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HPCB
Healthcare Professionals Crossing Borders

Crossing Borders Update

This update includes articles on EU negotiations on the proposal amending the recognition of professional qualifications Directive; the Lithuanian Presidency priorities; an update from the midwifery and dental European networks; the rise in complaints against doctors in Ireland; and news from around the world affecting healthcare professional regulation.

HPCB 2013 Conference

We will be opening registrations for the HPCB conference, which will be kindly hosted by the Health and Care Professions Council, in September.

Look out for the alert in your inbox!

CONTENTS

EU institutional developments

Update on the trialogue negotiations on the proposal amending Directive 2005/36/EC

EUROPEAN PARLIAMENT

On 9 July the European Parliament's Internal Market and Consumer Protection (IMCO) committee almost unanimously adopted the political agreement on the recognition of professional qualifications (RPQ) Directive that was reached on 13 June between the European Parliament (EP) and Member States. The provisionally agreed text covers a number of issues including language assessment, the professional card, the alert mechanism, partial access, and the use of delegated and implementing acts.

Language assessment

Competent authorities will be able to assess the language competence of professionals, where patient safety implications exist, after recognition but before granting access to the profession. However, for healthcare professionals seeking to provide services on a temporary and occasional basis, the language checks are limited to a declaration about the applicant's knowledge of the language necessary for practising the profession.

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Professional card

The option of a voluntary European professional card (EPC), which will take the form of an electronic certificate exchanged through the Internal Market Information system (IMI), has been introduced. Before the EPC is rolled out, professions will be able to express a view on whether it would like to benefit from the card. An impact assessment would also need to take place.

Alert mechanism

A mandatory alert mechanism for regulators to share fitness to practise determinations is foreseen. It will apply to all healthcare professionals, regardless of whether they are sectoral or general system, and will cover all restrictions on a professional's registration.

Partial access

The principle of partial access is enshrined into EU law for the first time. It will apply to healthcare professionals that have significant gaps in their training which cannot be compensated by an adaptation period or aptitude tests.

Professionals benefiting from automatic recognition are exempted from this provision while requests from general systems professionals will need to be considered on a case-by-case basis.

Delegated and implementing acts

In parallel to the implementation of the Directive in the Member States, the European Commission (EC) will be working on the development of implementing and delegated acts. These will determine the detailed workings of those provisions that are new to the Directive including the professional card and the alert mechanism.

Next steps

The compromise text will now need to be formally endorsed by the Member States in the Council and Members of the European Parliament (MEPs) in plenary on 7 October 2013 before it is officially adopted. Once adopted, Member States will have two years to transpose the Directive into domestic legislation.

Data Protection Regulation: update on negotiations

Deliberations on the data protection proposal have been delayed after the LIBE committee's vote on the Regulation was postponed. This is now expected to take place in October 2013. On 31 July, the Council published a revised version of the text, which seeks to take into account discussions on the draft that took place in the Working Party on Information Exchange and Data Protection.

At the LIBE committee debate on 9 July, a representative from the Lithuanian Presidency indicated that a political agreement on the data protection package is a key priority for the Presidency. Some MEPs also highlighted the need to move the negotiations forward as quickly as possible, to ensure the dossier can be adopted before the European elections in May 2014.

Lithuania takes over EU Presidency

On 1st July 2013, Lithuania took over the Presidency of the Council of the EU, and is the first Baltic State to do so. 2013 also marks the 9th anniversary of Lithuania's accession to the EU. The work programme for its 6 month mandate focuses mainly on the deepening of the Single Market and the better implementation of the Services Directive. It will also evaluate the implementation measures for the RPQ Directive.

On 11 July, Vytenis Povilas Andriukaitis, Lithuanian Minister of Health, presented the Presidency priorities in the field of health to the EP's Environment, Public Health and Food Safety Committee. These include the promotion of sustainable healthcare systems, e-health and mental health. The Minister also expressed willingness to make progress on on-going files such as clinical trials and medical devices.

Croatia joins the EU

On 1 July, Croatia officially joined the EU as its 28th member after being a candidate country for 10 years. With a population of 4.3 million people, it is now a fully-fledged member of the EU, with a new EC Commissioner in charge of consumer protection, Neven Mimica, a seat in the Council and 12 new MEPs. The elected MEPs will be in office until next year's European elections when their number will be reduced from 12 to 11.

Following the accession of Croatia, **Annex V of the RPQ Directive** has been updated to include Croatian medical qualifications for both basic and specialist medical training.

EU ministers agree Serbian EU accession

The European Council unanimously **agreed** to begin EU membership negotiations with Serbia by January 2014. This follows an agreement reached in April 2013 between Serbia and Kosovo, with EU mediation, to normalise their ties.

EC OPINION: ITALIAN DOCTORS WORKING IN BREACH OF WORKING TIME RULES

The EC has issued a reasoned **opinion** to Italy which notes that public health service doctors work more than 48 hours a week – in breach of the EU's Working Time Directive. Italy now has two months to change its national rules or risk being taken to the European Court of Justice.

SPAIN FACES EU LEGAL ACTION OVER EHIC REFUSAL

The EC is launching legal action against Spain after increasing complaints that some Spanish hospitals refuse to recognise the European Health Insurance Card which entitles EU citizens to free healthcare in public hospitals.

PETITION HIGHLIGHTS DIFFICULTIES WITH RECOGNITION OF ROMANIAN QUALIFICATIONS

An EP **petition**, and a subsequent EC investigation, about the decision by the Italian authorities to suspend the recognition of medical and dental qualifications obtained in Romania because of allegations of corruption, has found that there are difficulties related to the awarding of dentists' diplomas to Italian citizens by Romanian universities. In its response to the petitioner, the EC highlights that the Italian Ministry of Health are entitled, under Article 50 of Directive 2005/36/EC, to seek clarifications from the Romanian authorities since there are justified doubts as to the authenticity of diplomas awarded to Italian citizens, and notes that cooperation between the Romanian and the Italian authorities on the matter is on-going.

European Parliament questions

Private universities

Philippe Boulland MEP (EPP) has brought the case of a private Portuguese university, which has opened a satellite campus in France, to the attention of the EC. In the example given medical and paramedical students can enrol with a Portuguese university, thus avoiding the rigorous selection process and admission quotas in force in France for these subjects. When students complete their studies, they are awarded a qualification from the Portuguese university, which is recognised in France. Mr Bolland asked if this represented an abuse of the principle of mutual recognition. In his answer Commissioner Barnier stated that the freedom to set up branches of educational establishments, or to engage in the cross-border provision of services, applies to the field of education. He also noted that the European Court of Justice has in several cases examined to what extent one member state is obliged to recognise diplomas from another Member State, where the studies were (entirely or partly) completed on their own territory. The ECJ has consistently found that such qualifications belong solely to the framework of the educational system of the Member State awarding the qualification and that, which is consistent with the case highlighted where it is not a French institution which delivers the diploma, but the Portuguese university under its own rules.

Access to healthcare for patients

In response to a question from Csanád Szegedi MEP, the EC have confirmed that patients that choose to access healthcare in another Member State will be entitled to reimbursement, up to the level applied in their healthcare system and only for healthcare they are entitled to in their home Member State. Mr Szegedi is concerned that citizens from higher income countries may choose healthcare services of poorer countries, with the result that citizens of these countries are unable to use their national services. The EC advised that no nationality discriminatory measures can be applied and that Member States can "adopt measures regarding access to treatment aimed at fulfilling its fundamental responsibility to ensure sufficient and permanent access to healthcare within its territory".

European Court of Justice ruling on partial access

Cédric Grolleau, French Dental Council

In June 2013, the European Court of Justice published an important judgement relating to the partial access provisions in Directive 2005/36 on the recognition of professional qualifications (Case C-575/11).

Partial access refers to a situation where an individual's business is restricted to the pursuit of one or more activities covered by a profession.

The judgment deals with the situation of a refusal to grant access to the profession of physiotherapist in Greece to an individual with a German qualification of medical masseur-hydrotherapist. Such a qualification does not exist in Greece and does not sufficiently match the requirements of the qualification of a physiotherapist. The applicant requested to have full or partial access to the profession of physiotherapist, which was rejected by the Greek Ministry of Health.

With this case, the Court clarified the principle of partial access created in a former case in the area of engineering.

Some useful lessons could be drawn from this ruling:

- **Partial Access is *per se* extendable to any regulated profession.** Partial access seems potentially applicable to any professions, whether regulated at the EU level in a Directive or at the national level.
- **Consumer protection is not sufficient to limit partial access to a profession.**
- **Public health is not a sufficient reason to limit partial access to a profession.** The Court quotes the position of some Member States stressing that healthcare professions cannot be equated with other regulated professions. The Court introduces a distinction between "medical professions proper" and "paramedical sector". According to the judgment, only the former could be exempted from the application of the principle of partial access, not the latter. This is because the services supplied by a physiotherapist follow the implementation of a therapy prescribed by a doctor and are not chosen directly by the patient.

- **The revised compatibility of the judgement with 2005/36 Directive may need to be revised.** The Court's distinction between "medical professions proper" and "paramedical sector" may contradict the revised Directive and Treaty rules on the freedom of establishment and services. The political agreement reached for Directive 2005/36/EC states that partial access "shall not apply to professionals benefiting from automatic recognition of their professional qualifications". This covers not just the medical profession but also dentists, midwives, veterinaries and nurses. It could therefore be argued that the revised Directive goes further than the present case-law.

Developments in European regulation

Update from NEMIR

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

In February, the Policy Working Group of the Network of European Midwifery Regulators (NEMIR) met in London to discuss and adopt additional amendments to the IMCO text for the revised RPQ Directive. At that stage it was felt that, even though the timescales were limited, it was important to seize a last opportunity to influence discussions. Amongst other requests, NEMIR called again for a minimum number of training hours (unlike other professions, the first route into midwifery was only defined by a minimum number of years in the Directive) and a better definition of clinical training. The Policy Working Group also called for a clarification of the exemption to partial access which will apply to the sectoral professions. This was published as a Policy Working Group position paper.

NEMIR's Policy Working Group will meet again in August in order to prepare the grounds for a preliminary exercise in revising the midwifery elements of Annex V of the RPQ Directive. Indeed, whereas the European Commission has not yet defined how it will use "delegated acts" to amend the annexes, NEMIR has taken the initiative, in cooperation with the European Midwives Association (EMA), to begin preliminary work on the subject. This, we hope, will give us ample time to properly consult and develop a robust set of amendments to the Annex to future-proof and modernise it.

Network of European Midwifery Regulators

FEDCAR activities

Cédric Grolleau (FEDCAR) and Patrick Kavanagh (General Dental Council)

The Federation of European Dental Competent Authorities and Regulators (FEDCAR) brings together European orders and bodies responsible for the regulation, the registration, and the supervision of dental practitioners. Meeting twice a year, FEDCAR shares information and good practice on the regulation of dentists and additionally seeks to promote common positions to the European legislative institutions.

Sessions at its meeting in May 2013 focused on: the RPQ Directive; the joint action on EU health workforce; VAT on cosmetics care; the European strategy concerning mercury use in dentistry; and the draft data protection Regulation.

The RPQ Directive was the major piece of business and discussions centred on the potential positive public safety implications of the emerging distinction between recognition of qualifications and permitting access to the profession. The emerging clarification of competent authorities' ability to confirm language competence of migrants was also welcomed.

The next FEDCAR meeting will take place in Paris on Friday 29 November 2013. Its focus, both as individual competent authorities and as a federation, will be preparing for the implementing acts the Commission will employ to progress aspects of the revised Directive 2005/36/EC, namely: the alert mechanism, the common training principles and the professional card. The meeting will also look at the possibilities for updating Annex V.3 of the directive (the study programme for dental practitioners and evidence of basic formal qualifications) by delegated acts.

European Council of Medical Orders plenary outcomes

Dr Roland KERZMANN, CEOM President

The European Council of Medical Orders (CEOM) brings together the Medical Councils and the independent medical regulatory authorities of Member States of the EU and the European Free Trade Association responsible for either ethics or professional conduct; registration or licensing procedures; disciplinary matters regarding physicians; recognition of qualifications and levels of specialty; authorisation to practice; and setting of professional standards. The purpose of CEOM is to promote the practice of high quality medicine respectful of patients' needs.

The last CEOM plenary was held in Bucharest, Romania on 15 June 2013. Thirteen participants out of 16 attended the meeting: Belgium, Cyprus, France, Germany, Greece, Italy, Luxembourg, Portugal, Romania, Slovenia, Spain, Switzerland and the United Kingdom, along with a European Union of Medical Specialists (UEMS) representative.

Mr Christian Busoi MEP was invited to talk about the revision of the Directive 2005/36/EC and the regulation on clinical trials. In addition, a **first package of deontogical guidelines** on informed consent, professional secrecy, doping in sport and relations with colleagues was adopted. CEOM also agreed a **resolution on the exchange of disciplinary information** between regulatory authorities.

Demographic data from Belgium and France was presented during the meeting, as well as the latest updates of the joint action on health workforce planning and forecasting.

Also at the meeting, CEOM adopted a **declaration on the situation of healthcare in Cyprus** and wrote a **letter of support** to the Slovak Medical Chamber concerning the situation of doctors in Slovakia.

Learn more at: **www.ceom-ecmo.eu**

Joint Action on Health Workforce Planning and Forecasting

Lieve Jorens, JA EUHWF, WP1 Project Manager

Funded by the Health Programme of the European Union

On 11 April 2013, the Joint Action on Health Workforce Planning and Forecasting (JA EUHWF) kicked off in Brussels. This Joint Action is the result of a long and very active process, going from a policy paper and an EU conference in 2010, to being included into the EC Action Plan in April 2012. The JA EUHWF is a key activity of the EU Action plan, and the European Agency for Health and Consumers is funding 50% of the budget.

Networking and exchanging good practices

The overall objective of the JA EUHWF is to create a platform for collaboration and exchanges of good practices between Member States, to help countries move forward on their health workforce planning process. This will support Member States in their capacity to take effective and sustainable measures to address the future supply and demand for health care workers. The JA has a special focus on implementation guidelines for data collection, planning methods and state of the art forecasting methods. It is especially designed to test these guidelines and methods through pilot projects, aiming at active implementation on the field.

Partners

Creating a network is not possible without a large group of interested, motivated and committed partners. The JA EUHWF currently has 30 associated partners and 22 collaborating partners, and is coordinated by the Belgian Federal Public Service of Health. Even though the number of partners is already high, there is always room to further extend our network.

Eager to know more?

Check out our website at **www.euhwforce.eu** or contact us by email at the following address: **EUHWForce@health.belgium.be**

Regulating access to professions: national perspectives

Kate Ling, Senior Policy Manager, NHS Confederation

On 17 June, the European Commission (DG-MARKT) held a one-day workshop in Brussels inviting stakeholders to exchange views on the different approaches to the regulation of professions across the EU and the on-going reforms in this area.

The workshop did not address the regulation of the (sectoral) health professions. Instead the discussions were relevant for general system professions and there was an afternoon breakout session focusing specifically on the regulation of social workers (alongside two others, on engineers and craft professions respectively).

The main thrust of the day was on the "transparency and mutual evaluation" provisions in Article 59 of the proposed revised Directive on the recognition of professional qualifications. These will require Member States to provide the Commission with a list of all the professions they regulate and to justify why they regulate them. They will be required to examine whether the requirements of their legal systems restricting access to a particular profession are compatible with the principles of non-discrimination on the basis of nationality or residence; justified by overriding reasons of general interest; and proportionate. They will be required to report regularly on which requirements they have removed or made less stringent, and other Member States and interested parties (including the professions concerned) will be invited to submit their observations.

The EC noted that a high number of professions are statutorily regulated across the EU, many of them in only one or only a few countries, and it is debatable whether many of them need to be regulated at all. The Commission's view is that professions should only be regulated by statute where there is a clear rationale for doing so (as in the case of healthcare professions, on the grounds of public safety) as over-regulation constitutes a barrier to freedom of movement and hinders the realisation of a genuinely single European market.

Finally, the Commission announced that they will present a communication before the end of 2013, a few months after the political agreement on the revised RPQ Directive, to take stock of recent developments in Member States in the area of regulated professions and to devise a methodology for facilitating the mutual evaluation exercise.

Introduction of professional indemnity insurance as a requirement for registration

Darren Shell, Nursing and Midwifery Council, UK

From October 2013 all nurses and midwives, including those coming to the UK from the EU, will have to hold professional indemnity insurance in order to register with the Nursing and Midwifery Council (NMC). This new requirement is being introduced as a consequence of EU Directive 2011/24/EU on the application of patients' rights in cross border healthcare. It will be illegal to practise as a nurse or midwife in the UK without an appropriate indemnity arrangement from this time.

Nurses and midwives will have to declare that they have, or will have, appropriate indemnity insurance in place when they practise.

Nurses and midwives will also be responsible for ensuring that the cover they have in place is appropriate for their scope of practice, and is sufficient to meet any award of damages if a successful claim is made against them. Those nurses and midwives who do not comply with the law will be removed from the register. Nurses and midwives who do not have an appropriate indemnity arrangement in place when they practise may be subject to fitness to practise proceedings and removal from the register.

NMC launches new system for quality assurance of nursing and midwifery education

The NMC sets the standards for pre-registration nursing and midwifery education and also undertakes quality assurance of these courses to ensure that our standards are being met. We have now appointed an external quality assurance provider to undertake this work on our behalf.

A new framework for quality assurance of nursing and midwifery programmes will be implemented from September 2013. The framework, which was developed with considerable stakeholder input, ensures that the assessment of education programmes operates effectively. It aims to:

- Bring a wider perspective to the course review process by increasing the involvement of reviewers who are neither nurses nor midwives, for example including members of the public, service users and patients.
- Ensure that all programme providers proactively manage risk and have appropriate safeguards in place to protect the public.
- Ensure that quality assurance focuses on the outcomes of education and leaves providers free to decide how best to meet the standards.

Making the fitness to practise process more efficient

The NMC has taken measures in 2013 to improve its ability to protect the public by making the fitness to practise process faster, more consistent and more economical.

The NMC receives a large number of fitness to practise referrals each year. Between 2011 and 2012, over 4,400 nurses and midwives were referred in relation to alleged misconduct or lack of competence. Following investigation, 365 were struck off the register and a number of others were temporarily suspended, cautioned or received restrictions on their ability to practise.

In January 2013, the NMC therefore introduced two new processes to improve the efficiency of its fitness to practise process:

- **Consensual panel determinations.** These enable nurses and midwives who are subject to fitness to practise proceedings, and who admit all the charges against them, to agree a sanction with the NMC early in the process. This provisionally agreed sanction will be sent to a panel which will decide whether to accept or reject it.
- **Voluntary removal.** This allows nurses and midwives who admit that their fitness to practise is impaired to apply to be permanently removed from the register without a full public hearing. This is only allowed in limited circumstances where there is no public interest in holding a full hearing.

In May 2013, the UK government agreed to bring about further legislative changes, including one which allows for the introduction of professional case examiners to decide early in the process if cases should go to a final public hearing. This will ensure the NMC spends its time considering the most serious cases.

Complaints against Irish registered doctors continue to rise

Finola O'Dwyer, Senior Executive Officer/Solicitor, Medical Council, Ireland

Comhairle na nDochtúirí Leighis
Medical Council

Investigation and handling of complaints is a component of the Medical Council's work in ensuring high standards of practise in Ireland. There has been a trend in recent years of a continuously increasing number of complaints being received annually by the Medical Council in Ireland against practitioners. 423 complaints were received by the Medical Council against registered medical practitioners in 2012. By comparison, 318 complaints had been received four years previously in 2008, an increase of 33% over four years.

It is likely that a number of factors are contributing to the sustained increase in complaints received in recent years. The Medical Practitioners Act 2007 repealed and replaced the Medical Practitioner Act 1978. The new legislation introduced a wider variety of grounds under which a complaint could be considered (including poor professional performance). It was inevitable therefore that this increase in the grounds available would lead to a greater number of fitness to practise inquiries.

Because the 2007 Act introduced the default position of having fitness to practise inquiries held in public, this has self-evidently led to a far greater level of public scrutiny of inquiries than had been the case under the 1978 Act. The impetus for the commencement of public fitness to practise inquiries was the predicted openness, transparency and accountability which would be introduced under such a system. A further driving force behind the introduction of public inquiries was Article 6.1 of the European Convention on Human Rights which provides for the '....entitlement to a fair and public hearing...'.

In 2012 procedures for the investigation and consideration of complaints were enhanced. Each complaint is assigned to individual Case Officers, who recently became the first ever graduates of a **Certified Investigator Training Programme** with the Chartered Institute of Arbitrators. **Complaints forms** and **procedures** are also now available on the Council's website, leading to greater transparency and clarity for both complainants and doctors.

New Council members at European medical regulators

The General Dental Council (UK) has **announced** that William Moyes has been appointed Chair of the GDC.

In May, the Nursing and Midwifery Council (UK) **announced** that Jackie Smith has been permanently appointed as Chief Executive and Registrar.

The Medical Council of Ireland **elected** Professor Freddie Wood as President for its term from June 2013–2018.

New reports show that more and more French Doctors are trained abroad

Dr Xavier Deau, President of the International Relations Delegation – French Medical Council

The **French Medical Council** (CNOM) has published two new reports regarding medical practice in France.

The **7th edition** of the National Atlas shows that in 2013, 271,970 doctors are registered in France and 9% (17,835) of them are trained abroad. Among them, EU diplomas represent 46.8% and 62% are men.

Another particularity is the increasing number of active retired doctors and locum doctors. For the French Medical Council, these two categories are the answer to the shortage of doctors in France. The CNOM expects there to be 29,389 active retired Doctors in 2018.

The second **report** analyses the medical training evolution in France between 2009 and 2012 and provides an overview of the different ways to be qualified as a doctor in France.

Third CLEAR Congress draws 130 participants to Edinburgh

Stephanie Thompson, Senior Programme Coordinator, CLEAR

One hundred and thirty attendees including representatives from Australia, Canada, England, France, Ireland, New Zealand, Northern Ireland, Scotland and the United States, attended the Council on Licensure, Enforcement and Regulation (CLEAR) Third International Congress on Professional and Occupational Regulation in Edinburgh on 27–28 June.

The conference included informative sessions and engaging discussions related to three themes: global mobility and entry to practice; the regulatory continuum and the role of the regulator; and demonstrating continuing competence.

The keynote by Professor Zubin Austin, University of Toronto, took a fresh look at the issue of competence by considering the perspective of the patient. Noting the patient's desire for accessibility, affability and acknowledgement, he suggested that the focus should be on engagement – practitioners who are interested in their profession, their patients and their practice – rather than competency. He concluded that in order to create a culture of engagement, competency systems need to support and reinforce good behaviours, not just punish bad behaviours.

Further presentations dealt with topics such as the Organisation for Economic Co-operation and Development (OECD)'s Services Trade Regulatory Database; development of a single statute to govern all health and social care regulation in the United Kingdom; the Quebec-France Agreement on the recognition of professional qualifications; lessons from the Mid Staffordshire public inquiry; and oversight mechanisms to improve registration processes for foreign-trained professionals.

Roundtable discussions provided attendees the opportunity to meet international colleagues and discuss challenges and best practices related to pressing issues in occupational and professional regulation.

Planning will soon get underway for the fourth International Congress in 2015.

Around the world

Brazilian Senate approves Medical Act

The Senate has passed the Medical Act introducing regulatory changes in healthcare activities in Brazil. The Act calls for the regulation of surgical activities, general anaesthesia and invasive diagnostic procedures. However some items have been vetoed by President Dilma Rousseff including a controversial provision designed to limit diagnosis responsibilities to doctors.

Nurses gain greater autonomy across the US

At least 17 states now allow nurse practitioners to work without a supervising physician, and lawmakers in five big states are considering similar measures. The aim is to fill the primary care physician shortage. This move is opposed by the American Medical Association which argues that because of the gap in training, nurse practitioners cannot safely provide the same services as doctors.

CPD system under spotlight

In a speech at the Australian Medical Association conference, the chair of the Medical Board of Australia, Dr Jo Flynn, signalled that the CPD system for doctors is likely to be reviewed shortly, as the existing programme fails to guarantee doctors are competent to practise. If introduced, revalidation would be a long-term reform, with numerous options to consider, such as peer and patient reviews of doctors. A national discussion on revalidation was launched by the board earlier this year, and will be followed by a consultation paper, due to be published shortly.

Upcoming events

13–16 October 2013
International Society for Quality in Healthcare conference
Edinburgh

October 2013
Plenary vote on RPQ Directive

31 October 2013
Healthcare Professionals Crossing Borders Conference
London

29 November 2013
Federation of European Dental Competent Authorities and Regulators (FEDCAR)
Paris

2 December 2013
European Network of Medical Competent Authorities (ENMCA) meeting
Copenhagen

September 2014
International Association of Medical Regulatory Authorities (IAMRA) Conference
London

Recently published regulators' newsletters

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

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