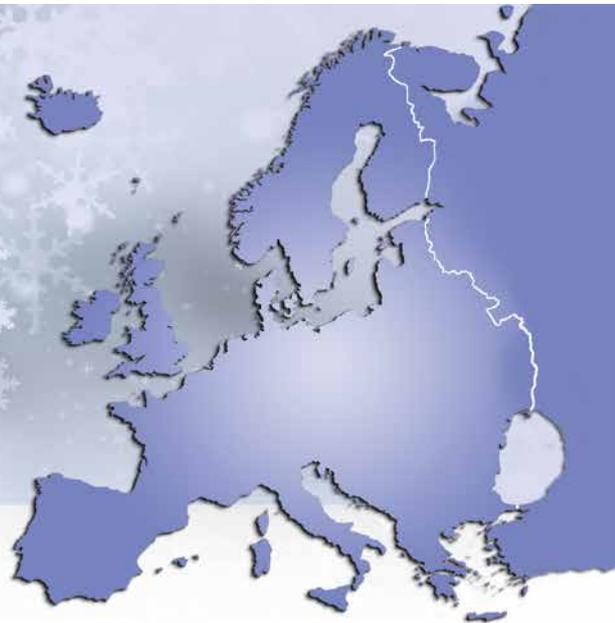


# HPCB

Healthcare Professionals Crossing Borders

## Crossing Borders Update



Welcome to the December edition of the *Healthcare Professionals Crossing Borders Update*. In this edition we look at the most recent European Commission data on the cross-border healthcare Directive, the EU-Canada CETA agreement, the Medical Council of Ireland's patient safety booklet and review the analysis from the European medical regulators' fitness to practise survey results. In this edition we also introduce the **HPCB fitness to practise sanctions mapping survey** which aims to map FtP measures across European competent authorities and will investigate how these are reflected in the new alert mechanism. All healthcare competent authorities are encouraged to respond to the survey by **31 December 2016**.

### Promoting patient safety across borders conference

On Friday 28 October 2016, HPCB held its 10th meeting for healthcare professional regulators. The conference *Promoting patient safety across borders* was co-hosted by the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC) in London.

The conference brought together 88 participants from healthcare competent authorities representing over 20 countries across Europe and the world. It focused on healthcare professional mobility looking in particular at the recognition of professional qualifications (RPQ) Directive and at ensuring patient safety through CPD and revalidation.

Keynote speakers included Dr Matthias Wismar from the European Observatory on Health Systems and Policies and Caroline Hager from DG SANTE in the European Commission. The presentations from the conference can be [found here](#).



Thank you to all those that attended, we have received very positive and constructive feedback. If you attended the conference but have not yet let us know your thoughts, please feel free to fill in our [feedback form](#).

It is clear that meeting to discuss healthcare regulation and cross border mobility was worthwhile, with 95% of participants agreeing they would attend a future HPCB conference. If your competent authority is interested in hosting a HPCB meeting in future years, please get in touch with the HPCB secretariat at: [HPCB@gmc-uk.org](mailto:HPCB@gmc-uk.org).

*Fitness to Practise mapping survey continued on next page >*

### CONTENTS

HPCB conference	1
<b>EU INSTITUTIONAL DEVELOPMENTS</b>	
FtP mapping survey	2
Cross-border healthcare Directive	2
New EC Brexit negotiator	2
EU-Canada trade agreement	2
Obstacles to recognition of skills	3
Recognition of medical technologists	3
Transposition of RPQ Directive	3

### EUROPEAN PARLIAMENT QUESTIONS

Delays in recognising Directive	3
Lack of experience in Dentistry	4
Payment overtime for nurses	4
Working conditions across Europe	4

### EUROPEAN NETWORKS UPDATE

Nursing regulators discuss AnnexV	4
ENMCA meeting	5
ENMCA FtP sanctions survey	5
Caring for older people conference	5
Professional rules on advertising	6
Importance of professional regulation	6

### DEVELOPMENTS IN EUROPEAN REGULATION

PSI future pharmacy practise report	7
New pharmacy assessment system	7
MCI booklet for patients	8
Patient safety&leadership conference	8
Language testing in the Netherlands	8
Right touch assurance	9
Professional titles update	9
HCPC consultations	10
GMC state of medical education	10

### AROUND THE WORLD

WHO health and growth report	11
WHO report on midwives conditions	11
IAMRA 12th conference	12
ACHI directory published	12
MBA competence to practise report	12
New entry-level competencies	12
MCC moved premises	12
Upcoming events	13
Newsletters	13

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



## HPCB fitness to practise mapping exercise

During the conference, we launched our fitness to practise sanctions mapping survey that aims to map the sanctions currently applied across Europe and to assess how these are reflected in the new alert mechanism. All healthcare competent authorities are urged to take part.

Further information about the survey, as well as the survey itself, can be found on our website [here](#) or please contact the HPCB secretariat at [HPCB@gmc-uk.org](mailto:HPCB@gmc-uk.org) for more information.

Survey submissions will close on **31 December 2016** and the results are scheduled to be published in the March 2017 *HPCB crossing borders update*.

## EU institutional developments: cross-border healthcare Directive, CETA agreement, advertising restrictions, Brexit



### EC publishes data on cross-border healthcare Directive

The European Commission has published [data](#) from 23 EU countries on their use of the cross-border healthcare Directive in 2015. The data shows that a majority of the 23 member states received less than 100 requests for

prior authorisation for healthcare received in another member state during 2015. On average 50.2% of the processed requests were authorised. Most requests for prior authorisation have been authorised for treatments in Germany.

The number of requests for reimbursement relating to healthcare not subject to prior authorisation was largely low although Belgium and Denmark both received over 30,000 requests for reimbursement. On average 78% of the processed requests for reimbursement were granted. Most requests for reimbursement have been granted for treatments in Germany followed by Spain.

A vast majority of the requests for prior authorisation in the 23 member states were refused as the healthcare could be provided in the member state of affiliation within a medically justifiable time limit. Several requests were also refused as the healthcare requested was not included among the national healthcare benefits of the member state of affiliation.

### EC negotiator for Brexit

Michel Barnier will lead the European Commission Taskforce for the Preparation and Conduct of the Negotiations with the United Kingdom under article 50 of the Treaty on European Union (TEU). He will report directly to the President of the European Commission, Jean-Claude Juncker, and will be advised by a group of Directors-General dealing with the issues relevant to the negotiations.

His deputy as chief Brexit negotiator is a German trade expert, Sabine Weyand. Article 50 is yet to be triggered by the United Kingdom.

### RPQ in the EU-Canada agreement

The EU and Canada signed the Comprehensive Economic and Trade Agreement (CETA) in October. As well as trade issues, the CETA agreement also provides a framework for the movement of professionals via the signing of so-called Mutual Recognition Agreements (MRA).

Under any future MRA, the EU and Canada would agree to recognise the comparability of each other's qualifications in specified professional fields, including healthcare. Professional bodies from both jurisdictions would meet to set the parameters for an agreement which would then be referred to a specialist committee before it could be adopted. The European Parliament needs to give its consent to the CETA agreement before it can be implemented.

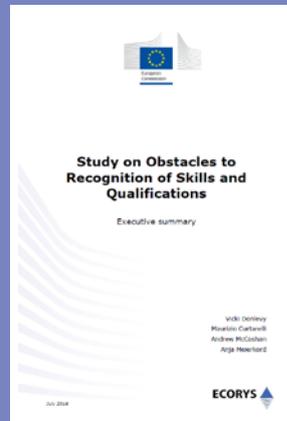
## Obstacles to the recognition of skills and qualifications

The European Commission has published the results of a study into the obstacles that students and professionals face in getting their educational and professional qualifications recognised in other EU countries. The study, conducted by Ecorys, has identified key problem areas in the recognition process and provides conclusions and recommendations to resolve these.

Recommendations from the study encourage EU policymakers to:

- Carry out more widespread awareness raising on existing EU tools in order to explain their role and encourage their use in recognition practices
- Encourage and support national and regional stakeholders to apply and use the European Qualifications Framework
- Ensure active monitoring of national implementation of the recommendations on validation of informal and non-formal learning

- Create a single EU web portal to centralise information on recognition policies, practices and decisions across the EU and in EEA countries
- Raise awareness on the need for and benefits of recognition, in particular for employers, individuals and member states



- Speak in a common language in order for recognition to work effectively
- Ensure that specific, enhanced support is provided for vulnerable groups seeking recognition of skills and/or qualifications.

The full report can be [found here](#).

## European Commission urges two more member states to transpose RPQ Directive

Latvia and Romania are the latest member states to receive [reasoned opinions](#) from the European Commission on their failure to communicate the transposition of Directive 2013/55/EU on the recognition of professional qualifications into national law.

The Directive should have been transposed into national legislation by 18 January 2016.

Fourteen member states were sent reasoned opinions in September, for also failing to communicate the transposition.

All member states have two months to notify the Commission of the full transposition of the Directive; otherwise the EC may decide to refer them to the Court of Justice of the EU.

## Recognition of medical laboratory technologists in Greece

The EC has responded to a petition from a Greek citizen regarding the fact that Greece does not regulate the occupation of medical laboratory technologist, thus preventing such professionals from pursuing the occupation in any EU member state in violation of Directive 2005/36/EC.

In response, the EC stated that it is up to each member state to decide whether to regulate a profession and thus Greece is not in breach of the Directive. In addition, the EC outlined that professionals exercising the profession in Greece can benefit from the provisions of the Directive when trying to get their qualifications, education and experience recognised in other member states which regulate such a profession.

Find out more [here](#).

## European Parliament questions

### Delays in recognising professional qualifications

Vilija Blinkevičiūtė MEP has questioned the EC on the delays encountered by professionals when obtaining recognition of their professional qualification and the need for employers to be informed and educated that qualifications acquired in other member states are of the same quality as local qualifications.

In response, the EC outlined the maximum four month time limit for recognition as outlined in the revised RPQ Directive and stated that it strongly promotes cooperation between national authorities to build a common understanding on different national qualifications. Visit the source [here](#).

## Lack of clinical experience in some dental qualifications

The EC has responded to a series of parliamentary questions following the publication of a study showing that out of 23,300 students who completed their studies in 2015 in 26 member states, 10% of the newly qualified dentistry graduates had never actually provided any dental care at all. Moreover, having completed their studies, one student in three had never fitted a crown or prescribed any pharmacological treatment.

In response, the EC stated that member states should ensure that all their basic dental training programmes include the minimum training subjects, comply with the

minimum duration, and provide assurance that the graduates acquire the minimum knowledge and skills. These requirements also include suitable clinical experience under appropriate supervision and pharmacological studies. The EC will take action to ensure that these rules are complied with.

Visit the source [here](#).



## Payment of overtime for nurses

The EC has responded to a question on the payment of overtime for nurses in Portugal. Thousands of nurses in Portugal have staged successive strikes this year as they demand an extension of the 35-hour week for nurses with a public service employment contract to those nurses with individual employment contracts.

They are also demanding a reduction in extra hours worked through mandatory overtime. In its response, the EC stated that the European working time Directive does not establish a “normal working time”, nor does it regulate the remuneration of working time or of the time qualified as overtime under national law. Visit the source [here](#).

## Working conditions of doctors across Europe

The EC has responded to a question on the different working conditions of doctors across Europe and the impact this has on the migration of doctors. Romanian MEP Victor Negrescu alleges that different working conditions leads to unequal competition within the EU in terms of attracting healthcare personnel. He cited the example of Romania where, he says, doctors’ medical activity includes on-call activities regulated by mechanisms which do not comply with EU standards.

In its response, the EC cited the provisions of the European working time Directive and related case law and stated that it is committed to providing support to member states through exchanges of good practices, collection of data and evidence, to help them promote high quality health services including through investment in health workers. Visit the source [here](#).

## European networks update

### EU Nurse Regulators discuss Annex V *David Hubert, EU Monitor*



On 18-19 October 2016, the network of EU Nurse Regulators met at the Consejo General de Enfermería in Madrid under the chairmanship of Professor Máximo González Jurado. The aim of the conference was to discuss the revision of [Annex V of Directive 2013/55/EU](#).

The revised Directive, which came into force earlier this year, brought some interesting developments for the nursing profession. The new Article 31.7 lists eight competences which a general care nurse qualification must lead to

(independent diagnosis, interdisciplinary work, promotion of healthy lifestyles, independently initiate lifesaving measures, independently advise, assure quality, inter-professional communication and improve own practice).

The addition of these competences into the body of the Directive was welcomed by regulators who feel that it now better reflects modern-day nursing. However Annex V, which sets out the minimum training programme for general care nurses, has not yet been updated and reflects nursing as it was in the 1970s. This creates a conflict with Article 31.7 which gives the Commission the power to legislate through delegated acts.

The network of EU Nurse Regulators discussed and agreed on their desired changes to the Directive and agreed on the form the delegated act should take. This was done in the spirit of collaboration, including the views of the professional associations in order to develop a proposal which is workable and future proof.

## European Network for Medical Competent Authorities

### Medical competent authorities meet in Berlin

The European Network of Medical Competent Authorities (ENMCA) held its 16th biannual meeting in Berlin in December. Representatives from 16 medical regulators met in the presence of the European Commission to discuss the implementation of the recognition of professional qualifications Directive and to share experience of national regulatory developments.

Participants also looked at the process of verifying third country qualifications. The next meeting of ENMCA will take place in Tallinn, most likely on 5 May 2017.



### Fitness to practise sanctions for European medical regulators

The European Network of Medical Competent Authorities (ENMCA) has surveyed medical competent authorities across Europe on the types of fitness to practise sanctions they issue to doctors. The survey found that the legal basis to enact sanctions varies considerably across member states with responsibilities often shared between authorities and other bodies such as professional associations. Despite this, there was general consistency across all authorities on the types of complaints that may result in a sanction and the type of sanctions or measures that authorities are able to issue.

When looking at the alert mechanism as introduced by the revised RPQ Directive, the survey found that each member state issues alerts based on national norms and legislation with no overarching European framework. Authorities commented that it would be useful to have clear guidance on what types of decisions should result in an alert being sent as there was a big divergence across member states.

As a next step, ENMCA will explore what actions medical competent authorities take when they receive an alert, particularly when the professional is also registered and providing healthcare services in the host member state.

Half of the authorities surveyed used the HPCB Edinburgh [template](#) for issuing certificates of good practise.

## Caring for older people conference, Rotterdam 4-7 October 2016

On 4-7 October, the Netherlands hosted the 5th European Nursing Congress in Rotterdam. The Congress met to discuss the key role that nurses play in caring for older people and delivering safe, high quality and cost-effective health services.

The conference was attended by over 700 nurses from around the globe and offered 28 symposia, 52 oral presentations, 8 roundtables and workshops, and 150 poster presentations.

The conference focused on the scientific research and innovations in caring for ageing societies and was deemed a great success by attendees and the event organisers. [Click here to read participants evaluations](#) and [photos from across the 4 days can be found here](#).

One of the most talked about and impressive keynote addresses from the conference did not come from a healthcare professional or scientist, but from a patient advocate, Dr h.c Cees Smit. Dr Smit's presentation focused on the [art of aging with comorbidities](#) about his own experiences of being cared for with a number of different caregivers and the frustrations with a lack of coordination between carers.

His heartfelt address raised interesting debates about providing a more holistic care approach, similar to what you would find in paediatrics, rehabilitation and geriatric care.

To view presentations please [follow this link](#).



## Professional rules on advertising and compatibility with EU law

Cédric Grolleau, FEDCAR

**What is the balance to find between European law and the codes of conduct for healthcare professionals? The question should soon be clarified by the [European Court of Justice \(ECJ\)](#).**

In 2004 the European Commission reported that 'a significant body of empirical research shows the negative effects that excessive or outdated restrictive regulations may have for consumers and competition'. Regulation of healthcare professional services can nevertheless be necessary due to patient safety and the difference in knowledge between customers and service providers. Certain professional services are also deemed to produce 'public goods' and professional regulations may indeed be needed to maintain the quality of professional services and to protect consumers from malpractice.

In spite of this acknowledgment, the Commission believes that some aspects of some professions may need more pro-competitive mechanisms that can and should be used instead of traditional restrictive rules. However, what the

Commission has not addressed is the issue of restrictions on advertising.

In Belgium, dentists are prohibited from advertising in newspapers and on websites, however one dentist has contested this restriction and claims it contradicts EU internal market law. Following a preliminary ruling last year by a Belgian judge, the ECJ advocate general delivered his opinion in September ([case C-339/15, Openbaar Ministerie v Luc Vanderborght](#)). He considers that 'the protection of public health may properly justify a ban prohibiting dental care providers from engaging in any form of advertising to the general public to promote their services'.

This is also a well-shared concern by many health regulators in the EU. In the next few months, the ECJ will confirm whether the prohibition of healthcare professional advertising in Belgium is indeed compatible with the internal market in the interests of patient safety.

## European dentists, doctors and pharmacists re-affirm importance of professional regulation in light of plans for proportionality testing

*Council of European Dentists (CED), the Pharmaceutical Group of the European Union (PGEU) and the Standing Committee of European Doctors (CPME)*

Bringing together expertise across professions, the Council of European Dentists (CED), the Pharmaceutical Group of the European Union (PGEU) and the Standing Committee of European Doctors (CPME) have released a [joint statement](#) requesting that healthcare professions should be excluded from any EU framework for a proportionality assessment of professional regulation. The statement refers to the European Commission's plans to propose a proportionality test for professional regulation in the coming months, as a tool to detect excessive regulatory obstacles to the access to and practice of professions, which is believed to prevent economic growth.

The professions believe that in line with the division of competences and the consequent EU legislative framework, it would not be appropriate to enforce a proportionality test for the regulation of healthcare professions. It is highlighted that the quality and availability of healthcare will only be attained within a national context taking into account demographical, geographical and cultural realities. Referring to the European Court of Justice's case-law, it is further pointed out that member states must decide on the means

to achieve the desired level of protection with regards to public health. Furthermore, the professions remain strongly committed to ensuring that policy decisions on the regulation of the professions are solely driven by objectives of quality of care, access to care and patient safety, not in the pursuit of alleged benefits to economic growth.

The co-signatories of the letter will continue to monitor developments and continue to engage in dialogue with policy makers and other stakeholders to achieve a responsible and sustainable solution that affirms the professions' special nature and upholds the highest quality of healthcare.



# Developments in European regulation

## PSI publishes Future Pharmacy Practice report



On 23 November, the Pharmaceutical Society of Ireland (PSI), the pharmacy regulator, published a significant research report that presents a vision for the future of pharmacy practice in Ireland.

The report, **Future Pharmacy Practice in Ireland - Meeting Patients' Needs**, is the culmination of a research

project that was commissioned by the PSI Council in the summer of 2015 to seek to address challenges facing the health service and to see where pharmacists might play a fuller role to address the needs of patients into the future.

The project undertaken by the regulator incorporated extensive consultation and information-gathering that involved patients, healthcare professionals, including pharmacists, other regulatory bodies, and engagement with policy-makers through the Department of Health, health services providers and others.

The report sets out in significant detail areas in which pharmacists should provide health system support and within which they should be positioned to develop and

provide a means of enhancing patient care and treatment into the future. Particularly, the recommendations point to pharmacists' potential for greater involvement and incorporation in **national health and wellbeing initiatives**; enhanced support and assistance for patients managing **chronic diseases**; and additional or heightened pharmacist integration in all care settings for improved **medicines management throughout the patient care pathway**.

To progress the recommendations and meet healthcare challenges into the future, the report also recognises the enablers required to support future pharmacy practice development. This includes ongoing research, regulation and governance, education, continuing professional development and continued investment in IT. Leadership by the profession and collaboration between healthcare professionals are also critical elements in securing progress.

At a time of health system reform in Ireland, mindful of the current programme for government and national health strategy, the PSI is conscious of its part in furthering effective public healthcare provision and facilitating an evolving pharmacist role in accordance with changing societal and policy demands.

The report and its supporting research papers are available on the [PSI website](#).

## New Pharmacy Assessment System for Irish Pharmacies

The pharmacy regulator in Ireland, the Pharmaceutical Society of Ireland (PSI) has developed a new Pharmacy Assessment System for use in registered pharmacies to facilitate the supervising pharmacist to critically review their pharmacy's practice, validate and record good practice and identify areas where improvements are required. It has been developed following consultation and pilot phases, and forms part of a revised routine pharmacy inspection policy.

The Assessment System is a new means for PSI registrants to provide evidence to the public and to the PSI of the continuous commitment of the pharmacy team to ensuring patient safety and quality of care in providing services and treatment in compliance with statutory requirements, PSI guidance and good pharmacy practice.

At present the assessment contains six sections that examine different areas of the pharmacy's practice including sale and supply of prescription and non-prescription medicines, record keeping, medicines storage and supply to residential care settings.

The assessment tool has been distributed to pharmacies and is available online, and PSI inspectors have been hosting information events for pharmacists to ensure their understanding of the Assessment System, and how best to use it. From January 2017, supervising pharmacists with their pharmacy team, will be required to complete each section of the Assessment System every six months, in order to facilitate continuous and ongoing compliance. During pharmacy inspections, PSI staff will verify that the Assessment System has been completed.

Further information is available on the [PSI website](#).



## Irish Medical Council publishes online booklet for patients



Comhairle na nDoctúirí Leighis  
Medical Council

The Irish Medical Council has published an online booklet for patients and members of the public entitled [Working with Your Doctor: Useful Information for Patients](#). This booklet aims to help patients and members of the public get the best healthcare through working in partnership with doctors and other health professionals. It also explains the different types of doctors that might treat patients, what patients can expect from their doctor and how patients can work with their doctor to improve their care.

The patient booklet was developed following the launch of the 8th edition of the Medical Council's [Guide to Professional Conduct and Ethics for Registered Medical Practitioners](#) earlier this year which sets out the standards of practice doctors are expected to follow. In August, the Irish Medical Council sought consultation from the public, doctors and partner organisations on the draft patient booklet to ensure it was inclusive, relevant and useful.

You can see more about the patient booklet on the Irish Medical Council's Website [here](#).

## Irish Medical Council holds annual patient safety and leadership conference in Dublin

The Irish Medical Council held a patient safety and leadership conference, entitled 'Enhancing the Culture of Patient Safety' in Dublin on 27 October.



Astronaut Colonel Eileen Collins, who was the first female to pilot and command an American space shuttle, was the

keynote speaker at the event and spoke specifically on the principles of teamwork, including the key factors for successful leadership. Columnist and author of two acclaimed books on the science of high performance, Matthew Syed also spoke at the event on the importance of creating systems and cultures that enable organisations to learn from errors.

Other speakers at the conference included Director of the Clinical Effectiveness and Evaluation Unit at the Royal College of Physicians of London, Dr Kevin Stewart and Council member and external lead advisor for the World Health Organisation's Patients for Patient Safety Programme, Ms Margaret Murphy.

Over 300 delegates attended the conference.

## Language skills testing in the Netherlands *Dr. A.C. (Carina) Furnée, BIG-register*

The BIG-register administers the registration of healthcare professionals who wish to work in the Netherlands. Registration with the BIG-register is done on behalf of the Ministry of Health, Welfare and Sport.

As of 1 January 2017 all health care professionals who wish to apply for registration with the BIG-register must also provide proof of sufficient knowledge of the Dutch language.

The rationale for expanding the registration requirements for registration with the BIG-register is that we need to be satisfied that healthcare providers who wish to work in the Netherlands have the necessary knowledge of Dutch to communicate effectively with patients so as not to put their safety at risk. Communicating in Dutch includes speaking, reading, writing and listening.

For pharmacists, medical doctors, health psychologists, psychotherapists and dentists, the required level of language proficiency is B2/C1 ([CEFR](#)) and for physical therapists, nurses and midwives the level of language proficiency is B1/B2. For all healthcare providers the test has specific emphasis on the language use in the medical profession.

Directions on how to obtain a certificate of Dutch language skills will be made available on the website of the BIG-register shortly: <https://www.bigregister.nl/en/registration/inthebigregister/conditions/>



## Right-touch assurance – a contribution towards a more proportionate approach to regulation *Daisy Blench, Policy Adviser, Professional Standards Authority*

Professional regulation plays a crucial role in ensuring public protection; however used inappropriately it may be unnecessary or counterproductive.

Governments around the world face the challenge of assessing the need for regulation. Across the EU there is huge variation in approach with professions as diverse as beekeeper and nuclear inspector regulated in different countries. The European Commission has recently encouraged member states to carry out a [mutual evaluation](#) of the impact of professional regulation with a view to introducing an EU-wide proportionality test to ensure that regulation is necessary.

Here in the UK, the Government is committed to proportionate regulation of healthcare professionals. Alongside our role overseeing the statutory health and care regulators the Professional Standards Authority operates the [Accredited Registers scheme](#), accrediting voluntary registers of occupations which don't require statutory regulation. This approach is in line with the Authority's principles of [Right-touch regulation](#) which advocate using the minimum regulatory force to achieve the desired outcome.

The Authority has consistently argued that decisions on regulation should be taken on the basis of an assessment of risk of harm to the patient rather than for other reasons such as enhancement of professional status. To assist with this task, we have developed [a new methodology](#) to assess the risk of harm arising from the practice of different health and care occupations and indicate the form of oversight required to manage these risks.

The model has two parts. The first involves an assessment of intrinsic risks of harm in the practice of the occupation in three areas including: intervention (the complexity and inherent hazards of the activity), context (the environments in which the intervention takes place) and agency (service user vulnerability or autonomy). The second stage involves consideration of external factors, including the need for public and stakeholder confidence, and develops a recommendation on the most appropriate form of oversight for the occupation.

We hope that this methodology will encourage objective assessment of risk and a more right-touch approach to professional regulation in the future as well as having potential to be adapted for utilisation by regulators themselves and in other sectors.

## Update on professional titles *Gillian Ryan, CORU*

As at 31 October 2016 the titles 'dietitian' and 'speech and language therapist' are both legally protected in Ireland. Only those who have applied or registered with CORU, Ireland's multi-profession health regulator, are entitled to practise using these titles.

Registers for both professions opened in 2014 and were subject to a two year transition period. This period has now expired meaning that both professions are now subject to statutory regulation for the first time.

Speaking about regulation of the two professions Ginny Hanrahan, CEO of CORU said, "This is a positive development for both the dietitian and the speech and language therapy professions. Restricting the use of these titles enables CORU to protect the public by promoting high standards of professional conduct, education, training and competence. We look forward to working with the registrants, to ensure the highest standards of patient care are consistently delivered."

The protection of these titles also sends a powerful message to patients and service users, about the quality and consistency of care they can expect. Members of the

public can now ensure that their dietitian or speech and language therapist meets these high standards. The register for both professions is available on our website [www.coru.ie](http://www.coru.ie).

The new regulations apply to anyone practising in Ireland with the title dietitian or speech and language therapist and the requirements include:

- Completing formal registration with CORU
- Meeting the required education standards
- Satisfying the Registration Board that they are a 'fit and proper' person to engage in the practise including undergoing the Garda Vetting process
- Complying with a Code of Professional Conduct and Ethics
- Engaging in continuous professional development



Regulating Health +  
Social Care Professionals

## Consultations on new guidance from the Health and Care Professions Council

In October the Health and Care Professions Council (HCPC), which regulates 16 health, psychological and social work professions in the UK, launched three separate consultations.

### ■ [Guidance on social media for registrants](#)

This guidance was drafted in response to feedback from professionals who felt they would value additional guidance on meeting our standards when using social media. The HCPC recognises that the vast majority of registrants who use the medium already do so responsibly. However, the guidance makes clear that expectations of registrants' behaviour extends to their use of social media.

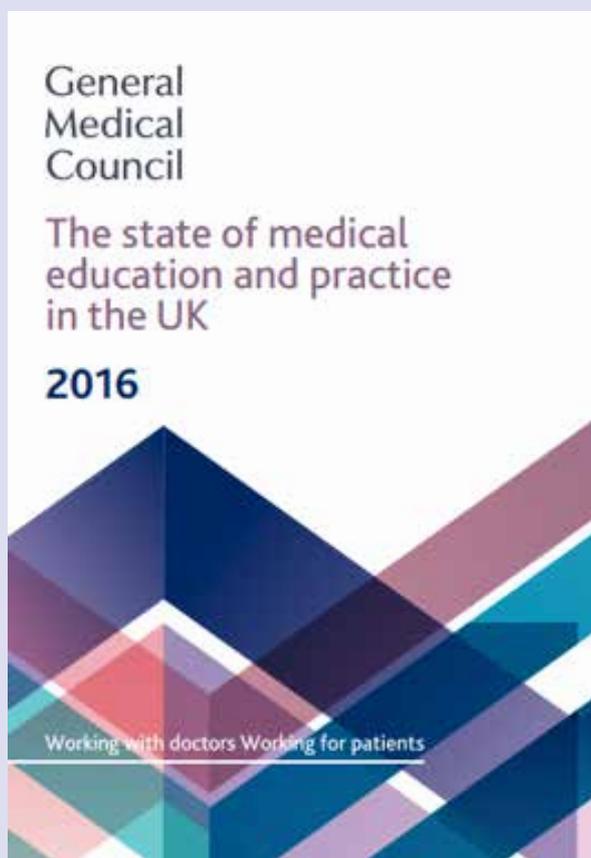
### ■ [Revised guidance on confidentiality](#)

The HCPC first published guidance on confidentiality for registrants in 2008. The guidance has been revised to ensure it remains up-to-date and takes account of recent changes to the HCPC's standards of conduct, performance and ethics.

### ■ [Revised guidance on continuing professional development \(CPD\)](#)

Proposed changes to the CPD guidance largely relate to improving the style and content of the previous guidance document. The standards themselves will remain the same. However, the revised guidance will seek to provide clarity and more accessible information and advice.

All three consultations will close on Friday **13 January 2017**. For more information and to respond see [www.hcpc-uk.org/aboutus/consultations](http://www.hcpc-uk.org/aboutus/consultations).



## The state of medical education and practice 2016

The UK General Medical Council has published its sixth annual report about the state of medical education and practice in the UK. The report considers some of the current challenges facing the profession, the systems in which it works, and how the characteristics of the profession continue to change.

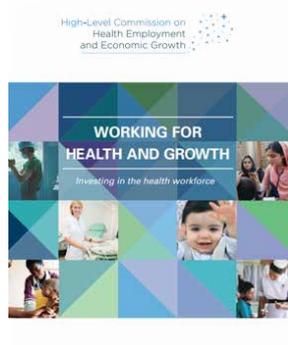
Key findings from the report include:

- There is increased pressures on health and social care services
- The profession is becoming more ethnically diverse and the proportion of female doctors is edging closer to making up 50% of the register
- We have greater reliance on older doctors and non-UK graduates
- Obstetrics and gynaecology and psychiatry have seen a 10% reduction in trainee numbers
- There has been a reduction in the number of complaints against doctors.

The full report [can be found here](#).



### WHO – new investments in global health workforce will create jobs and drive economic growth



The World Health Organisation (WHO) has called for urgent investments globally to create new jobs in the health sector in order to prevent a projected shortfall of 18 million health workers in primarily low and lower-middle income countries.

President Francois Hollande of France who co-chairs the High-level Commission on Health

Employment and Economic Growth with President Zuma from South Africa delivered the final report of [Working for Health and Growth – investing in the health workforce](#) to the United Nations in September 2016.

The Commission concluded that investing in the health workforce is needed to make progress towards the Sustainable Development Goals, including gains in health, global security and inclusive economic growth. The Commission made 10 recommendations for realising those gains through appropriate investments in health employment that can power economies, move countries closer to universal health coverage and act as a bulwark

against outbreaks such as Ebola.

The 10 recommendations are summarised below:

- 1 Stimulate investments in creating decent health sector jobs
- 2 Maximise women's economic participation
- 3 Scale up transformative, high quality education and lifelong learning
- 4 Reform service models concentrated on hospital care
- 5 Harness the power of cost effective information and communication technologies
- 6 Ensure investment in the International Health Regulations core capacities
- 7 Raise adequate funding from domestic and international sources
- 8 Promote inter-sectoral collaboration at national, regional and international levels
- 9 Advance international recognition of health workers' qualifications to optimise skills use
- 10 Undertake robust research and analysis of health labour markets.

### WHO and partners call for better working conditions for midwives

The World Health Organisation (WHO) and partners have called for an end to discrimination, harassment and lack of respect that hinder midwives' ability to provide quality care to women and newborns.

The first global survey of midwifery personnel led by WHO, the International Confederation of Midwives (ICM) and White Ribbon Alliance (WRA) called [Midwives' Voice, Midwives' Realities; Findings from a global consultation on providing quality midwifery care](#), reports findings from over 2400 midwives who chose to complete an online survey from 93 countries.

The report reveals that too often midwives report their efforts are constrained by unequal power relations within the health system. Many midwives also face cultural isolation, unsafe accommodation and low salaries.

One fifth of midwives who answered the online survey depend on another source of income to survive, which adds to the pressure and exhaustion that they experience. Many combine the roles of work, motherhood and caring for others in their communities. The midwives reported that long and stressful hours badly affected their families, with over one third stating they had no choice but to leave children under 14 years alone while they work.

The report highlights three significant areas that are in need of global reform:

- 1 Professional support
- 2 Education and regulation
- 3 Advocacy for midwifery

More information can be found in the [WHO joint media release](#).

## IAMRA's 12th International Conference on Medical Regulation

*On 20 – 23 September 2016, the International Association of Medical Regulatory Authorities (IAMRA) held its biennial conference and members general assembly (MGA) in Melbourne, Australia. The conference brought together more than 500 participants from more than 42 different countries, making it the largest and most diverse IAMRA conference to date.*

The theme of this year's conference was '**Medical regulation – making a difference**' and was jointly hosted by the Medical Board of Australia (MBA) and the Australian Health Practitioner Regulation Agency (AHPRA). A wide array of plenary and workshop sessions covered topics as diverse as: global challenges in medical education; professionalism; using data to inform risk-based regulation; transparency and quality assurance; and the challenges of medical mobility.

The full conference programme and wrap-up video are available on the [conference website](#).

At the Association's MGA, IAMRA adopted the following three important resolutions involving topics essential to improving the quality of medical regulation and public protection worldwide:

- [IAMRA Statement on Accreditation](#)
- [IAMRA Statement on Continued Competency](#)
- [Facilitating the Professional development of Faculty through Short-term International Placements](#)

The conference also marked the end of Niall Dickson's chairmanship of IAMRA, which passed to Dr Humayun Chaudhry, President and CEO of the Federation of State Medical Boards in the US. Dr Chaudhry will serve as Chair and Secretary of IAMRA until October 2018. Dr Margaret Mungherera, Vice Chair of the Uganda Medical and Dental Practitioners Council, was elected as IAMRA's new chair-elect.



*Conference host, Dr Joanna Flynn – Chair of the Medical Board of Australia, addressing conference delegates at the evening reception.*

The next IAMRA conference will take place in Dubai in October 2018. A promotional video for the 2018 conference can be viewed [here](#).

## Directory of health education programmes published

The Australasian College of Health Informatics (ACHI) has released a directory that lists all vocational, undergraduate and postgraduate training programmes in Australia and New Zealand. The directory was developed to help government health authorities and employers recognise education options for health professions. The directory can be viewed [here](#).

### Medical Board of Australia release report on ongoing fitness and competence to practise

The Australia Medical Board (MBA) have released the [Medical Practitioners' ongoing fitness and competence to practise report](#) as part of its wider consultation on the issue of introducing revalidation in Australia.

The report found that doctors and nurses are the most trusted profession in Australia and that half of Australian doctors agreed they have a role to play in reviewing the quality of care provided by other doctors. The report also found that most doctors questioned felt that their current professional development systems were sufficient.

## New entry-level competencies for dental specialties

The Dental Board of Australia (the Board) in partnership with the Dental Council New Zealand (the Council) has developed entry-level competencies for dental specialties. These competencies describe the level of competence expected of applicants for registration with the Board and Council.

[A consultation report](#) has been published to provide a summary of the consultation process undertaken to develop these competencies.

[Click here](#) to view the updated entry-level competencies.

### The Medical Council of Canada has moved premises

The Medical Council of Canada (MCC) has [moved premises](#) - the new address, effective from 29 November, is 1021 Thomas Spratt Place, Ottawa, Ontario (Canada) K1G 5L5.

## Upcoming events

2017

---

**26-27 January**

[Medicines for Europe, 16th Medicines for Europe Regulatory & Scientific Affairs conference](#)

London, UK

**5 May**

[17th ENMCA meeting](#)

Tallinn, Estonia

**8-9 May**

[ADEE/ADEA meeting](#)

London, UK

**13 May (tbc)**

[CEOM meeting](#)

Italy

**14-16 June**

[Joint 23rd Medicines for Europe and 20th IGBA Annual Conference](#)

Libson, Portugal

**5-6 October**

[IAMRA Continued Competency Symposium](#)

London, UK

## Newsletters

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

[EC Health-EU e-newsletter](#)

[French Order of Doctors](#)

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

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

[Health & Care Professions Council](#)

[CLEAR archives](#)

[IMCO newsletter](#)

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

[Crossing Borders policies](#)

[CORU communications](#)



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