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HPCB
Healthcare Professionals Crossing Borders

Crossing Borders Update

This update includes information on the HPCB meeting on the professional qualifications Directive; an update on the proposal amending Directive 2005/36/EC and the European regulators' meetings of midwives, doctors and nurses. It also features articles on the reform of the data protection package; the EC's recently published action plan for the EU Health workforce; the review of internships in Norway; and plans for the UK Health Professions Council to become the Health and Care Professions Council.

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HPCB meeting: 'The new recognition of professional qualifications Directive: what's at stake for patient safety?'

Wednesday, 7 March 2012, European Parliament, Brussels.

Health Professionals Crossing Borders (HPCB) held a **conference** in the European Parliament on the Commission's proposal to amend the recognition of professional qualifications Directive.

The event, sponsored by MEPs Emma McClarkin and Antonyia Parvanova, provided an opportunity for healthcare professional regulators and representative bodies to share their views on key aspects of the text impacting on patient safety.

On the professional card, participants expressed concern about the level of detail in the proposal, tacit authorisation, the tight and untested new deadlines and whether it will actually lead to a simplification of the recognition process.

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Panellists also considered language requirements and felt that the legislation could have gone further and would benefit from further clarity, particularly on the role of competent authorities in assessing competence.

There was universal support for the development of an internal market information (IMI) system alert mechanism to share fitness to practise decisions, however participants requested clarification concerning the distinction between its use for automatic recognition and general systems cases.

On the education and training of healthcare professionals, a variety of views were shared. All contributors stressed the need for education and training to be measured in outcomes and competencies, rather than length of training.

Many MEPs from the Internal Market and Consumer Protection (IMCO), and Environment, Public Health and Food Safety (ENVI) Committees attended the conference and encouraged stakeholders to provide views on the proposal so that they can be considered by the European Parliament during its first reading considerations.

Update on the proposal amending Directive 2005/36/EC

Following the publication of the proposal for a revised Directive on the recognition of professional qualifications, the European Parliament and European Council have started their scrutiny work on the text.

European Parliament

IMCO, the lead committee in the European Parliament for this proposal, held an exchange of views in February and a **hearing** with stakeholders in April. The mobility and regulation of healthcare professionals has featured highly in debates between MEPs and patient safety has been highlighted as an important principle to be safeguarded in the review of the Directive. The **timetable** in the committee has been finalised and the Rapporteur, Bernadette Vergnaud MEP (S&D, France), is expected to publish her draft report in July.

IMCO's work will be supported by opinions from the ENVI and the Employment and Social Affairs (EMPL) committees. To contribute to its opinion, the ENVI committee has recently requested a legal view on the proposed increase in entry requirements for nurses to 12 years of general education. This is an issue that has been subject to intense debate in the Parliament.

IMCO plans to adopt its report at the end of November, paving the way for negotiations to start with the European Council at the end of the year.

European Council

Since taking over the Presidency of the European Council in January 2012, Denmark has held four working groups on the proposal. Discussions have focused on horizontal aspects, including the European Professional Card, partial access and common training frameworks. Cyprus will take over the Presidency in July and will continue work on the proposal. It is not yet clear whether the Council will prioritise the proposal and aim for a first reading agreement with the European Parliament. In any case, it seems unlikely that the European institutions will wrap up negotiations within the year given how much ground still needs to be covered.

National parliaments

Several national parliaments have also taken an active interest in the review of the Directive. The French senate adopted a **reasoned opinion** on the proposal, highlighting many concerns about subsidiarity and the text's lack of clarity in a number of areas such the professional card, and common training frameworks.

The German Bundesrat has also produced a **statement** on the Directive. It questions the concept of tacit recognition and calls for health professionals to be excluded from partial access to the profession. On the professional card, the Bundesrat highlights that the suggested deadlines are unreastically short, and that fees should not be defined in the Directive. It also stresses that the professional card should not replace the current recognition procedure and considers the development of EU-level education competencies to be unfeasible, stating these should remain a member state responsibility.

In the UK, the House of Lords held a **debate** on the mobility of health professionals in March and a future debate is also scheduled in the House of Commons. Although broadly welcoming of the proposal, Peers commented that there was still confusion surrounding the proposed language requirements and called for further clarification. Responding to the Lords debate, the UK Government took the opportunity to outline its support for the proposed IMI alert mechanism, highlighting that the timescales for the professional card are problematic and could be counter-productive in trying to foster mobility.

European Data Protection Supervisor

The European Data Protection Supervisor (EDPS) has issued its **opinion** on the proposal.

On the alert mechanism, the supervisor suggests that it must be proportionate and limited to professionals prohibited from pursuing their profession. The EDPS also expressed concerns about retention periods for the alerts and suggested it would strongly resist any proposal to create a database of alerts.

Concerning the professional card, the EDPS has questioned the interaction between the card and the IMI system. The EDPS raises concern about the level of discretion left to competent authorities to decide whether to update the IMI file. The supervisor suggests that information required for the recognition of professional qualifications should only be kept as long as is necessary for the receiving competent authority to make a decision.

The EDPS opinion does not carry any legal weight but it may influence discussions in the European institutions over the coming months.

European Parliament questions

EP question on 'myth' of language testing

On the 23 February 2012, Gerard Batten MEP (EFD, UK) **asked** the EC to confirm if the General Dental Council (UK) has the power to test or examine dentists from EU member states for language skills, before allowing them to practice in the UK.

Michel Barnier, Internal Market Commissioner, confirmed that competent authorities may not check the clinical skills of dental practitioners falling under the automatic recognition regime.

Regarding the language skills of those professionals, he referenced Article 53 of Directive 2005/36/EC, and the stipulation that a health professional must have knowledge of languages necessary for practising the profession in the host member state. The EC advised that competent authorities may check language knowledge after the completion of the automatic recognition procedure only in case of serious doubts and that these checks must be proportionate to the requirements of the specific job.

Question on the vocational training of dental technicians

Herbert Dorfmann MEP (PPE, Italy) has **asked** the EC if it plans to regulate the vocational training of dental technicians on a European basis and if it is aware of the difficulties dental technicians face in gaining recognition of their qualifications due to different rules in the member states.

Commissioner Barnier advised that under the existing legal framework the regulation of vocational training of dental technicians falls within the competence of the individual member states. He noted that the recognition of professional qualifications of dental technicians in member states is governed by the general system regime of Directive 2005/36/EC, and this legislation is currently being reviewed, with the aim of reducing the burden on professionals.

Networks' update

European Network of Medical Competent Authorities considers Commission proposal

At the 7th meeting of the European Network of Medical Competent Authorities (ENMCA), hosted by the General Medical Council in London on 13 April, participants discussed in further detail the EC proposal to modernise the 2005/36/EC Directive.

Twenty-five delegates from across Europe attended the meeting and agreed ENMCA's priorities on the proposal to reform the Directive.

- The Directive must set out a clear and transparent decision-making framework to ensure the formal participation of all relevant stakeholders, including competent authorities.
- Pilot projects with competent authorities for interested professions should be set up to ensure recognition with the card can work in practice before it is introduced by EU legislation.
- There should be no confusion as to where the responsibility for recognition lies when the professional card is implemented. This must reside solely with the host member state. Whilst greater involvement from the home competent authority in the recognition process is to be welcomed, their role in the process should be limited to issuing the card after it has certified that the information it has received from the applicant is authentic.
- Partial access should be rejected in cases of an overriding reason of general interest and the Directive should clearly exempt professions dealing with patient safety from this principle.
- The tacit authorisation provisions which would allow a healthcare professional to practise in the host member state, if the host competent authority fails to take a decision within set time limits, must be removed in the interest of patient safety.
- Automatic recognition should only be extended to new medical specialties if based on clear and objective criteria which is not in place in the existing Directive. It would provide further trust in the automatic recognition system among competent authorities and patients.
- Common training frameworks are intended for those professionals that cannot currently have their qualifications easily recognised, which is not the case for medical professionals. The Directive must not introduce a third recognition regime in addition to automatic recognition and general systems. This would only bring confusion to the professional and the competent authority.
- The Directive must include a clearer derogation to allow competent authorities to request evidence attesting language competence from migrating healthcare professionals after recognition but before granting access to the profession. This requirement must apply to both automatic recognition and general system cases, employed and self-employed doctors, and mirror the provisions proposed for healthcare professionals moving under the temporary and occasional provisions.
- The alert mechanism should be extended to support the exchange of intelligence about individuals who try to register with fake diplomas or false identities; and should be extended to medical professionals that seek recognition under the general systems and those that move under the provisions of Annex 5.1.1 (basic medical training).

At the meeting, the new ENMCA **website** was also officially launched. It contains information about the Network's activities in French, German and English and will be updated on a regular basis to provide information about ENMCA's activities.

ENMCA participants at the 7th meeting in London

Midwifery Regulators at work on the revision of the Professional Qualifications Directive

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

Network of European Midwifery Regulators

On 16 March 2012, the Network of European Midwifery Regulators (NEMIR) met in London to agree common positions on the European Commission's proposed amendments to the qualifications Directive. NEMIR members agreed on several aspects of the Commission's proposals: professional card, partial access, temporary and occasional provision of service, alert mechanism, language testing and updating the training requirements. NEMIR has also decided to highlight that a midwifery qualification is clearly different from a nursing qualification, in terms of the length of the study, the activities undertaken and competencies. Members felt this distinction was required as there is a tendency to consider both professions together. This raises concerns for the midwifery profession and the respect of its specificity. NEMIR calls therefore for a clear practical and legislative separation of the two professions so as not to undermine the competencies expected and required of midwives.

The next Summit of European Midwifery Regulators will take place on 30 May 2012 in Brussels and will be hosted by the Belgian Ministry of Health. It will focus on all aspects of the revision of Directive 2005/36/EC which are related to midwives and will seek to agree common amendments.

Bernadette Vergnaud, MEP and Vice-president of IMCO Committee, will open the Summit. The morning session will focus on:

- an overview of midwifery education in Europe;
- partial access, temporary mobility, alert mechanism and language skills;
- access to training and training requirements;
- the latest developments regarding midwifery activities and competencies.

A workshop in the afternoon will provide the opportunity for an open discussion on the revision of the Directive, and will specifically consider provisions for midwifery training (articles 40, 41, 42) and the revision of Annex V.5. by means of delegated acts.

Meeting of Network of EU competent authorities for nurses, London

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

The network of EU competent authorities for nurses met in London on 17 February 2012 to agree on common positions about the EU Commission's proposed amendments to the qualifications directive. So far the position has been signed by the Czech Republic, Denmark, Estonia, France, Germany, Hungary, Ireland, Malta, Portugal, Slovenia, Spain, Sweden, and United Kingdom.

The network welcomed the Commission's move towards electronic support for the recognition of qualifications but expressed concerns regarding the short deadlines for the recognition of professional card-holders' qualifications. Members are also strongly opposed to the principle of tacit authorisation where the deadlines are not met.

The network is of the opinion that the conditions for temporary provision of services must not enable long-term migrants to bypass the rules for establishment in a host member state. Members welcomed the introduction of the alert mechanism.

Regarding language testing the network welcomed the proposal to provide more protection measures for competent authorities for professions with patient safety implications. However, in order to avoid unnecessary burden to migrants and competent authorities in terms of costs and administration, the registration should be made dependant on language competency. Registration followed by an immediate interdiction to practise would be an ineffective and costly procedure.

The network also welcomed the EU Commission's proposal to update the training requirements and fully supports the introduction of a set of minimum competencies for nurses. The Commission was invited to fully involve the network in the development of the competencies.

Petitions on the recognition of professional qualifications Directive

A Spanish pharmacist has asked the EP to examine a case regarding pharmacy training at the University of Murcia in Spain.

The petitioner maintains that the University does not comply with the provisions of Directive 2005/36/EC, as the institution does not provide the correct amount of European Credit Transfer and Accumulation System (ECTS) credits for study: for one year of full-time work, the University awards 18 credits, and the petitioner argues it should award 30 credits.

The petitioner also asserts that the curriculum does not contain subjects which are required to achieve professional competence, as listed in Spanish law.

The EC observed that EU law does not prescribe to universities how many ECTS credits should be awarded for a traineeship. EU law only obliges member states to ensure that their universities organise at least a six month traineeship. The Commission compared the list of compulsory training subjects in Annex V of the Directive and the curriculum of the University of Murcia, and concluded that the university's curriculum contains all the compulsory training subjects listed in Annex V, point 5.6.1.

The Commission concluded there was no evidence to demonstrate a violation of the Directive in this case.

Reform of the data protection package

On 25 January 2012, the European Commission published its proposals to reform EU data protection rules. The reforms include two legislative proposals:

a A **Regulation** on the protection of individuals with regard to the processing of personal data and on the free movement of such data (General Data Protection Regulation).

b A **Directive** on the protection of individuals with regard to the processing of personal data for the purposes of prevention, investigation, detection or prosecution of criminal offences or the execution of criminal penalities and the free movement of such data.

The General Data Protection Regulation replaces the existing **Directive 95/46/EC** and will be directly enforceable in all member states two years after its adoption by the EU institutions. It lays down rules for the processing and free movement of personal data and aims to address current divergences in the implementation, interpretation and enforcement of the existing rules. The proposed Regulation also introduces a number of additional measures to enhance the protection of an individual's personal data and strengthen the responsibilities on data controllers.

Although healthcare professional regulators would be defined as data controllers for the purposes of the Regulation, they are likely to be exempt from many of the new provisions on the basis of their legitimate interest in retaining information to protect patients. However, the proposals do reinforce the principle of data minimisation and, as such, all controllers might be required to better justify why the processing of certain data is necessary.

The exemptions in the proposal would also enable regulators to share fitness to practise information about healthcare professionals with each other, but would not require it. In this context, it would be important to ensure consistency between this Regulation and the proposal to reform the recognition of professional qualifications Directive.

On 12 March 2012, the European Data Protection Supervisor (EDPS) published its **opinion** on the data protection reform package. It welcomed the proposed regulation as a 'huge step forward for the right to data protection in Europe' but considers that it does not remedy the lack of comprehensiveness of the EU data protection rules. The EDPS is also concerned over the possible derogation for transferring data to third countries, and the potential for restricting basic principles and rights.

The Civil Liberties, Justice and Home Affairs (LIBE) committee will lead the European Parliament's work on this proposal and Jan Philipp Albrecht MEP (Greens, Germany) has been appointed as Rapporteur. The Industry, Research and Energy (ITRE) and IMCO committees will provide opinion reports with Séan Kelly MEP (EPP, Ireland) and Lara Comi MEP (EPP, Italy) the respective Rapporteurs. The EP has not yet outlined a decision-making timeline for the proposal. The European Council on the other hand, has already held a number of working group discussions to review the text.

Action plan for EU health workforce

On 18 April 2012, the EC published its action plan for the EU Health workforce which sets out the key challenges for health workers and the activities it will undertake to promote a sustainable workforce in Europe.

The paper notes that across the continent, the number of medical specialists is increasing more rapidly than general practitioners and referencing the PROMeTHEUS research, concludes there are significant differences in cross-border movements, with a clear east-west asymmetry for doctors, nurses and dentists. It notes western and northern member states are experiencing migration and simultaneously receiving health professionals from other countries, however, based on limited available data, outflows rarely exceeded 3% of the domestic workforce.

The report identifies common trends which are changing the way health professionals work across Europe, such as the development of new integrated care delivery models and the growth of new technologies, medical appliances and diagnostic techniques. It calls on member states to adjust their education and training curricula as a reaction to the changes in healthcare; and to adapt their workforce planning to factor in an analysis of the work environment (e.g. wage levels, participation of nurses in decision-making) as it influences recruitment, retention, mobility, performance, health outputs and quality of care.

To help member states tackle the health workforce challenges, the EC has committed to:

- Launch a three year joint action on forecasting health workforce needs before the end of 2012.
- Work with partners to develop guidance on utilising training capacities to help respond to recent European Court of Justice cases on the mobility of medical students.
- Carry out a study, in cooperation with the OECD, on the structure and training capacity in the EU.

Outcome of public consultation on measures for improving the recognition of prescriptions issued in another Member State

On 27 March, the European Commission published the results of its public consultation on measures for improving the recognition of prescriptions issued in another member state. The consultation, which closed on 8 January 2012, asked for views on what type of action will enable the EU to improve the recognition of medical prescriptions issued in another member state. This was part of the Commission's work to implement Article 11 of Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare which addresses the recognition of prescriptions issued outside of the home country.

The Commission received 81 completed surveys from a wide range of stakeholders, including prescribers, patients and dispensers.

Stakeholders felt that key issues would be addressed through the implementing acts, but there were outstanding aspects involved in the recognition of cross border prescriptions that need to be considered such as:

- Language difficulties
- Legibility of handwritten prescriptions
- Availability of prescribed products throughout the EU.

The consultation confirmed that key identifiers regarding the patient, prescriber and product should be included on a prescription.

There were differing views on the development of an EU-level prescriber database. Some organisations stated that a single port of entry at EU-level would be preferable to national-level prescriber databases. Others were of the view that the development of an EU-level database would be disproportionate to the volume of cross-border prescriptions.

The results of the consultation will feed into the EC's impact assessment and the ongoing work to implement the improved recognition of cross-border prescriptions in time for the Directive's implementation deadline of 25 October 2012.

Ministers reach agreements for quality assurance in Europe

On 26–27 April 2012, Ministers of Higher Education from 47 Bologna Process countries met in Bucharest, Romania to agree future priorities for the European Higher Education Area (EHEA).

The **Bucharest Communiqué**, agreed by Ministers at the **Bologna Summit**, looked at the current issues affecting higher education, and outlined the key priorities for 2012-2015.

Ministers confirmed that 'quality assurance is essential for building trust' and agreed that the automatic recognition of professional qualifications is at the core of the EHEA. They welcome the **European Area of Recognition (EAR) Manual**, designed by the EAR project team, which comprises a thorough review of the issues pertaining to international recognition; the processes used; and best practice examples, and recommend its use as a set of guidelines for the recognition of foreign qualifications.

Ministers also encouraged higher education institutions to further develop joint programmes and degrees and agreed to allow all agencies registered with European Quality Assurance Register for Higher Education (EQAR) to perform their activities across the EHEA, while complying with national requirements. They specifically highlighted the importance for institutions to recognize EQAR's decisions on joint and double degree programmes.

Ministers agreed to revise the European Standards and Guidelines for Quality Assurance (ESG) and asked for a proposal to be prepared by the E4 Group (European Association for Quality Assurance in Higher Education, European Students Union, European University Association, European Association of Higher Education Institutions) in cooperation with BUSINESSEUROPE, Education International and EQAR.

With regards to the proposal for a revision of the professional qualifications Directive, they welcomed the clear reference to ECTS, the European Qualifications Framework and learning outcomes in the draft legislative text.

The next Bologna Ministerial Conference will take place in Yerevan, Armenia in 2015.

Establishment of eHealth Stakeholder Group

Following a call for expressions of interest, the European Commission has established a new consultative body, the **eHealth Stakeholder Group**.

The Group consists of **29 European umbrella organisations** that are active in the eHealth sector. Members are appointed for a period of three years, and will be expected to contribute to the development of eHealth policy, particularly the forthcoming eHealth Action Plan, and related legislation.

The first two meetings of the Group were held on 29 March and 7 May. Participants considered the 2012 work programme and the role of the group. It was agreed that the Group will focus on legal barriers to eHealth, telemedicine, interoperability, and patients' access to electronic health records. The European Consumers Organisation (BEUC) and the European Patients Forum (EPF) will lead on the work related to patients' access to electronic health records.

Review of the Norwegian internship ('turnus')

Magnus Karlsrud Dahlen, Communication Advisor, The Norwegian Registration Authority for Health Personnel

Norwegian health authorities are currently revising the 'turnus' scheme of 18 months practice after the conclusion of basic medical training, which is currently mandatory.

Currently doctors in Norway must successfully complete the 'turnus' period before they are granted authorisation to practice the medical profession.

The practical internship requires doctors to work for 12 months in a hospital and 6 months as a general practitioner at municipal level. It is designed to prepare doctors for a career within the health sector.

The policy change has been driven by a demand from the **EFTA Surveillance Authority** to remove the requirement for doctors who have finished their medical education in another EEA state to complete the 18-month 'turnus' before they are granted the authorisation to practice independently in Norway.

As a result, Norwegian authorities are working to integrate the 'turnus' training into the undergraduate study programme. This change will take effect from February 2013 and will make Norway the 17th country in the EEA where a practical training element is integrated in the basic medical training programme.

The new policy initiative also derives from an increase in the number of doctors in Norway, and the need to ensure adequate medical coverage in rural areas. The health system requires the government to employ physicians across Norway, in municipalities and in hospitals. With the rising number of medical practitioners educated in universities across Europe, the number of students wishing to complete the 'turnus' in Norway far exceeds the number of positions, causing delays to the progression of a doctors' career.

From February 2013, medical practitioners will receive authorisation to practice the profession upon the successful completion of medical studies, which will include a practical element of 18 months, and will enable them to perform as general medical practitioners, or commence specialist training. The new 'turnus' will therefore not be mandatory, as it is today, but optional for those medical practitioners who would like to seek a career as a specialist doctor.

GMC launches Learning Disabilities website

The GMC has launched an extensive new online resource offering practical advice for doctors treating patients with learning disabilities.

In preparing the **website**, the GMC has worked closely with people who have a learning disability and bodies that represent them, as well as carers, doctors and experts. It includes advice on communication, seeking consent and assessing a patient's needs. The website expands on the guidance in ***Good Medical Practice*** and ***Consent*** and demonstrates how it applies to practice when treating patients with learning disabilities. There are interactive learning sessions for medical practitioners to work through, and video clips highlighting views and experiences of people with learning disabilities and their carers.

Niall Dickson, Chief Executive of the General Medical Council, commented: "We know that often patients who have a learning disability receive poorer treatment and that sometimes health professionals fail to see past the patient's disability to identify underlying physical problems. We hope this advice and support will be useful to doctors and others who want to make sure patients with learning disabilities are given the best possible care and treatment."

Professional Development Model for Portuguese Nurses

Olga Fernandes, President of the Board of Nursing of the Ordem dos Enfermeiros
Rogério Gonçalves, President of the Board of Jurisdiction of the Ordem dos Enfermeiros

New challenges facing society in Portugal, the complexity of problems and approaches in health, and patients' expectations for quality nursing care require new responses and strategies for the professional development and regulation of nurses.

To meet these, the Portuguese Order of Nurses – Ordem dos Enfermeiros have developed the **Professional Development Model (PDM)** which covers Competence Certification (CCS) and Clinical Nursing Specialties Individualization Systems (CNSIS).

The CCS is related to the process of awarding the professional title of nurse and specialist nurse. The CNSIS enhances the specialty nature of the PDM, and is designed to promote and protect the quality of nursing care provided to the population, based on the need to provide patient-focused quality care.

The table below provides further information on the PDM.

COMPETENCE CERTIFICATION SYSTEM	CLINICAL NURSING SPECIALTIES INDIVIDUALIZATION SYSTEMS
■ The professional is required to undertake a Supervised Professional Practice period for the conferral of the nurse title. To register as a Specialist Nurse, certification of competences in a clinical field of specialization is required.	■ The CNSIS is a matrix of clinical specialties and highlights the common and specific competences required in the different areas of each specialty.
■ To obtain the nurse title the candidate must be registered as a temporary nurse. This requires nurses to take responsibility for their own actions and enable them to develop the required decision making skills.	■ There are ten areas of clinical specialization in nursing. They are: maternal health obstetrics and gynecology; child health; adult health; mental health; health of the elderly; critical care; palliative care; rehabilitation; family health; and public health.
■ The Portuguese Order of Nurses proposes that these periods of Supervised Professional Practice should take place within the framework of a clinical supervision model and be combined with a process of recognition and validation of competences.	■ This matrix will also help to identify and recognize new specialty areas. It hopes to ensure the continued development of the profession, and its ability to adapt to meet patient requirements and expectations.

This **PDM model** marked the history of Nursing in Portugal, the beginning of a new relationship with the citizen, taking on a social responsibility, to promote the defense of the quality of nursing care rendered to the population. For further information please contact: **gri@ordemenfermeiros.pt**

Proposals to amend the regulation of health and social care professionals in the UK

On 1 March 2012 the Law Commission, in cooperation with the Scottish Law Commission and the Northern Ireland Law Commission, published a **consultation** containing provisional proposals seeking to simplify and modernise the law which governs the regulation of healthcare professionals in the UK. The consultation is aimed at establishing a streamlined, transparent and responsive system of regulation of health care professionals, (and in England only) the regulation of social work.

The structure proposed in the paper would consist of a single Act of Parliament to provide the legal framework for all the health and social care regulators listed. This would replace all the existing governing statutes and orders. The new statute would impose consistency across the regulators where this is necessary in the public interest. It would also give the regulators greater autonomy to adopt their own approach to regulation in the light of their circumstances and resources. This would include broad powers to make or amend rules concerning the exercise of their functions and governance without any direct oversight. However, there would be a statutory duty on the regulators to consult whenever issuing or varying anything which is binding, anything which sets a benchmark or standard, and a competency.

The Government would also be given default powers to intervene where a regulator has failed or is likely to fail to perform any of its functions. In addition the consultation proposes that the House of Commons' Health Committee and the devolved assemblies consider holding annual accountability hearings with the regulators.

The paper is open for responses until 31 May and asks questions on the following areas:

- the registration and renewal of registration of professionals, student registers, registration appeals, protected titles and protected functions
- how the regulators oversee the quality of pre-registration and post-registration education and training
- how the regulators set standards for professional conduct and practice, and ensure ongoing practice standards (for example, through revalidation)
- the investigation and adjudication of fitness to practise cases
- the role of the Council for Healthcare Regulatory Excellence
- the regulation of business premises and activities
- the governance arrangements of the regulators, including the size and composition of Councils
- the systems through which the regulators can be held to account and duties to consult the public.

An analysis of consultation responses will be published on the Law Commissions' **website** and will feed into a report and draft bill in 2014.

Changes ahead for the Council for Healthcare Regulatory Excellence in the UK

Douglas Bilton, Research and Knowledge Manager, Council for Healthcare Regulatory Excellence

Later this year, the Council for Healthcare Regulatory Excellence (CHRE) will become the Professional Standards Authority (the Authority) for Health and Social Care, and our powers and duties will be increased, as set out in the Health and Social Care Act 2012.

CHRE promotes the health and well-being of patients and the public in the regulation of health professionals. We scrutinise and oversee the work of the nine regulatory bodies that set standards for training and conduct of health professionals.

Our new name reflects the fact that from July 2012 the regulation of social workers in England will become the responsibility of the **Health Professions Council**, which will be renamed the Health and Social Care Professions Council.

The Authority will be a public body with statutory duties and will be accountable to Parliament through the Privy Council.

As the Authority, our responsibility will continue to be to promote the health and well-being of patients and the public. To do this, we will continue to scrutinise and oversee the performance of the nine regulatory bodies whose work we oversee; undertake audits of the early stages of the regulators' fitness to practise procedures; and review the decisions of all final fitness to practise hearings. We will also continue to contribute to regulatory development by sharing good practice and knowledge, conducting research, monitoring policy in the UK and Europe, and advising the four UK government health departments on regulatory issues.

We will also be taking on some new roles, outlined below.

- As mentioned above, our role will extend to social workers in England as their regulation will become the responsibility of the Health and Social Care Professions Council from July 2012.
- From November 2012 we will set standards for organisations that hold voluntary registers for people working in health and social care occupations, and we will accredit the register if they meet those standards. It will then be known as an 'Accredited Register'. The purpose of the scheme is to encourage the development of professional conduct and practice, and high standards of performance. We are currently consulting on the accreditation standards.
- With the abolition of the NHS Appointments Commission, we will be advising the Privy Council on the process of recruitment and appointments to the regulators councils (except for the Pharmaceutical Society of Northern Ireland, where this will not apply).
- We plan to establish a process to consider administrative complaints about the regulators.

More information can be found on our website or you can email Douglas Bilton at douglas.bilton@chre.org.uk

UK Health Professions Council to become Health and Care Professions Council

Ebony Gayle, Media & Public Relations Manager, Health Professions Council

In July 2010, the Department of Health published 'Liberating the NHS: Report of the arm's length bodies review'. The report outlined that the government intended to transfer the regulation of social workers in England from the General Social Care Council (GSCC) to the Health Professions Council (HPC).

Since then, the government has published the Health and Social Care Bill which details provisions for this transfer, including renaming the HPC to the Health and Care Professions Council (HCPC). After making its way through Parliament, on Tuesday 27 March 2012, the Health and Social Care Bill received Royal Assent from the Queen and became the Health and Social Care Act 2012. This means that the transfer date and the renaming of the HPC has now been officially approved.

This change will only affect social workers in England and it is anticipated that the HCPC will open its Register to social workers on 1 August 2012. Until then, anyone working as a social worker in England must remain registered with the GSCC until its closure on 31 July 2012. Following the closure social workers registered with GSCC will automatically transfer to the renamed HCPC.

HCPC will set standards which social workers have to meet, approve the education programmes they need to complete to enter the Register and ensure that social workers meet the standards the HCPC set for training, professional skills, behaviour and health.

The HPC are working in partnership with the GSCC to ensure a smooth transition and to provide information to social workers, their employers and service users before the transfer.

For more information see the HPC website where you can find FAQs on the transfer. In addition, you can sign up to our newsletter HPC In Focus, which will keep you updated with important information. To sign up email newsletter@hpc-uk.org

IAMRA 2012 Conference, 2– 5 October

Registration for the 10th IAMRA International Conference taking place from 2-5 October 2012, in Ottawa, Canada is now open. The theme of this year's conference *Medical Regulation in the Real World: Bringing Evidence to Bear* will explore the five basic principles of medical regulation as set out by IAMRA: accountability/acceptability; fairness; feasibility/affordability; relevance; and transparency/openness.

The Conference will feature presenters and participants from medical regulators, academics, policy makers, and other stakeholders.

Alongside the Conference registration, IAMRA has opened a **call for abstracts** in three formats: posters, 15 minute oral presentations and 90 minute workshops on the themes of registration, complaints, quality assurance and professionalism within medical regulation. The submission deadline is 30 May 2012.

Around the world

Australian report into registration processes for overseas trained doctors

On the 19 March 2012, and following a 14 month inquiry, the Australian House of Representatives committee on Health and Ageing published its **report** into registration and support processes for International Medical Graduates (IMGs).

The report puts forward 45 recommendations which are designed to improve registration processes for overseas trained doctors. They include:

- an increase in the use of workplace based assessments, enabling IMGs to have their qualifications and experience assessed whilst they work;
- the creation of a central document repository for IMG paperwork to reduce duplication and administrative inefficiency;
- an increase in the validity period of language test results from two to four years; and
- the development and implementation of an induction programme by Health Workforce Australia for all IMGs and their families to assist them with the adjustment to living and working in Australia.

New Heath Professions Council of South Africa Registrar

The Heath Professions Council of South Africa (HPCSA) has **announced** that Buyiswa Mjamba-Matshoba has been appointed as their new Registrar and CEO. Dr Mjamba-Matshoba will take over from Kgosi Letlape, who had been holding the position in an acting capacity whilst the recruitment process was underway.

Medical Council of India's tenure to be extended

The Indian government have introduced a Bill that will extend the Medical Council of India's Board of Governors' tenure until 2013, as it comes to an end on 14 May 2012.

The Health Minister, Ghulam Nabi Azad, **commented** on future plans to bring the Medical Council, and other healthcare regulators such as the Nursing Council and Dental Council, under a new body: the National Commission for Human Resources for Health (NCHR).

Upcoming dates and events

1 June 2012
Conseil Européen des Ordres des Médecins (CEOM)
Plenary meeting, Slovenia

12 July 2012
Publication of IMCO draft report on Directive 2005/36/EC

September 2012
ENMCA meeting
Cyprus

17 September 2012
Consideration of IMCO draft report on Directive 2005/36/EC

2-5 October 2012
IAMRA Conference
Ottawa, Canada

15 October 2012
Deadline for amendments to IMCO draft report on Directive 2005/36/EC

28 November 2012
Adoption of IMCO report on Directive 2005/36/EC

Recently published regulators' newsletters

- GMC Student news
- GMC News
- NMC Review
- GDC update
- HPC Newsletter
- French Order of Doctors
- Eurohealth
- IAMRA newsletter

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

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 website and/or 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.