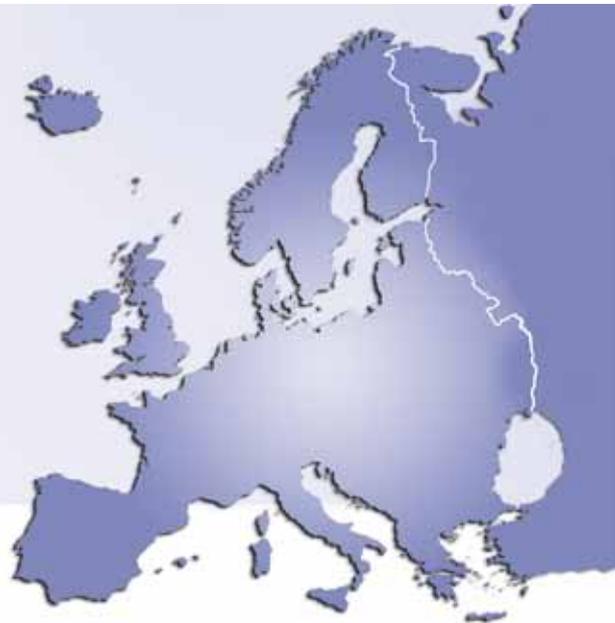


## Crossing Borders Update



This update includes information on the Single Market Act priorities, the European Commission's steering group on the professional card and the European Parliament implementation report into the recognition Directive. It also features articles on the opening of the social workers register in Ireland, the European regulators meetings of midwives, nurses, and doctors, the new professional competence schemes in Ireland and the work of the Hungarian Presidency on healthcare professional mobility.

### Single Market Act prioritises recognition of professional qualification review

In October 2010, the Commission published its final proposal for the **Single Market Act**. The proposal includes 12 key measures it intends to deliver by 2012, to coincide with the 20th anniversary of the single market. One priority is the review of the recognition of professional qualifications Directive.

As a direct result of this announcement, the Commission has brought forward the timetable for the review of the Directive and aims to adopt a Green Paper at the end of June and a draft proposal before the end of the year.

With the recent economic crisis the Commission hopes the re-launch of the single market will create jobs and break down barriers to the movement of services, innovation and creativity. Internal Market Commissioner, Michel Barnier, has highlighted that the Commission intends keep the Single Market Act high on the political agenda, working in partnership with national governments and the European Parliament (EP) to ensure delivery of the actions by the end of 2012.

### European Parliament report on implementation of Directive 2005/36/EC

The EP's Internal Market and Consumer Protection Committee has started work on a non-legislative report on the implementation of the recognition of professional qualifications Directive. It will be prepared by Emma McClarkin MEP

(ECR, UK) and will aim to influence the EC's evaluation of the Directive and outline the EP's priorities for the review. The Committee aims to produce a draft report by the end of July and reach agreement in plenary by November 2011.

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# Single Market Forum competition

In preparation for the next **Single Market Forum** the European Commission, the EP and the upcoming Polish Presidency have launched a **competition** asking citizens, consumers, and SMEs to share their experiences with the single market.

The deadline for submissions is 24 June 2011. The five winners will be invited to participate in the next Forum which will take place in Kraków, Poland on 2-4 October 2011.

## 4th meeting of EU competent authorities for nurses

*David Hubert, EU Policy Lead, Nursing and Midwifery Council*

The Network of EU competent authorities for nurses has met for the fourth time in Paris on 8 April 2011. The meeting was hosted by the Ordre National des Infirmiers. The focus of the meeting was the update of the minimum training requirements contained in the directive.

Jürgen Tiedje from the European Commission told participants that the schedule for the revision of the Directive had been brought forward in order to reach a political agreement and table legislative proposals by the end of 2011. The Commission intends to publish a Green Paper before July 2011 with the minimum training requirements and professional cards as its main themes. Mr. Tiedje explained that a possible course of action in the future is that the changes to the directive and the changes to the annexes be done at different times. The body of the Directive would be changed in 2011, and the annexes would be changed at a later date by a process called 'delegated acts' which will

involve member states officials and experts. These acts, however, have not yet been fully defined by the European Commission. Changes to the annexes of the Directive will depend on their implementation in EU law.

Participants discussed the introduction of competences in the minimum training requirements. It was agreed that the duration element (4,600h, 3 years) should be kept as a benchmark but that it should coexist with a set of agreed competences. The network supported the idea of making changes to the annexes of the Directive after the end of 2011. This will give it more time to come to an agreement with all concerned parties.

The network will closely follow the development of 'delegated acts' as the Commission intends to use them to update the minimum training requirements in the annexes of the Directive.

## 4th Summit of European Regulators of midwives: Training and competencies for the safe and secure mobility of midwives

*Charlotte Creiser, Conseil National de l'Ordre des Sages-femmes*

The Network of European Regulators of Midwives met on 27 May 2011 in Brussels for the 4th Summit of European Midwifery Regulators. The meeting aimed to establish areas of agreement but also differences between European states regarding the minimum training and skills requirements for the recognition of professional qualifications of midwives migrant within the EU. The proposals that emerged from the debate will be circulated to the European institutions, to show that regulators and educators of midwives can speak with one voice when facing a challenge as important as the mobility of midwives.

The 4th Summit of NEMIR took place at the European Economic and Social Council which agreed to sponsor the initiative. Alongside representatives of the authorities of different EU countries, the meeting brought together representatives of European institutions and experts and scholars from the midwifery world, like the European Midwives Association (EMA) and the International Confederation of Midwives (ICM), which made the debate very fruitful.



After a morning session focused on individual interventions, the afternoon session gave way to a workshop in which regulators have attempted to answer the following question: how to achieve a sufficient level of harmonisation of midwifery training and skills in Europe to make the mobility of midwives migrants safer and more transparent? They discussed competencies, level of minimal training requirements in the directive, degree of harmonisation of training, inclusion of the Bologna process (ECTS, Bachelor and Master degrees) in the directive, and the annexes of the directive.

More information: [www.nemir.eu](http://www.nemir.eu)

# Informal Network of Medical Competent Authorities

## 5th meeting in Ljubljana

The fifth meeting of the Informal Network of Competent Authorities for Doctors<sup>1</sup> met in Ljubljana on 18 May 2011. Hosted by the Medical Council of Slovenia, the meeting provided an opportunity to discuss the outcomes of the consultation with the European Commission ahead of the publication of the Green Paper expected later this month.

Competent authorities shared views on the ongoing debate on professional cards. They agreed that any proposal should not undermine the ability of competent authorities to verify the identity, qualifications and good standing of the professional and that such a tool should only be introduced if it adds value to the recognition procedure and guarantees a high level of patient safety across Europe. Alternative options to further facilitate and speed-up the recognition process, for example, closer cooperation between competent authorities and the use of IMI for the exchange of e-certificates, were also considered.

Participants agreed that member states should retain full responsibility for the establishment and development of basic medical education and specialist training and that the European framework for professional mobility should respect the differences between member states.

Meeting participants also reiterated their support for IMI and the proposal to develop an alert mechanism. Data protection concerns were considered alongside a targeted and proportionate system of information sharing.



Participants restated their concerns about the language requirements in the Directive and urged the European Commission to address this area in a revised proposal.

<sup>1</sup> The network is coordinated by the Conseil National de l'Ordre des Médecins (France), the Bundesärztekammer (Germany), and the General Medical Council (UK).

## Update from the professional cards steering group

*Tanja Schubert, Healthcare Professionals Crossing Borders*

Over the past few months the European steering group on professional cards has continued to meet. The group was set up following the European Commission's desire to have a genuine debate about the added value that a professional card could bring for professionals and competent authorities responsible for the recognition of professional qualifications.

At the last meeting, some professions, including doctors, physiotherapists and nurses, agreed to set up pilot projects to consider whether a card, or an equivalent tool, should be developed to facilitate the recognition of professional qualifications.

The next steering group meeting will take place on 8 July. For further information on the work of the group, please contact the HPCB Secretariat on [hpcb@gmc-uk.org](mailto:hpcb@gmc-uk.org).

## Patients' rights Directive: new responsibilities for pharmacists

The [patients' rights in cross-border healthcare Directive](#) (2011/24/EU) has now been published in the EU's official journal following agreement by member states. The EP and Council backed proposals for the recognition of cross-border prescriptions, placing pharmacists in an important role in ensuring that care is properly followed up when patients' return home from treatment provided in another EU country.

Although prescriptions should already be recognised EU-wide in principle, it has not always been the case in practice. The new Directive aims to give pharmacists the necessary tools to assess, authenticate and validate cross-border prescriptions but also introduces the possibility for professionals to refuse dispensation if there are concerns about patient safety.

Member state governments now have until 23 October 2012 to put the provisions into national law.

# UK Parliament launches inquiry into the mobility of healthcare professionals

The UK's House of Lords has launched an [inquiry](#) into the mobility of healthcare professionals, in the context of the review of Directive 2005/36/EC. The EU's Sub-Committee of Social Policy and Consumer Protection is investigating how mobility can be encouraged whilst ensuring patient safety and how to inject greater confidence into the system. It will be taking oral and written evidence in the coming weeks and publish a report in the Autumn.



## Health Professional Mobility and Health Systems: Evidence from 17 European countries

*Matthias Wismar, Claudia B. Maier, Irene A. Glinos, Willy Palm, Jeni Bremner, Gilles Dussault and Josep Figueras*

**On 4-5 April 2011, the Hungarian Presidency hosted an informal meeting of EU health ministers to discuss health professionals' mobility. At the conference, a new study was presented by the European Observatory on Health Systems and Policies, in partnership with the WHO Regional Office for Europe.**

*Health Professional Mobility and Health Systems: evidence from 17 European countries* draws on the initial results of a research project funded by the European Union (EU) on health professional mobility in the EU ([PROMeTHEUS](#)) that started in 2009. Based on evidence provided by 17 country case studies, the study looks into the scope of health professionals' migration in the EU, both in terms of the flows and the reliance on foreign health professionals.

European integration has opened up possibilities and opportunities for health professionals to study, work and improve their skills and knowledge across borders. EU enlargement since 2004 has generated a new impetus for mobility, although it did not generate outflows as large as initially expected – with mobility intentions in the EU-12 hovering at around 3% of health professionals and actual migration being even lower. The new mobility has further emphasized East-West asymmetries with the EU-15 as the main destination for migrants from the new Member States. Certain countries rely much more than others on health professionals coming from abroad to address growing shortages in the health workforce and meet increasing needs. Figures from 2008 show that overseas doctors make up over 10% of doctors in Belgium, Portugal, Spain, Austria, Norway, Sweden, Switzerland, Slovenia, Ireland and the United Kingdom (up to 36.8%), while reliance on overseas nurses exceeds 10% of the nursing workforce in Italy, the UK, Austria and Ireland (up to 47%). Very recent data from certain Member States (Estonia, Hungary, Romania) seem to suggest a new surge in outflows, presumably related to the economic downturn since 2008.

Flows overall have so far increased only moderately, but the relevance of professional mobility is increasingly understood by policy-makers. As the health workforce is a vital element of any well-performing health system, any impact – even subtle – may

have wider consequences in the longer term. Also, professional migration may be a symptom of more fundamental health system problems. Although income differences are clearly the most-cited motivating factor for professional mobility, also other elements such as working environment, career and training opportunities and social recognition can be decisive for health workers to stay or leave. In that sense, health professional mobility cannot be considered in isolation. It is part of a wider problem in national health workforce policies which are confronted with increasing pressures both in terms of demand and supply. Besides an overall growing shortage of health professionals, many countries also struggle with maldistribution, both geographically and in terms of specialties and skills needed. Another important challenge is that of incentives and motivations to retain existing workforce and attract new entrants. All this needs to be situated within the broader labour market dynamics and social-economic context within and between countries. Countries can react to health professional mobility by further strengthening their general workforce policies, and further elaborate workforce planning mechanisms.

The complexity of the phenomenon of professional mobility and its close interconnection with broader health workforce strategies across countries pleads for an integrated approach, linking and supporting policies at all levels. Therefore, the EU has an important role to play in coordinating national efforts and policies, in exchanging best practice, in providing a framework to manage cross-border mobility and in ensuring more and better data for monitoring flows and providing tools for evaluating workforce strategies. Also rules for international recruitment, bilateral agreements, and international collaboration on training and staff exchange can help steering and managing health professional mobility.



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

## Opening the Social Workers Register, Republic of Ireland

*Ginny Hanrahan, Chief Executive Officer,  
Health and Social Care Professionals Council*

On 31 May 2011, the Irish Social Workers Registration Board opened the new Social Workers Register. This is the first step in the regulation of social workers as a profession, a move which will afford significant new protections to the public. These protections will include a statutory Code of Professional Conduct and Ethics and a fitness to practise regime. The code specifies the standards of ethics, performance and conduct required of registered social workers in a clear and accessible manner.

Speaking on the day of the launch of the Register, the Minister for Health Dr James Reilly said "The opening of the Social Workers Register is a significant step in implementing a modern, reformed system of regulation for health and social care professionals which will ultimately protect the public. I welcome this development, which will reassure the public and the profession that practitioners are appropriately qualified and competent to practise in a safe manner."

The Social Workers Registration Board, which is part of Health and Social Care Professionals Council (CORU)<sup>1</sup>, is the body responsible for registering social workers. It is also the competent authority for social workers who gained their qualifications outside the Republic of Ireland and who wish to have their qualifications recognised here. This role was previously carried out by the National Social Work Qualifications Board, which was dissolved on the 31 March 2011.

From 31 May 2011, all social workers will be encouraged to apply for registration. Existing practitioners will have a transition period of up to 2 years to register and must be registered by 31 May 2013. Most employers will require registration for new entrants and on promotion. Registrants are entitled to use the protected title of 'social worker'.

A person with a social work qualification gained outside the Republic of Ireland will have to have their qualification recognised by the Social Workers Registration Board, as the competent authority. Once a qualification has been recognised, the applicant will then apply for registration. Before registration, any applicant whose first language is not English, and has not worked or trained through previously will be asked to provide information about their competence in the language. For further information visit:

[www.coru.ie](http://www.coru.ie)

<sup>1</sup> CORU is the umbrella body with responsibility for protecting the public by regulating health and social care professional in the Republic of Ireland. It was established in 2007 under the Health and Social Care Professions Act, 2005 and consists of the Health and Social Care Professionals Council and the registration boards for each of the 12 professions.

## Maintaining Competence, Maintaining Trust

*Grainne Behan and Louise Connelly, Medical Council, Ireland*

In April 2011, the Irish Medical Council hosted a conference entitled Maintaining Competence, Maintaining Trust to introduce the new legal requirements for doctors to maintain their professional competence.

As of 1 May 2011, all registered doctors are legally obliged to maintain their professional competence by enrolling in professional competence schemes and following requirements set by the Medical Council. These schemes will be operated by the 13 postgraduate medical training bodies in Ireland. The introduction of the professional competence schemes in Ireland will facilitate the enhancement of patient safety and will provide key assurances on the quality of patient care in Ireland.

The conference was primarily aimed at registered doctors but was open to anyone with an interest in medical regulation and the work of the Medical Council. Over 500 delegates attended the conference in Dublin. Representatives from the 13 Irish Postgraduate Training Bodies were also available on the day to provide information on the schemes. For those who could not attend on the day, an opportunity to view the conference online was provided via the Medical Council website.

Opening the conference Minister for Health, Dr James Reilly, said that the introduction of a professional competence system brings medical regulation in Ireland in line with best practice in other jurisdictions and is designed to support doctors in the delivery of safe, effective and patient-focussed care.

A range of Irish and international speakers participated at the event providing information on topics relating to professional competence. As well as Medical Council representatives, speakers included - Dr Alison Reid (International Team Leader and Chief Operating Officer National Health Regulatory Authority Bahrain), Dr Tony Holohan (Ireland's Chief Medical Officer, Department of Health) and Dr Alastair Scotland (Director and Medical Director of National Clinical Assessment Service in the UK.)

A range of conference videocasts, including an informative question and answer session, can be found [here](#).



# UK launches online applications for specialist and GP registers

Tara Willmott, Head of Certification, General Medical Council (UK)

From the end of March 2011 the GMC opened its **online application** system to eligible doctors wishing to join the UK's specialist and general practice registers.

The launch of the new system follows the merger of the Postgraduate Medical Education and Training Board (PMETB) with the GMC in April 2010 and is part of a wider improvement programme to create a seamless process for registration and improve the service we provide.

As a result of the enhanced service, we expect to see improvements in the time it takes to consider specialist and GP registration decisions.

## New premises for Spain's General Council of Colleges of Physiotherapists

**The Consejo General de Colegios de Fisioterapeutas de España has moved to new premises.**

The Headquarters and Presidency Secretariat is now located at  
Conde de Peñalver n. 38 piso 2º  
28006 Madrid  
Tel: +34 91 126 98 88 / +34 607 97 30 07  
Fax: +34 91-130 97 78

The General Secretariat can be contacted at  
Avenida Luis Uruñuela n. 4  
Edificio Congreso, Piso 4 despacho 419  
41020 de Sevilla  
Tel: +34 91 126 98 88 / +34 678 607 260  
Fax: +34 91 130 97 78

## GMC Review of *Good Medical Practice*

Jane O'Brien, Assistant Director, Standards and Fitness to Practise, General Medical Council, UK

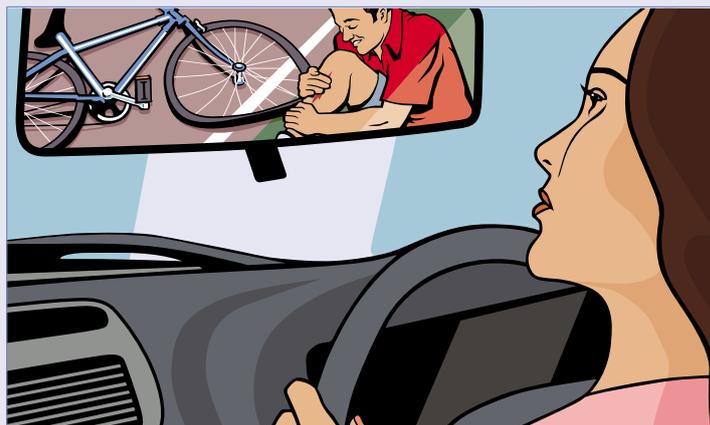
The General Medical Council (GMC) has launched a review of its core guidance to doctors, *Good Medical Practice* (2006) which sets out the values and principles on which good practice is founded and which all doctors should follow. It also provides the foundation for appraisal and revalidation; informs the medical undergraduate and postgraduate curricula; and is used as a benchmark in assessing doctors' fitness to practise.

We review the guidance regularly to make sure it is up to date and relevant for all doctors working today and reflects patients' views of good practice. *Good Medical Practice* was **last reviewed in 2005/6**. The current review is of particular importance as it is being undertaken at a time of major change in the delivery of healthcare in the UK, and the role and functions of the GMC itself.

To start the review, we held an initial consultation from February – April 2011, to seek comments on the scope and structure of the guidance and ask for views on the issues that we should consider. We received over 2,000 responses and these indicate broad support for the current format of *Good Medical Practice*. There were also many new issues suggested for consideration during the review.

We will be holding a public, formal consultation from October 2011 until the end of January 2012 to seek views on a revised draft of the guidance and welcome responses from overseas healthcare professional regulators. We will update our website

([www.gmc-uk.org/gmp2012](http://www.gmc-uk.org/gmp2012)) every month with articles and polls on issues in the guidance, such as prioritising patients' access to care and should the GMC regulate doctors' lives outside medical practice. We start in June with the question, 'what makes a good doctor?'



# International Society of Advance Care Planning and End of Life Care Conference 2011

Sharon Burton, Head of Engagement and Guidance Implementation, Standards and Fitness to Practise, General Medical Council, UK

The second annual conference of the International Society of Advance Care Planning and End of Life Care which is being held in London on 22–24 June 2011.

The conference will discuss the growth of advance care planning and its integration into usual practice within health and social care structures. The recent legislation change in Australia and the United States echoes this shift in direction, as does the UK Government's call for 'No decision about me without me'. Speakers include Prof Pablo Simon Lorda, Advance Care Planning Expert, Dame Jo Williams, Chair of the UK Care Quality Commission and Associate Professor Bill Silvester, Founder of Respecting Patient Choices Program, Australia.

Delegates are invited from a wide range of backgrounds including those who are involved in end of life/palliative care, primary care, care of the elderly, policy development and social care.

Registration for the conference is still open, with participants encouraged to register online as soon as possible. Please click [here](#) for further information.

## Around the World

### Australian Senate publishes report into establishment

The Senate Finance and Public Administration Committee in Australia has published a [report](#) highlighting the difficulties encountered during the establishment of the Australian Health Practitioner Regulation Agency (AHPRA).

AHPRA was set up on 1 July 2010 as part of the National Registration and Accreditation Scheme to regulate 10 health professions (chiropractors; dental practitioners; medical practitioners; nurses and midwives; optometrists; osteopaths; pharmacists; physiotherapists; podiatrists; and psychologists).

The Senate acknowledged that this was a unique regulatory event, and that the implementation of the new registration and accreditation regime for the 500,000 health practitioners registered in Australia was a huge undertaking.

### HPCSA concerns about telemedicine services

In a recent [statement](#) the Health Profession's Council of South Africa (HPCSA) has distanced itself from telemedicine services that provide unethical services.

The Council advised patients to stay away from the companies offering a 'doctor just a call away' service and highlighted that these practices are in breach of patients rights such as practitioner-patient relationship, patient confidentiality, and informed consent.

## Forthcoming Dates and Events

### 22 – 24 June 2011

International Society for Advance Care Planning and End of Life Care [Conference](#)  
London, UK

### 27 – 29 June 2011

IPAC Conference  
London, UK

### 8 July 2011

Professional cards steering group  
Brussels, Belgium

### 11 July 2011

Royal College of Physicians (UK) Professional Qualifications Event  
London, UK

### 29 - 31 August 2011

[AMEE Conference](#)  
Vienna, Austria

### 13 September 2011

Professional cards steering group  
Brussels, Belgium

### 2 - 4 October 2011

[Single Market Forum](#)  
Kraków, Poland

# HPCB Portugal Agreement made in Lisbon, Portugal on 8 April 2007

## Agreement 1

### Identifying Shared Principles of Regulation:

- a) Competent authorities should ensure that patient safety is of over-riding importance within their model of professional regulation.
- b) The pursuit of safe and high quality practice by health professionals should shape the continued development of health regulation across Europe.
- c) Competent authorities should identify common or shared concepts and values of healthcare regulation through a series of focused European level discussions.
- d) Competent authorities should collectively consider how the five principles of good regulation – accountability, transparency, proportionality, consistency, targeting – may contribute to the effective development of healthcare regulation in Europe, through a series of European level discussions.

## Agreement 2

### Transparent and Accessible Healthcare Regulation:

- a) Competent authorities should run a website signposted or accessible via the [www.healthregulation.org](http://www.healthregulation.org) website and/or [http://ec.europa.eu/internal\\_market/qualifications/compauth\\_en.htm](http://ec.europa.eu/internal_market/qualifications/compauth_en.htm).
- b) Competent authorities will share experience in the development of web-based information and publicly transparent lists of registered professionals and identify good practice.
- c) Competent authorities should work to develop real-time web-based publicly searchable lists of registered professionals.
- d) Competent authorities should work towards making all notifications of disciplinary hearings and decisions public, where legally possible.
- e) Competent authorities will continue to adopt and implement the European template for a Certificate of Current Professional Status, as appropriate, as agreed within the Edinburgh Agreement.
- f) Competent authorities will continue to work towards adopting the HPCB Memorandum of Understanding on Case by Case and Proactive information exchange.
- g) Competent authorities will continue to support the development of the European Commission's Internal Market Information System (IMI) and will utilise this information exchange tool in accordance with the provisions for administrative cooperation contained within Directive 2005/36/EC.

## Agreement 3

### Competence Assurance of European Healthcare Professionals:

- a) Competent authorities will identify best practice from existing competence assurance and performance enhancement initiatives from across the globe.
- b) Competent authorities will undertake an audit of all existing or proposed competence assurance and performance enhancement initiatives within the EEA.
- c) Competent authorities should, where possible, work to develop appropriate competence assurance and performance enhancement initiatives based on global good practice.
- d) Competent authorities should develop appropriate information exchange tools to provide assurance to other competent authorities of current practitioner performance competence when practitioners seek to practise in other member states.
- e) All competent authorities should take proactive steps to make new registrants familiar with the relevant professional standards, codes and guidance on registration that apply in their jurisdiction.
- f) All competent authorities should make their standards, codes and guidance publicly available.