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HPCB
Healthcare Professionals Crossing Borders

# Crossing Borders Update

This update includes articles on the International Association of Medical Regulatory Authorities (IAMRA) conference in September; the new European Union (EU) funding programme for health; updates from European networks and regulators; and news from around the world affecting healthcare professional regulation.


## Registration and call for abstracts for IAMRA 2014 now open

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

The theme of the conference is '*Medical Regulation - Evaluating risk and reducing harm to patients*' and more than 350 regulators, academics and health officials from around the world are expected to attend to share ideas and foster best practice in medical regulation. The conference will focus on the key functions of medical regulation, and confirmed conference speakers include:

- Prof Malcolm Sparrow, Harvard University;
- Robert Francis QC, Chairman, Mid Staffordshire NHS Foundation Trust Public Inquiry and President of the Patients Association;
- Baroness O'Neill of Bengarve, Chair, UK Equalities and Human Rights Commission;
- Sir Ranulph Fiennes, explorer, fundraiser, and author;
- Dr Marie Bismark, The University of Melbourne;
- Prof Frank Montgomery, President of the German Medical Association;

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- Prof Jon Thomas, Chair, Federation of State Medical Boards; and
- Prof Sir Peter Rubin, Chair of the UK General Medical Council.

Participants from 18 countries have already registered. If you would like to attend please make sure you register by **18 July** to benefit from our early bird registration rates.

### Call for abstracts

A call for abstracts has also been launched and submissions are invited to be considered for workshops, oral and poster presentations at the conference. The closing date for abstract submission is **Friday 25 April.**

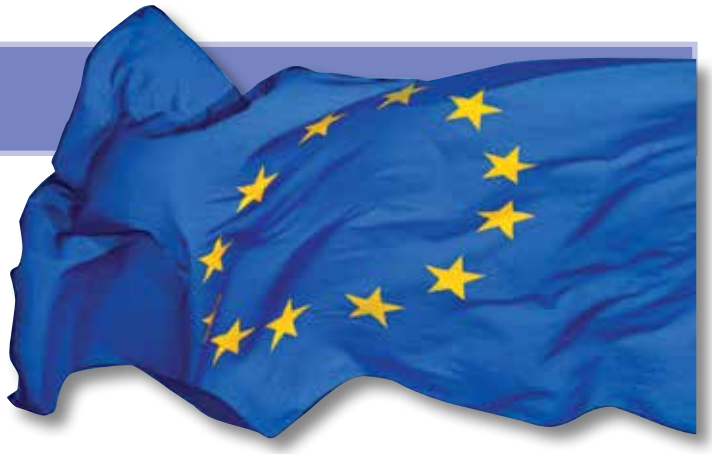
Please visit the **Call for Abstracts** section on the conference website for more information.

In addition, the conference also includes a varied social programme, which features a visit to the GMC in Manchester as well as a visit to the UK Health and Care Professions Council (HCPC) on Monday 8 September.

Visit the **IAMRA 2014 website** for more details.

IAMRA LONDON 2014

# EU institutional developments



## MEPs adopt new EU funding programme for health

MEPs have adopted the new EU **health funding programme** which will run from 2014-2020 and will have a total budget of almost €450 million. The new programme will have four objectives which aim to support the EU's wider Europe 2020 growth strategy:

1. To promote health, prevent diseases, and foster supportive environments for healthy lifestyles;
2. To protect citizens from serious cross-border health threats;
3. To support public health capacity building and contribute to innovative, efficient and sustainable health systems;
4. To facilitate access to better and safer healthcare for EU citizens.

The first call for proposals is expected to be launched in late April/early May.

## Delay for new EU data protection rules

The new EU draft data protection Regulation which is currently being debated by the European institutions will not be adopted before the European Parliament elections in May. Several member states are seeking to weaken the new rules, despite the recent adoption of the report by the European Parliament.

## Commission conference on recognition of professional qualifications

The European Commission held a conference in Brussels on 12 February to promote an exchange of views between stakeholders on the new Directive 2013/55/EU. Debate focused on new aspects of the Directive including the European professional card, the alert mechanism, language knowledge, recognition of traineeships and common training principles.

Representatives of doctors and nurses were among the panellists which also included MEPs who have been active in the Directive's revision. Commissioner Barnier closed the conference by encouraging stakeholders to work together to ensure quick implementation of the new rules, including the European professional card. He also stressed the importance of patient safety, particularly with regards to the alert mechanism. The Commission is due to draft implementing acts for the professional card and alert mechanism this year and the Directive must be transposed into national law by 18 January 2016.

## European professional card

### EC focus groups

The European Commission has hosted two focus group meetings to support the drafting of the implementing act on the new European professional card (EPC). The events have brought together representatives from interested professions. The second meeting on 25 March focused on doctors, nurses, pharmacists and physiotherapists and discussed practical issues around the development of the card, for example the types of documents that can be required and the need for translations. The Commission is expected to make an announcement this spring on which professions will be the first to implement the card.


### EPC consultation

The EC published its consultation on the EPC on 8 April. It is seeking further views on the EPC from competent authorities and professional associations for doctors, nurses, physiotherapists and pharmacists. The Commission intends to use the responses to decide which professions will adopt the EPC and to complete an impact assessment. The deadline for responses is 2 June.

## EC report on patients' rights Directive

The European Commission has published a report into the new patients' rights Directive which was implemented into national law across Europe in October 2013 and which provides for patients to receive medical treatment in another EU member state. The report considers the interaction of the new Directive with the existing Regulation on the coordination of social security rights, which was previously the only way that patients could obtain treatment in another EU member state. It also considers the potential effects of prior authorisation systems introduced under the new Directive and of the definition of the member state responsible for reimbursing patients the costs of cross-border healthcare.

## Greek Presidency of the EU

The Greek Presidency of the Council of the EU was officially inaugurated on 8 January 2014. The rotating six-month Presidency organises the Council's work, chairs meetings and drives EU legislative and political decision-making. The Greek priorities include further integration of the Eurozone, migration, jobs and mobility. Italy will take over the Presidency in June 2014.

## EU petition on recognition of medical specialty

The European Commission has responded to a petition submitted by a Romanian doctor seeking recognition in the UK. The doctor, a specialist in rehabilitation medicine, had complained that the UK does not have an equivalent speciality listed in Annex V point 5.1.3 of the recognition Directive and that the UK competent authority had decided that she must undergo a compensation measure equivalent to completing the entire course again. The Commission replied in favour of the UK confirming that countries are under no obligation to list a specialty in the Annex and that the UK had correctly assessed her application via the general system route.

## Recognition of prescriptions

The journal Health Policy has published a study on EU member state policies and practices in prescribing and dispensing prescription only medicines (POMs). Entitled Recognition of pharmaceutical prescriptions across the European Union: A comparison of five Member States' policies and practices, the research follows the adoption of the Regulation on the mutual recognition of prescriptions in 2011.

Researchers conducted interviews with national stakeholders, surveyed national authorities using a questionnaire and gathered data on policies for prescribing and dispensing POM.

### Challenges for mutual recognition

The study pinpoints differences in practice that could challenge the mutual recognition of prescriptions across borders. It identifies important variances between member state information requirements and those authorised to prescribe POMs. It also noted a lack of information across the EU for validating prescriptions and recognising equivalence. The study concludes that differences in member state practice could lead to patients receiving the wrong medicine or not getting the medicine they need at all. There is also a risk that POMs could be dispensed and consumed or sold based on false prescriptions.

## EC warns Spain to apply working time Directive to forensic doctors

The European Commission has issued a 'reasoned opinion' to Spain expressing its concerns that forensic doctors are not benefiting from the limit to working hours and guarantees to rest periods as guaranteed under the working time Directive. Under Spanish law, forensic doctors are required to perform weekly on-call duty in addition to their normal working time and national law does not guarantee that these extra hours are limited to 48 hours a week on average. Member states are permitted to exclude from the provisions on minimum daily rest activities involving the need for continuity of service, but this is on the condition that the workers concerned are afforded equivalent periods of compensatory rest immediately after the extended working hours, which Spanish national law does not guarantee. Spain now has two months to notify the Commission of measures taken to bring national legislation into line with EU law.

## EC refers Italy to Court of Justice on working time

The European Commission has referred Italy to the European Court of Justice for failing to correctly apply the working time Directive to doctors in public health services. The referral follows Italy's failure to address the issue adequately after receiving a warning from the EC in May 2013. Under Italian law, the 48-hour limit to average weekly working time and minimum daily rest periods of 11 consecutive hours do not apply to managers operating within the National Health Service. The Directive does allow member states to exclude "managing executives or other persons with autonomous decision-taking powers" from these rights. However, doctors working in the Italian public health services are formally classified as "managers", without necessarily enjoying managerial prerogatives or autonomy over their own working time.

## Birthing and prenatal services in Hungary

On 29 November a petition was tabled on behalf of the Birth House Association on an alleged breach by Hungary of the Directive on recognition of professional qualifications. It argues that Hungarian legislation does not comply with the Directive as midwives are not able to diagnose or monitor normal pregnancies. It states that gynaecologists and obstetricians have a monopoly on birthing and prenatal services. It highlights that the EC did not have sufficient information when it previously reviewed this situation.

The Commission response commits to launching an EU Pilot procedure to investigate Hungary's compatibility with the Directive. The procedure is designed to deal with enquiries and complaints from citizens and business regarding the correct application of EU law.

Hungary will have to provide explanations and solutions within a short timeframe, including remedial action to correct infringements of EU law.

# European Parliament questions

## National regulations on access to professions

Constance Le Grip (France) and Andreas Schwab (Germany), Christian Democrat Members of the European Parliament (MEPs), have tabled an **oral parliamentary question** to the Commission. The question concerns the Commission's Communication on Evaluating National Regulations on Access to Professions which requires member states to draw up national action plans by April 2015. It asks whether the Commission will prioritise the most mobile professions for its work in this area. If not, it calls for those professions with less cross-border activity to be given more time to collect data. It also asks for clarification on how member states should involve professional bodies in the collection of data and requests examples of how regulation of professions hampers free movement of professions.

## Study concerning the review and mapping of continuous professional development and lifelong learning for health professionals in the EU

*Sarada Das, Standing Committee of European Doctors*

The Commission's Action Plan for the EU health workforce addresses continuous professional development to safeguard patient safety within the context of cross-border mobility of health professionals and patients in the EU.

In October 2013, a consortium consisting of the Council of European Dentists (CED), the European Federation of Nurses Associations (EFN), the European Midwives Association (EMA), the European Public Health Alliance (EPHA), the Pharmaceutical Group of the European Union (PGEU), led by the Standing Committee of European Doctors (CPME), were contracted to carry out a 12 month study to review and map continuous professional development and lifelong learning for health professionals in the EU.

The study's objectives are to

- To provide an accurate, comprehensive and comparative account of CPD models, approaches and practices for dentists, doctors, midwives, nurses and pharmacists and describe how these are structured and financed in the EU-28, and the EFTA/EEA countries
- To facilitate a discussion between organisations representing health professionals and policy- makers, regulatory and professional bodies to share information and practices on the continuous professional development of health professionals and to reflect on the benefits of European cooperation in this area for the good of the patients of Europe.

The study includes a literature review, a Europe-wide survey, and a stakeholder workshop. The findings of this research will be processed into policy recommendations, which together with the final report, will be used as a reference point for future activities in the field of continuous professional development. Currently, the results of the Europe-wide survey are being processed with a view to preparing the next steps. In June 2014, the stakeholder workshop will offer an opportunity for invited experts to reflect on and discuss the interim findings. The study will be finalised in October 2014.

**Funded by the European Union in the frame of the EU Health Programme 2008-2013.**

## ENMCA meeting in Utrecht

The next meeting of the European Network of Medical Competent Authorities (ENMCA) will take place on 7 April in Utrecht, Netherlands. Hosted by the Royal Dutch Medical Association, the meeting will focus on the implementation of Directive 2013/55/EU with particular reference to the European professional card (EPC) and the alert mechanism. The European Commission will attend the meeting to outline its plans to draft implementing acts in these two areas. ENMCA participants will hold an exchange of views on the development of the alert mechanism which will put a duty on competent authorities to proactively share fitness to practise information and on the detailed workings of the EPC as outlined in the focus group held by the Commission on 25 March 2014.

# Update on Joint Action on European Health Workforce Planning and Forecasting

*Lieve Jorens, JA EUHWF, WP1 Project Manager*

Funded by
the Health Programme
of the European Union

Joint Action Health Workforce Planning and Forecasting

## Introduction to the project

The Joint Action on European Health Workforce Planning and Forecasting (JA EUHWF) is a collaborative project between 30 associated and a growing number of collaborating partners – currently 40 - 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 Consumers, Health and Food Executive Agency (CHAFEA) and is coordinated by the Belgian Federal Public Service of Health. The JA EUHWF is a key activity of the Action Plan for the EU health workforce of the European Commission.

The general objective of the JA EUHWF is to provide a platform for collaboration and exchange between member states in order to help countries move forward on the health workforce planning process. This will support member states and Europe in their capacity to take effective and sustainable measures to address the future supply and demand for health care workers.

## Bratislava conference

On 28-29 January 2014, the Joint Action held its first Plenary Assembly meeting, Conference and Stakeholder Forum in Bratislava. With 140 participants from EU member states but also delegations from outside of Europe, such as Brazil and South Africa, this event was a success. The first deliverable of the Joint Action, the Minimal Planning Data Requirements, was officially presented. All conference presentations can be found at: http://euhwforce.weebly.com/140128-conference-bratislava.html. The next conference will take place in Rome at the end of this year.

## Upcoming work

Throughout 2014, more results and reports will be delivered. Surveys, literature reviews, interviews and workshops will provide material for discussion and analysis and will be turned into reports, guidelines and recommendations. A report on terminology mapping, a handbook on planning methodologies and user guidelines on estimating future needs will all be issued this year. On top of that, we will launch the network of experts and propose the first recommendations on both technical and political implementation of the Joint Action's products.

## Eager to know more?

To check our various activities and results see our website www.euhwforce.eu or contact us by email at the following address: EUHWForce@health.belgium.be.

# Developments in European regulation

## From the recognition of the training to the recognition of competencies

*Bruno Noronha Gomes, Vice-President of the* Ordem dos Enfermeiros*, Portugal*

According to article 13 of Directive 2013/55/EU of 20 November 2013, which modifies the Directive 2005/36/EC, "If access to or pursuit of a regulated profession in a host Member State is contingent upon possession of specific professional qualifications, the competent authority of that Member State shall permit applicants to access and pursue that profession, under the same conditions as apply to its nationals, if they possess an attestation of competence or evidence of formal qualifications *referred to in Article 11*, required by another Member State in order to gain access to and pursue that profession on its territory."

This widens the scope of the general system to include the attestation of competence as mentioned in article 11(a) of the Directive and introduces a new variable related to authorization to exercise the professional practice in a foreign country. This is the recognition of professional competences through a legal document that confirms the professional competences. Until now, the diploma was enough to certify training. Now, the paradigm has changed with an emphasis on competencies recognition at new levels. This requires the attribution of a professional title which is different from the possession of the diploma.

This modification may require the competent authorities to create new mechanisms and procedures to allow not only the recognition of skills (which implies a supervised professional practice by a competent professional according to established procedures in the clinical setting), but also its recertification. This will ensure that regardless of the recognition granted in the country of origin, the professional will be required to keep his or her professional skills up-to-date. We can call this situation recertification.

Another challenge for the competent authorities, according to the new directive, is the recognition of specialized competencies. At European level, particularly for nursing, specialty training is not harmonised. This situation may not only result in unequal treatment in the labour market, but also in unfairness for professionals, which violates the principles underlying the European common market. As such, this issue needs to be debated with urgency.

## How the new 'Standards for the Dental Team' came into being

*Janet Collins, Head of Standards at the General Dental Council*

On 30 September 2013 the General Dental Council's new 'Standards for the dental team' took effect. All 102,000 dental professionals on the GDC's registers have an individual responsibility to behave professionally and to follow the principles in the 'Standards' at all times. If a complaint is made about a registrant their behaviour/ conduct will be measured against the standards and guidance in this document.

Developing them was a lengthy and in-depth process, but one that we think produced standards which have patient protection at their heart and provide more clarity on what we expect of dental professionals.

It took nearly three years to review the standards and produce 'Standards for the Dental Team'. We believe it has been worth the hard work. The project involved a mixture of both qualitative and quantitative research methods, registrant and stakeholder engagement and targeted qualitative research as well as consultation on the document itself.

Key to our research was asking patients and the public what they expected from their dental professionals in relation to standards and each section of the new document includes the relevant patient expectations.

We heard about the importance of communication from both patients and registrants and we now have a standalone principle on communication. We were told that we needed to produce guidance on using social networking sites like Facebook and that is exactly what we've done. Registrants also told us that they wanted more clarity and we have strengthened the language and included more prescriptive guidance. 'Must' and 'should' are used throughout the document so that registrants know exactly what we expect from them. You can view the new 'Standards' on the GDC website at http://www.gdc-uk.org/Dentalprofessionals/Standards/Pages/standards.aspx.

## Exploring professionalism

hcpc health & care professions council

Over the last four years, the Health and Care Professions Council (HCPC) have been exploring what professionalism means for health and care professionals on our Register. We have examined this issue through research and discussion and by looking at examples of professional and unprofessional behaviours. You can read more about our work here.

On Thursday 6 February 2014 the HCPC hosted an event examining the issue further. Our guest speaker, Professor Zubin Austin from the University of Toronto, led a discussion which proposed that the opposite of competence is often not incompetence, but disengagement. He explored views on assessing and maintaining competence and how we can work together to achieve the best outcomes for both service users and professionals, with reference to the recommendations of the Francis Report into care failings at Mid-Staffordshire Foundation Trust.

### Research on why poor practice occurs

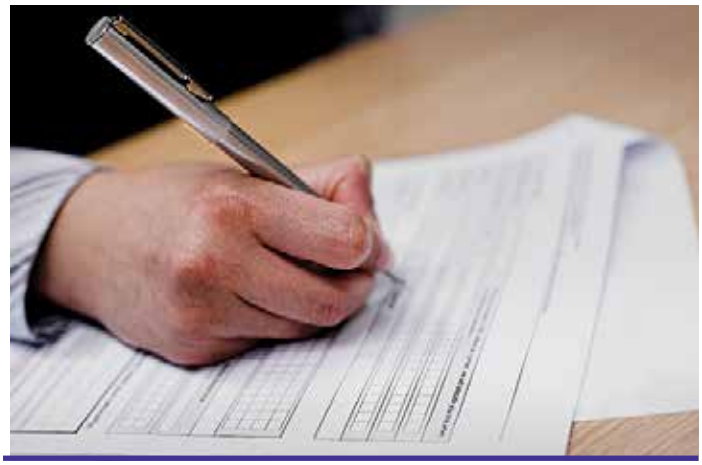
Following on from the event, the HCPC are commissioning research to examine further why poor practice occurs. The research will look at our fitness to practise cases and examine what lessons can be learnt about disengagement. The findings will be used to stimulate debate about how we can address disengagement before it leads to error, unreliability or incompetence.

To read HCPC Chair, Anna van der Gaag's blog piece, including a video of feedback from Professor Zubin Austin on the event, click here.

## General Medical Council welcomes language checks for European doctors

Following a consultation by the General Medical Council (GMC) new language checks on European doctors are expected to come into force this summer. Under current UK legislation, the GMC can assess the language competency of overseas doctors applying to work in the UK, but not those from other countries within the European Economic Area.

The changes will require doctors from other European countries to provide evidence of their English skills or undergo a language assessment, if the GMC has concerns about their ability to communicate effectively with their patients. .



General Medical Council

Regulating doctors
Ensuring good medical practice

### Public consultation

In a public consultation on the issue:

- nine out of 10 respondents agreed that the GMC should have the power to require a doctor to undergo a language assessment when there is a serious concern about their knowledge of English, and that the GMC should not grant a licence to practise to European trained doctors who are unable or unwilling to show they have the necessary knowledge of English;
- eight out of 10 respondents felt that the GMC should indefinitely suspend doctors who fail to acquire the necessary knowledge of English to treat patients in the UK safely.

The GMC has also confirmed that from the summer, all overseas trained doctors who take a test to demonstrate their English language skills will need to achieve a higher score than they currently do. Overseas trained doctors wanting to practise in the UK will need to achieve an overall score of 7.5 out of 9 in the International English Language Testing System (IELTS) test - up from the current score of 7. The new requirement will be introduced at the same time as new language checks on European doctors.

## UK review of regulation of cosmetic interventions

The UK government has published its response to the review of regulation of cosmetic intervention. The independent review was carried out by a committee chaired by Professor Sir Bruce Keogh. It follows the scandal from faulty Poly Implant Prothèse (PIP) breast implants and the growing number of non-surgical procedures that have become popular in recent years.

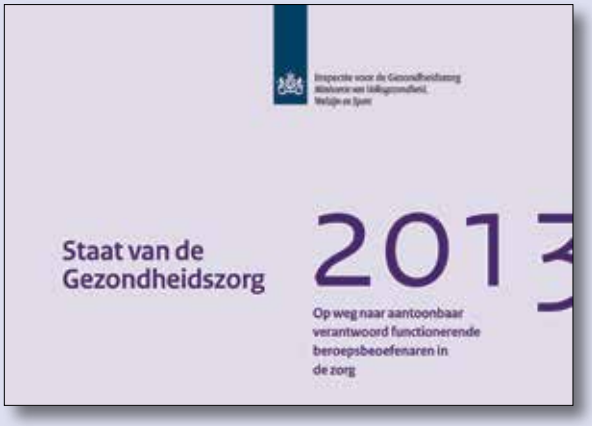
In its response the government sees lack of information for patients to make fully informed choices as a key challenge. It welcomes the majority of the review's findings and recommendations as follows:

- the responsibility of prescribing professionals should be emphasised by professional regulators in their codes and action taken if practice does not conform to expectations;
- those administering and supervising cosmetic interventions should be appropriately trained and accountable. Non-healthcare practitioners administering cosmetic interventions should be properly trained and, where appropriate, work under the supervision of a regulated professional;
- the products used in cosmetic interventions should be more closely controlled and monitored;
- to begin with, breast implants, but eventually all implanted devices including dermal fillers, should be monitored; and
- those who choose to undergo a cosmetic intervention should have access to all the relevant information in order to give informed consent and have recourse to adequate redress in the event of something going wrong.

These recommendations are being actively discussed with an aim of reaching support for all aspects of the response to the recommendations.

## State of Dutch Health Care report

The Dutch Health Care Inspectorate has recently published a report entitled State of Dutch Health Care 2013. The document highlights that investment in the quality of healthcare professionals enhances both the quality of care and patient safety. For this reason, the report calls for management practices to promote fitness to practise. The responsibility to ensure that all Dutch healthcare services are provided in a manner which can be described as 'responsible' falls to practitioners and managers. Minimum safeguards are also set out that should be in place to promote fitness to practise and prevent impairment.




Inspectie voor de Gezondheidszorg
*Ministerie van Volksgezondheid, Welzijn en Sport*

### Systems to promote fitness to practise

The report notes that various health practitioners are currently working to implement systems which will ensure healthcare professionals themselves, as well as management, promote fitness to practise. Physiotherapists, midwives, general practitioners and pharmacists have adopted systems of accreditation or certification. Specialists in geriatric care are currently implementing a system of peer review, while formal assessments are used by ambulance staff. The Dutch Order of Medical Specialists has also introduced guidance on optimum professional performance, which provides management instruments and outlines responsibilities. The report also confirms that while it will act when there is a serious risk to patient safety, the Healthcare Inspectorate's role is a last resort in cases of professional impairment. For further information on the report, please contact Marijke Prins, Dutch Health Care Inspectorate: mm.prins@igz.nl.

## Improving Professional Regulation: Interdisciplinary Insights

*Douglas Bilton, Research and Knowledge Manager, Professional Standards Authority*

75 academics and regulatory practitioners with an interest in research attended an academic conference on 28 March 2014, co-hosted by the Professional Standards Authority and the University of Surrey and held at Cumberland Lodge, Windsor Great Park.

The programme was organised around presentations by academic researchers in different fields on how their work could be used to inform regulatory development and improvement. The morning session was chaired by Harry Cayton, Chief Executive of the Professional Standards Authority and Professor Ann Gallagher, Director of the International Care Ethics Observatory, University of Surrey, and focused on regulators' engagement with the public, how regulators influence registrants and continuing fitness to practise.

In the afternoon, group sessions focussed on understanding risk, regulatory design, professionalism, and culture and behaviour. Dr Jean Moore from the State University of New York and Professor Ivy Lynn Bourgeault from the Institute of Population Health at the University of Ottawa, closed the day with a discussion on the relationship between the professions, workforce planning and the state in regards to regulation.

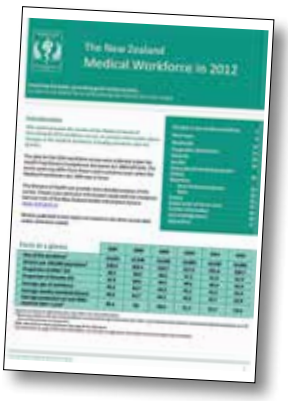
# Around the world

## Support for US streamlined licensing process

A bi-partisan group of 16 United States of America (USA) Senators has commended state medical boards and the Federation of State Medical Boards (FSMB) for their recent efforts to streamline the licensing process for doctors who wish to practice in multiple states. Under the new Medical Licensure Compact qualified physicians seeking to practise in several states benefit from an accelerated process and a license that is valid in all participating states. Doctors would gain a license to practise in each participating state and the jurisdiction of the state medical board where their patient is located would apply. The system aims to support doctor mobility, the development of telemedicine and wider access to doctors.

## New Zealand workforce survey results

The Medical Council of New Zealand has published the results of its survey, The New Zealand Medical Workforce in 2012. Survey forms were sent out to 13,947 doctors with New Zealand addresses with 96% submitting a response. Key findings include an increase of 2.5% in the number of active doctors in the workforce, continued feminisation and increased ethnic diversity of the workforce.




### Feminisation of the workforce

Though male doctors have historically outnumbered female doctors in New Zealand, and still make up 59 % of the medical workforce, this gap is decreasing. Females now outnumber males amongst new doctors: 58% of house officers and 49% of registrars were female. 45% of females in the workforce are under the age of 40, compared to 28 % of males.

### Ethnic diversity

Doctors identifying as New Zealand European/Pākehā made up 52.7 % of all doctors, but were more highly represented amongst specialists (63.1 %) and GPs (56.6 %), and were less represented amongst house officers (36.3 %), and registrars (33.4 %). This reflects the increasing ethnic diversity of the medical workforce and of New Zealand.

## Gambian regulator appoints new registrar

The Gambia Medical and Dental Council has appointed Dr. Mohammadou Kabir Cham as Registrar. Dr Cham is a senior public health expert and former advisor to the World Health Organisation.

## New Chair for Medical Council of New Zealand

The Medical Council of New Zealand (MCNZ) has elected Mr Andrew Connolly, a surgeon from Auckland, as its new chairperson. Mr Connolly has been deputy chair of the Council since 2012 and replaces outgoing chair Dr John Adams.

# Upcoming events

**12-13 April 2014**
World Federation for Medical Education and Association for the Evaluation and Accreditation of Medical Education Programs Workshop on Accreditation and Quality Assurance
*Turkey*

**25-29 April 2014**
Canadian Conference on Medical Education (CCME)/ Conférence Canadienne sur l'Education Médicale (CCEM) on medical conference
*Ottawa, Canada*

**8-9 May 2014**
European Partnership for Supervisory Organisations in Health Services and Social Care (EPSO) conference
*Porto, Portugal*

**17-18 May 2014**
World Health Professions Regulation Conference
*Geneva, Switzerland*

**22-25 May 2014**
European elections


**9-12 September 2014**
International Association of Medical Regulatory Authorities (IAMRA)
11th International Conference on Medical Regulation
*London, United Kingdom*

**11-14 November 2014**
18th International Nursing Research Conference
*Vitoria, Spain*

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

# 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**.