the year will be to finalise negotiations on a series of existing proposals including the revision of the EU data protection laws.



European Commission infracts France over working time

The EC has started infraction proceedings against France for non-compliance with the working time Directive after receiving a complaint about the hours and shifts worked by hospital doctors. The Commission was informed that doctors have been required to work over the 48 hour limit without their individual consent and that they were penalised if they refused to work the excess hours. France has two months to notify the EC of measures taken to ensure compliance with EU law. If the Commission does not receive a satisfactory response it may decide to refer France to the European Court of Justice.

Networks update

10th Meeting of the European Network of Medical Competent Authorities

The 10th meeting of the European Network of Medical Competent Authorities (ENMCA) took place in Copenhagen on 2 December 2013. The event was hosted by the Danish Health and Medicines Authority and provided participants with an opportunity to discuss in detail the revised Directive on the recognition of professional qualifications.

Over 40 delegates from 21 countries attended the meeting which featured presentations from the European Commission, the French Medical Council, the Italian Ministry of Health and the German Medical Association.

András Zsigmond, from DG MARKT, European Commission, provided an update on the key features of the revised Directive on the recognition of professional qualifications and the EPC. Delegates highlighted the importance of defining the home member state responsible for creating the IMI file; acknowledging the increased workload for sending member states as they will be responsible for producing the IMI file with all the supporting documents; and clarifying the fees that could be charged for the proposed card.

ENMCA participants recently **wrote** to the Commission regarding the call for expression of interest on the introduction of the EPC and highlighted the importance of involving competent authorities in the development of the card.



with the Commission on the alert mechanism and free provision of services. Delegates also heard from Caroline Hager from DG SANCO, European Commission, regarding the EU-funded CPD mapping study which is due to report in autumn 2014.

The next ENMCA meeting will take place in 2014. To find out more about the work of ENMCA please visit:

<http://www.enmca.eu/>

Update from NEMIR

David Hubert, Conseil national de l'Ordre des sages-femmes



Network of European
Midwifery Regulators

The Policy Working Group of the Network of European Midwifery Regulators (NEMIR) met in August. The meeting objective was to discuss the latest draft of the revised Directive on recognition of professional qualifications and to prepare the grounds for a preliminary exercise in revising the midwifery elements of Annex V of the Directive.

The group noted some last minute changes to the revised text on which it had not been consulted. A letter was drafted, to the attention of the Commission, highlighting some notable anomalies, such as the minimum number of training hours (4600 hours) being set in Article 41 which deals with recognition, rather than Article 40 which describes the minimum training standards for midwives. NEMIR hopes that this will be corrected by Commission lawyer-linguists. As it stands, the new Directive does not compel member states to comply with the minimum number of hours and this may lead to countries training midwives who will not benefit from automatic recognition.

The Policy Working Group also adopted a work programme for 2014 which includes the drafting of an implementation guide for members and a webinar aimed at answering members' questions on the transposition of the new amendments. NEMIR will be working in collaboration with the **European Midwives Association** (EMA) to define the desired minimum training requirements of Annex V. Midwifery is a relatively small profession and it is important that the main stakeholders work together to achieve common goals.

FEDCAR activities

Cédric Grolleau (European Federation of Dental Regulators)

The regulation of the dental profession and the promotion of oral health were the two guiding themes of the autumn meeting that FEDCAR, the European Federation of Dental Regulators, held in Paris on 29 November.

Hosted by the French Council of Dentists and chaired by Mrs Evlynne Gilvary, Chief Executive and Registrar of the General Dental Council, the meeting firstly examined the implications for both the member states, competent authorities and the dental team of the new provisions of the revised Directive 2005/36 on the recognition of professional qualifications. It also reviewed the Commission's Communication of 2 October 2013 on Evaluating national regulations on access to professions. In its October conclusions, *"The European Council stresses the importance of the mutual evaluation of regulated professions launched by the Commission and calls for swift progress. This exercise should identify the remaining barriers to access to professions in the Member states, assess the cumulative effect of all restrictions imposed on the same profession, and suggest appropriate action."* FEDCAR considered the duration of this requested evaluation (two years) and, overall, the suggested economic criteria to use regarding the patient (in terms of choice and prices of services), the profession (in terms of mobility or of wages) and the investor (in terms of legal forms and of shareholding requirements).



Mr Paul Boom, Chief Dental Officer to the Dutch Ministry of Health, presented the *Platform for Better Oral Health in Europe* to FEDCAR and showed, in particular, its actions to the EU institutions as well as its needs for collecting missing data on oral health. FEDCAR volunteered to assist the Platform on the latter. Dr Alain Moutarde, General Secretary of the French Dental Council, delivered a presentation on the possibility of a new EU law on the issue. This followed recent developments on mercury use in dental amalgam at international level with the recently signed Minamata Convention and at EU level with the recent closure of the SCHER consultation on its preliminary opinion on *"The environmental risks and indirect health effects of mercury from dental amalgam (update)"*.

The follow-up of all these topics on professional regulation and oral health will be made at the Spring Council in May 2014 under the chairmanship of Mr Sandro Sanvenero from the Italian Federation of Dentists Councils.

Developments in European regulation

European osteopathic standard

Sarah Eldred, Forum for Osteopathic Regulation in Europe (FORE)



A draft *European Standard on Osteopathic Healthcare Provision* is now open for public comment. The draft Standard is being developed in collaboration with the **European Committee for Standardisation** through a process known as the 'CEN Enquiry'.

It has been created over the last two years by a Technical Committee made up of national standardisation agencies from across Europe, including members of the **Forum for Osteopathic Regulation in Europe (FORE)** and the **European Federation of Osteopaths**.

While this Standard will not override existing legislation concerning osteopathy, it should provide a benchmark for standards of osteopathic education, training and practice in those countries without any regulatory mechanisms. Currently osteopathy is regulated in Finland, Iceland, Liechtenstein, Malta, Switzerland and the United Kingdom. It is hoped that the CEN standard will encourage the wider regulation of osteopathy by national governments across Europe not only to protect patients, but also to facilitate professional mobility.

During this public commenting stage which is open until 7 April 2014, everyone who has an interest (e.g. osteopaths, osteopathic educational institutions, other healthcare professionals, public authorities, patients, etc.) may comment on the draft. These views are collated by the CEN national members and then analysed by the Technical Committee, before developing a final version for publication in late 2014/15.

For more information about this project please contact Sarah Eldred, Secretariat of FORE via [email \[foresecretariat@osteopathy.org.uk\]\(mailto:emailforesecretariat@osteopathy.org.uk\)](mailto:emailforesecretariat@osteopathy.org.uk) or call +44 (0)20 7357 6655 x245.

Processes and regulatory procedures of doctors in the EU

Isabelle Risso-Gill, London School of Hygiene and Tropical Medicine

Professional mobility of doctors within Europe has increased in recent years, stimulated by EU enlargement and aided by the EU Directive on the recognition of professional qualifications (2005/36/EC) which simplified the process for doctors to practice in other member states. However, this Directive assumes that all doctors sharing the same qualifications also share the same competencies and meet the same professional standards, yet the diversity in training and registration procedures suggests that this is unlikely to be so.

Mapping and comparing

The London School of Hygiene and Tropical Medicine has been coordinating a work package with other European research institutes to explore the regulation and scope of practice of health professionals working in the EU, pertaining to the issue of professional mobility and the EU Directive on professional qualifications. This research undertook systematic literature reviews, a European-wide survey questionnaire and qualitative interviews with a range of medical specialists to better understand these issues and how they may impact policy and practice across member states. A series of papers maps and compares the different regulatory processes affecting doctors - namely registration and licensing, revalidation and fitness-to-practice - across a number of Member states.

The research, which analysed regulatory processes relating to EU-trained doctors in different member states indicates that, whilst regulatory systems are in place everywhere, they vary in content, stringency and terminology to a degree that casts doubt on their comparability. The European objective to simplify practices while assuring quality of care in the light of increased professional mobility puts new demands on professional regulation processes. The modernisation of the professional qualifications directive proposes initiatives to support professional mobility whilst supporting quality assurance. However, given the variability of systems as revealed by this research, achieving the new policies will take great investment of resources and time for negotiating their integration by the respective member states' regulatory bodies. The findings from this collection of papers could help facilitate the discussions on integration as the new components of the Directive are rolled out. *Crossing Borders Update* will share the research with readers when it is published in 2014.

Revalidation of nurses and midwives in the UK

Darren Shell, Nursing and Midwifery Council, UK



The Nursing and Midwifery Council (NMC) is committed to introducing a proportionate and risk-based **system of revalidation** by the end of 2015. This will improve public protection and encourage a culture of professional improvement.

Our model for revalidation requires nurses and midwives to confirm they remain fit to practise and that a third party (such as an employer or supervisor) has confirmed they are complying with the revised NMC Code: Standards of conduct, performance and ethics in their practice. Nurses and midwives will also have to confirm they have reflected on feedback from third parties – such as patients, carers, colleagues and others – and used this to improve their practice.

Revalidation is applicable to all the nurses and midwives on the register and they will be revalidated every three years when they are due for renewal of their registration. It supports our existing criteria for renewal of registration

which includes confirmation that they have practised for at least 450 hours during the previous three years and that they have undertaken relevant continued professional development.

The NMC will monitor the revalidation submissions of nurses and midwives on a random and risk-weighted basis using intelligence from both the NMC's own fitness to practise process and from other regulators.

Stakeholder engagement

We have developed the revalidation model through extensive engagement with stakeholders. A public consultation starts in January 2014 so all the stakeholders have the opportunity to inform how revalidation will operate in practice. The revised Code will be launched at the end of 2014. Beginning of 2015 will see early implementers testing the revalidation model in different settings and scopes of practice. Revalidation will then be launched by the end of 2015.

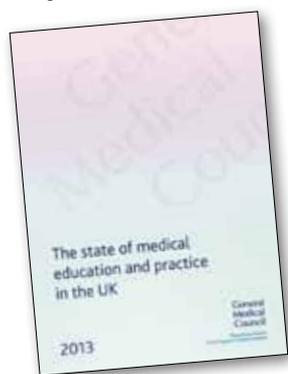
The GMC's state of medical education and practice in the UK report–2013

Phillippa Hentsch, General Medical Council

In October 2013 we published our **third report on the state of medical education and practice**. It uses GMC and other data to provide a picture of the medical profession in the UK and to identify some of the challenges it faces.

The report charts the changing face of the UK medical workforce, showing the change in demographics of doctors and the nature of complaints over recent years. Five facts from the report illustrate some of the key findings in this year's report.

1. The number of doctors on the register has increased by more than 8,000 doctors since 2007 to reach 252,553 doctors in 2012. Overall, the most substantial change over the past six years has been the growth in the number of female doctors – in 2012, 43% of registered doctors were female. But the growth in the number of female doctors now seems to be slowing.



2. Over a quarter of registered doctors qualified outside Europe. But the supply of these doctors is reducing and the group is ageing – we saw a 61% fall in the number of international medical graduates under 30 years old between 2007 and 2012.
3. In 2012, we received 8,109 complaints – a 24% increase since 2011 and a 104% increase since 2007. The largest source of complaints is the public – in 2012 they made up 62% of all our complaints but only 20% of these met our criteria for an investigation.
4. Complaints might be an indicator of future problems: doctors who received one complaint during 2007–11 were three times more likely, than those who previously had no complaints, to receive a complaint in 2012 that met our threshold for investigation.
5. A higher proportion of general practitioners (GPs) are complained about than other doctors, but doctors who are on neither the GP nor the Specialist Register are more likely to have complaints against them investigated.

Medical Council of Ireland's workforce intelligence report

Dr. Paul Kavanagh, Medical Council of Ireland

The Medical Council of Ireland published its first **workforce intelligence report** in July 2013. The report provides insights into the efficiency and ethical implications of how the medical workforce is being planned, developed and managed.

Areas of practice

An analysis of doctors' speciality areas of practice reveals that over half were practising in General Practice (31%); Anaesthesia (7.1%); Psychiatry (6.3%); or, General (Internal) Medicine (6%).

Exiting the system

The highest proportion of withdrawals from the register was by doctors aged 30-34 years (9.4% of this age group exited the register in 2012). Exit rates were highest among doctors in the General Division, while the lowest rates were among doctors in the Trainee Specialist Division.

The changing profile of the workforce

Data shows that over half of the profession are less than 45 years old. Females outnumber males by a ratio of 2:1 in the under-35 age groups. Female doctors were more likely



Comhairle na nDochtúirí Leighis
Medical Council

to work part time than males (20% of women worked part time compared with less than 10% of men).

Globalisation of the workforce

The World Health Organisation (WHO) promotes the principle that countries should strive for self-sufficiency in the development and retention of health workers. Of all doctors practising in Ireland approximately 35% qualified outside of Ireland and 10% were from countries identified by the WHO as having a critical shortage of health workers; raising ethical considerations about how we are meeting our population's health needs.

Conclusion

This report shows how important it is for regulators and registration authorities to use the data they collect to aid with the planning, development and management of the medical workforce. Regular reporting on medical workforce intelligence enhances the capacity of the system to get it right; helping doctors fulfil their potential to pursue good professional practice and meeting the needs and expectations of the public.

Register for Radiographers and Radiation Therapists in Ireland

Kieran Lenihan, CORU Health and Social Care Professionals Council, Ireland

Statutory registration for radiographers and radiation therapists

On 31 October this year statutory registration for radiographers and radiation therapists commenced in the Republic of Ireland. The opening of the Register is a significant milestone in the regulation of radiographers and radiation therapists, a move which will ultimately afford greater protection to the public by setting standards of conduct, ethics and performance, education, training and competence for those applying to register.

Code of Professional Conduct and Ethics

A new statutory **Code of Professional Conduct and Ethics for radiographers and radiation therapists** was adopted to underpin the regulation of the profession.



Ag Rialáil Gairmithe Sláinte
agus Cúraim Shóisialaigh
Regulating Health +
Social Care Professionals

This was prepared after consultation with the general public, radiographers and radiation therapists and with their representative bodies and employers. The Code specifies the standards of ethics, performance and conduct required of registered radiographers and radiation therapists in a clear and accessible manner.

The Radiographers Registration Board at CORU is now the designated competent authority for the profession of radiography. The Board will assess all new applications for the recognition of qualifications from outside Ireland. CORU was established to regulate the individuals who provide health and social care services in Ireland. Social workers were the first profession to be regulated, followed by radiographers and radiation therapists. The Registers for dietitians, speech and language therapists and occupational therapists are due to open in 2014. For more information visit www.coru.ie

Securing the future of excellent patient care

Dr Vicky Osgood, Shape of Training Review Secretariat, UK

Shape of Training Review final report

The **final report of the UK's independent Shape of Training Review**, led by Professor David Greenaway, was published on 29 October 2013. The Review examined postgraduate medical education and training in the UK to ensure that doctors now and in the future are able to meet the changing needs of patients, society and health services. Entitled *Securing the Future of Excellent Patient Care*, the final report sets out a framework for delivering change to the way postgraduate medical education and training is structured in the UK, and for doing so with minimum disruption to service. It offers an approach which will ensure doctors are trained to the highest standards and prepared to meet changing patient needs for many years to come.

Key messages

The report's key messages are as follows:

- Patients and the public need more doctors who are capable of providing general care in broad specialties across a range of different settings. This is being driven by a growing number of people with multiple co-morbidities, an ageing population, health inequalities and increasing patient expectations.
- We will continue to need doctors who are trained in more specialised areas to meet local patient and workforce needs.



- Postgraduate training needs to adapt to prepare medical graduates to deliver safe and effective general care in broad specialties.
- Medicine has to be a sustainable career with opportunities for doctors to change roles and specialties throughout their careers.
- Local workforce and patient needs should drive opportunities to train in new specialties or to credential in specific areas.
- Doctors in academic training pathways need a training structure that is flexible enough to allow them to move in and out of clinical training while meeting the competencies and standards of that training.
- Full registration should move to the point of graduation from medical school, provided there are measures in place to demonstrate graduates are fit to practise at the end of medical school. Patients' interests must be considered first and foremost as part of this change.
- Implementation of the recommendations must be carefully planned on a UK-wide basis and phased in. This transition period will allow the stability of the overall system to be maintained while reforms are being made. A UK-wide Delivery Group should be formed immediately to oversee the implementation of the recommendations.

The report has been put to the four UK governments to consider how to take the recommendations forward.

New code of professional conduct and ethics guidance for nurses and midwives

Kathleen Walsh, RGN, MSN, Bord Altranais agus Cnáimhseachais na hÉireann /
Nursing and Midwifery Board of Ireland

The Nursing and Midwifery Board of Ireland (NMBI) is required by the *Nurses and Midwives Act 2011* to provide a new code of professional conduct and guidance on ethics for registered nurses and midwives. NMBI commenced the project for the drafting of a new Code in 2010. In developing a new code NMBI has reviewed the international developments of other regulators in this area of professional guidance and standard setting.



An Bord Altranais
Nursing Board

It has considered the changes and challenges in education, practice, health care policy and societal demands for safe, ethical and effective nurses and midwives.

The *Draft Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives* forms the basis of the NMBI's regulatory and professional guidance framework for the professions.

The Code's purpose and aims include:

- To guide nurses and midwives in their day-to-day practice and help them to understand their responsibilities in caring for patients/service users in a safe, ethical and effective way.
- To establish the standards for the regulation, monitoring and enforcement of professional conduct.
- To inform the general public about the professional care they can expect from the professions

Core principles

The foundation for the draft Code is structured on five core principles:

1. Respect for the Dignity of the Person
2. Professional Responsibility and Accountability
3. Trust and Confidentiality
4. Quality of Practice
5. Collaboration with Others.

There are associated nursing and midwifery values, standards of conduct and supplementary guidance to support the principles. National consultation activities with the professions, the public, patients and other stakeholders are currently taking place. It is anticipated that the Code will be published mid-2014. Full details of the project are available at www.nmbi.ie.

Around the world

The Electronic Portfolio of International Credentials

Bill Kelly, Educational Commission for Foreign Medical Graduates, USA



The Electronic Portfolio of International Credentials (EPIC_{SM}) is a new service from the Educational Commission for Foreign Medical Graduates (ECFMG®) that makes primary-source verification of physician credentials accessible to the world's physicians and to organisations responsible for evaluating their credentials.

Released in April 2013, EPIC was developed by ECFMG in recognition of the need for physicians to demonstrate the authenticity of their credentials as they move throughout their careers and throughout the world. EPIC provides physicians with a convenient and secure on-line tool for creating a portfolio of their primary-source verified credentials and enables them to demonstrate the authenticity of these credentials electronically to organisations throughout the world. By storing their verified credentials in EPIC, physicians are also protected against their potential loss due to such factors as natural disaster, political instability, and other catastrophic events.

For medical regulatory authorities, hospitals, medical schools, and other entities, EPIC provides assurance that a physician's credentials have been verified by an organisation with more than 25 years of experience in primary-source verifying physician credentials. ECFMG's internationally recognized process is the cornerstone of EPIC and what makes EPIC so valuable to organisations entrusted with the safety of patients. By confirming that a credential's authenticity has been verified directly with the institution that issued it, EPIC offers organisations the confidence of knowing they are employing a best practice and receiving the best protection against fraudulent credentials. Additionally, organisations have the flexibility of receiving EPIC verifications in two ways: on an ad hoc basis or through the EPIC Report Portal, which offers the ability to view, sort, and archive reports. All EPIC verifications are provided to the recipient securely by ECFMG at no cost to the recipient.

For more information, visit www.ecfmgepic.org or contact Bill Kelly, ECFMG's Acting Vice President for Operations, at bkelly@ecfmgepic.org.



Health Professions Council of South Africa acts on fraudulent certificates

The Health Professions Council of South Africa (HPCSA), the statutory body regulating health professions in South Africa, is urging prospective healthcare students to only study at accredited training institutions. This comes after the Council discovered fraudulent emergency care certificates were issued by an unaccredited institution. The HPCSA has responded by introducing a **verification system** to ensure there is a satisfactory level of quality assurance during the registration process.

New primary care models can address US doctors shortage

A **report** by the RAND Health policy research programme has noted that future shortfalls in US doctors could be addressed through the use of new primary care models. The study suggests that a wider role for nurses and doctors' assistants could go some way to addressing the shortfall, along with the expansion of patient-centred medical homes and nurse-managed health centres.

Upcoming events

28-29 January 2014

EU Health Workforce Joint Action Plenary Assembly Meeting and Conference
Bratislava

31 January 2014

EPC focus group

Spring 2014

Possible first reading adoption of draft data protection regulation

17 May 2014

World Health Professions Regulation Conference
Geneva

22-25 May 2014

European elections

9-12 September 2014

International Association of Medical Regulatory Authorities (IAMRA) 11th International Conference on Medical Regulation



Recently published regulators' newsletters

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



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