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HPCB
Healthcare Professionals Crossing Borders

Crossing Borders Update

The first *Healthcare Professions Crossing Borders Update* for 2015 includes a report on the European Commission progress on the introduction of the European professional card and fitness to practise alert mechanism; an update from the Irish Health & Social Care Professionals Council CORU on the changes to fitness to practice law in Ireland; articles on a Europe wide CPD study, the German draft bill on assited suicide and the revised code for conduct for nurses and midwives working in the UK.

Secondary legislation on the European professional card and alert mechanism published

On 29 January 2015 the European Commission (EC) published its proposal for Implementing Regulations on the procedure for issuance of the European Professional Card and the application of the alert mechanism pursuant to Directive 2005/36/EC. The draft Act lays down the rules competent authorities will need to follow when implementing these two new procedures. General care nurses, pharmacists, physiotherapists, estate agents and mountain guides are proposed to be in the first wave of professions to adopt the card with doctors and engineers following in a second phase.

On 11 February 2015, at a meeting of national RPQ coordinators, member states were due to vote on the adoption of the Act. The vote was postponed because of concerns raised by a number of members states about the poor quality of translations and the professions included in the first wave. The EC then amended the draft Act and scheduled a new vote for 18 March 2015. This time not enough member states voted in favour of the text. The EC is now expected to make changes to the proposal ahead of a vote in the near future.

The draft Act was accompanied by an EC staff working document that gives an overview of responses to last year's consultation on the EPC. There was no consensus among representative bodies of the professions as to the suitability of the card. In addition, the vast majority of competent authorities felt unable to predict accurately the financial impact of the card on their administrative procedures.

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EU institutional developments

The EC 2015 Work Programme

The EC has published its 2015 work programme, setting out EC legislative priorities for the coming year. 2015 key policy areas are jobs and growth, along with climate protection, migration, democratic accountability and the EU as a global actor. Individual priorities of importance for the healthcare professions include:

- Completing work on the data protection reform package.
- Developing a new internal market strategy to improve mutual recognition.
- Standardisation in key sectors like the regulated professions.
- Continuing support of labour mobility.

The work programme is structured quite differently from previous years; instead of a long list of legislative proposals and expected publication dates, the EC has published a number of focused priorities with a supporting annex of 80 ongoing pieces of legislation to be either withdrawn or substantially amended. Among those are the draft Directive on the transparency of pricing for medicinal products and the draft Directive on the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding. The latter will be replaced by a new proposal if no agreement is reached within six months.

EC Transparency Guidelines published

The European Commission (EC) has published guidelines to ensure greater transparency in the political process. It has committed to publishing information about who meets its political leaders and senior officials including Commissioners, their Cabinets, and the Directors-General of the Commission services. From 1 December 2014 the EC shares all dates, locations and names of organisations and self-employed individuals met, alongside topics of discussion, on its website. Meetings can only be held with organisations who have signed up to the EU Transparency Register.

EU Petition – 0624/2012 Recognition of qualifications as a dentist

The EC responded to a petition from an Indian dentist who had his qualification recognised in Romania and subsequently applied to practise as a dentist in the UK. While his qualifications were recognised to be compliant, the UK authorities did not grant authorisation on the grounds that he had not practised continuously. The EC confirmed that under the Directive on the recognition of professional qualifications, the dentist would have required three years of professional experience in the member state which had first recognised the diploma (Romania) in order for the UK authorities to grant automatic recognition.

EU Petition – 0942/2013 from third country national wishing to establish pharmacy in Greece

The EC responded to a petition submitted by a Lebanese national, married to a Greek citizen. The petitioner lives in Greece and holds a degree in pharmacology from a Greek university but her application for a licence to establish a pharmacy in Greece was rejected because she is a foreign national. In its response, the EC confirms that the petitioner does not benefit from EC rights as her husband has not exercised his free movement rights. However it has advised her to explore whether she holds a long-term EU residence permit which should allow her equal treatment with nationals in relation to self-employed activities and in accordance with the conditions set in national law.

EC study: National laws on electronic health records

The EC has published a study looking at national laws on electronic health records in each of the EU member states and Norway. The study gives an overview of current national legislation and looks at how effective it is in supporting the provisions of cross-border eHealth services – a requirement in the Directive on patients' rights in cross-border healthcare. It is broken down into one report per country, and includes a number of recommendations aimed at improving interoperability of electronic health records whilst maintaining a high level of data security.

mHealth in Europe: Preparing the ground – consultation results published

Cédric Grolleau, Orde National des Chirurgiens – Dentistes

While two thirds of mobile health (mHealth) apps for phones and tablets target consumers in the medical or fitness markets, the remaining one third are aimed at health professionals. However, rules around the use of mHealth apps by health professionals have not yet been developed.

On 15 January 2015 the European Commission (EC) published the outcome of its Green Paper consultation conducted in 2014, that invited comments on the barriers and issues related to the use of mHealth apps in Europe. There were 211 separate responses from public authorities, healthcare providers, patients' organisations and web entrepreneurs, from inside and outside the EU. Among the numerous issues raised in this consultation, the major one regards the possible consequences from the usual marketing claims that a mHealth apps are of benefit to the users' health.

A solution may lie with the clarification of legal categories to which a mHealth apps belongs (medical device, medical device in vitro, commercial communication, professional directory, etc.), in addition to compliance with health professional's rules of conduct.

The Green Paper also discusses the development of App certification programmes, by the Andalusian Agency for Healthcare or the online Health Apps library in England. This would require all apps passing a review to prove their safety and compliance with data protection rules. A clinical assurance team of doctors, nurses and safety specialists, would work with the developer to ensure app's marketing claims adhere to safety standards.

Aside of some EU-programmes that have already been launched to support mHealth application deployment, the Commission are now reviewing the options and whether any new rules should be developed.

Legal recognition of nurses' prescriptions from other Members States

Rui Alexandre Fernandes Moreira, member of the Board of Jurisdiction of the Ordem dos Enfermeiros, Portugal

The EU Directive 2011/24/EU on patient's rights in cross-border healthcare provides rules to facilitate access to safe and high quality cross-border healthcare and to promote cooperation on healthcare between Member States whilst respecting national competencies in the organisation and delivery of healthcare.

The Directive defines a prescription as a medicinal prescription or medical device prescribed by a professional of a regulated profession under the terms of the Directive 2005/36/EC, and legally allowed to prescribe in the Member State where he/she works.

In some EU Member States, nurses can now prescribe medications, and others are implementing the nursing prescription process. This process can be seen as a well-designed health project which shows that the cost-effectiveness of management strategies, coordinated with the increasing investment on advanced roles for nurses is viable and efficient, ensuring a safe and quality care to European citizens.

According to Portuguese legislation and Directive 2005/36/EC, nurse prescriptions from other Member states, if meeting a set of requirements defined by Portuguese law, are recognised as valid prescriptions in Portugal.

Taking into account the recent transformation of the health market and its focus on cost-effectiveness, the mandatory coordination of Member States legislation to ensure equal access and high quality of care to European citizens, and the growing role of nurses including nurses prescription in several Member States, it is no longer acceptable to have discussions within each Member State about the legal recognition of nurses competences to prescribe. Instead, the focus should be on asking what kind of system enhances patient safety and quality of care within nurse prescribing. That includes discussing the nurse prescriber role, further academic education and training and granting equal reimbursement on prescriptions from different type of health prescribing professionals.

Europe-wide CPD study published

Sarada Das, Standing Committee of European Doctors

A study mapping continuous professional development (CPD) and life-long learning (LLL) for dentists, doctors, nurses, midwives and pharmacists across Europe was published in January 2015. The study was prepared by the Council of European Dentists, the European Federation of Nurses Associations, the European Midwives Association, the European Public Health Alliance, and the Pharmaceutical Group of the European Union. This group was led by the Standing Committee of European Doctors. It was contracted by the EC and funded under the 2013 Public Health Programme. The abstract and executive summary of the study is available in all official languages of the EU. The full text is available in English.

The mapping study affirms the importance of CPD for health professionals and calls on all actors involved to take action to enable professionals to undertake CPD. In this context the need for effective policies to overcome the barriers of cost and lack of time are highlighted in particular. Planning for human resources at systemic, sectoral and organisational level should contribute to this objective by facilitating opportunities to undertake CPD within working hours. The study also recommends further research into the topic, looking at CPD's impact on professional practice, patient outcomes and quality of care. Lastly, the study suggests follow-up of the findings in the context of existing EU policies, for example by making the information on national CPD policies collected in the implementation of the professional qualifications Directive available publically, and continuing the discussion on CPD in the EU-level expert groups, such as the Group of Coordinators and the EC Working Group on EU Health Workforce. The continued involvement of professional organisations in future discussions is strongly recommended.

European Parliament question

EC answers question on Austrian medical student quota

Austrian MEP Georg Mayer has questioned the European Commission on the legality of a national quota on medical students. The EC recently ruled that a policy of reserving 75% of places to study medicine and dentistry for students obtaining their school leaving certificates in Austria was illegal, as it constitutes indirect discrimination based on nationality. As a result, Austria has suspended this policy until 2016 to gather the necessary to data justify the need and proportionality of the measure, after which the EC will re-examine the case.

European networks update

Amsterdam to host international gathering of regulators

Adam Parfitt, Executive Director, The Council on Licensure, Enforcement and Regulation (CLEAR)

Occupational regulators from three continents are set to convene in Amsterdam this summer. The Fourth International Congress on Professional and Occupational Regulation will be held at the Hilton Amsterdam on 25-26 June, 2015, and features a programme of speakers drawn from the North America, Australasia and Europe. Congress themes include:

- Global Mobility and Entry to Practice
- Governance and Accountability in Professional Regulation
- Striving for Continuing Competence.

In addition to thought-provoking presentations, a significant portion of the programme is devoted to discussion groups allowing for information and approaches to be exchanged and explored, and new contacts to be established amongst regulators of a range of professions in both the health and non-health arenas.

Keynote speaker Rhona Flin, Chair of Applied Psychology at the University of Aberdeen will consider the role of non-technical (or "soft") skills in the demonstration of competence, before a variety of speakers explore critical issues that are, or will be, faced by regulators across the globe. The event is organised by the Council on Licensure, Enforcement and Regulation (CLEAR), a non-profit association of 500 regulatory entities and stakeholders. For more information, please visit the CLEAR website.

Developments in European regulation

UK to introduce new language checks for nurses, midwives, dentists and pharmacists

Following a UK wide consultation, the UK Department of Health (DH) is planning to amend the rules around language knowledge in relation to the recognition of nurses, midwives, dentists and pharmacists. These will affect the Nursing and Midwifery Order 2001, the Dentists Act 1984, the Pharmacy Order 2010 and the Pharmacy (Northern Ireland) Order 1976.

Changes will require migrants to the UK to supply evidence that they are able to communicate effectively in English before they can be registered, or, if they cannot supply the evidence, complete an English language test. This process will only take place after a professional's qualification has been recognised as required by the revised Recognition of Professional Qualifications Directive, which also clarifies the ability of competent authorities to carry out language controls on applicants from the European Economic Area (EEA) if the profession has patient safety implications.

Current UK legislation does not allow the Nursing and Midwifery Council, General Dental Council, General Pharmaceutical Council and the Pharmaceutical Society of Northern Ireland to request evidence of an EEA applicant's knowledge of the English language prior to registration, even if they have cause for concern. The changes proposed by the consultation would bring their procedures in line with the Directive.

Regulators expect to introduce the new requirements in late 2015/early 2016. The DH consultation response can be viewed here.

Revised code for UK Nursing and Midwifery Council

Dr Katerina Kolyva, Director of Continued Practice, Nursing and Midwifery Council, UK

This month, a new Code comes into effect for the 680,000 nurses and midwives on the Nursing and Midwifery Council's (NMC) register. This change will affect every nurse and midwife who practises in the UK.

The revised Code is based around four themes:

1. Prioritise people
2. Practise effectively
3. Preserve safety
4. Promote professionalism and trust.

Together, these themes signify what good nursing and midwifery practice looks like. Whenever somebody joins the NMC's register and signs up to the Code, they are agreeing to uphold these themes.

At the end of 2015, we will introduce a system of revalidation which will align practice and the Code more closely, allowing the NMC as the regulator to check that nurses and midwives are fit to practise throughout their careers.

As a responsible regulator we have to make sure all the standards we set, including the Code, remain up to date and relevant. The existing version of the Code dates from 2008 – since then, there has been a huge amount of change which has had an impact on practice and public expectations.

In updating the Code, we held two consultations which heard from over 10,000 people, including nurses, midwives, patients, carers and their representatives. We listened to our expert advisory groups, held twitter chats and undertook a huge amount of desk-top research. We commissioned qualitative and quantitative research, and we ran summits across the UK. All this feedback helped to shape the revised Code.

The Code will strike a chord with the nurses and midwives who already demonstrate these principles in their practice. It will put patients and service users at the heart of practice, and will help us to protect the public better.

Health and Care Professions Council (UK) rules for professional indemnity

All registrants – except social workers in England – of the UKs Health and Care Professions Council (HCPC) must now have a professional indemnity arrangement in place as a condition of registration. The arrangement must provide appropriate cover for all aspects of their professional practice. This is a result of legislation, the Health Care and Associated Professions (Indemnity Arrangements) Order 2014, which was introduced as part of the UK Government's obligations under European Directive 2011/24/EU on the application of patient rights in cross-border healthcare.

In order to implement the new statutory requirements, the HCPC consulted on the necessary changes to their rules last autumn. These rules have now been agreed.

From 1 April 2015 the HCPC will start asking registrants to complete declarations to confirm that they have in place a professional indemnity arrangement. This arrangement must provide appropriate cover each time they renew their registration with us. Applicants for registration will also need to complete a declaration confirming that they have read and understood the professional indemnity requirement, and will have an arrangement in place when they begin to practise. Further information and guidance on the new statutory requirement is available on the HCPC's website.

HCPC to regulate public health specialists from non-medical backgrounds

The Department of Health (DH) has recently completed a consultation on the proposed regulation of public health specialists from non-medical backgrounds. The DH response has confirmed the UK Government's intention for the Health and Care Professions Council (HCPC) to statutory regulate this profession.

We look forward to working with both the Department of Health and the UK Public Health Register – that currently maintains a voluntary register – to facilitate this move. This will include consulting on new standards of proficiency and amending the standards of education and training that sets out the qualification normally required for entry to the Register.

We expect that the required secondary legislation will be published in due course and subject to completing the parliamentary process, the Register would then open to this profession from 1 July 2016 with a two year transitional period. It is proposed that the protected title for this profession will be 'public health specialist'.

GMC new sanctions guidance

Following a major consultation last year, the UK's General Medical Council (GMC) will take forward a number of important changes to the guidance it gives to panels run by the Medical Practitioners Tribunal Service (MPTS). This guidance helps panels decide what sanctions should be given to the small minority of doctors who put patients or the reputation of the profession at risk. It is also used by GMC case examiners when deciding whether to refer a doctor under investigation to a hearing.

The GMC sought views on various proposals to update this guidance to ensure the decisions made by panels and case examiners remain fair and consistent. The views and support received will help to produce better guidance that protects patients and upholds public confidence in the vast majority of doctors who provide safe, effective and compassionate care every single day.

In summary, the consultation found:

- Overwhelming support for guiding panels to consider taking more serious action, such as removing a doctor from the register, if they have been found to have discriminated against someone on the basis of their gender, ethnicity, age or sexuality or if their behaviour towards a patient has been predatory in nature.
- Agreement that the GMC should better define the factors that should be considered when deciding whether a doctor should be suspended and for how long.
- Support for developing how and when the GMC gives warnings to doctors so that concerns are dealt with in the right way. It was generally felt that warnings are appropriate for dealing with low level concerns, although more serious action should be taken where those concerns are repeated. There was also support for a case by case approach to publication of warnings.
- Strong backing for introducing more detailed guidance on the factors that could indicate a doctor has or lacks insight, for example whether they have apologised or failed to remediate. It was also agreed that the stage of a doctor's career should be a mitigating factor when considering what action to take.

The Indicative Sanctions Guidance consultation ran from 22 August to 14 November 2014. Full results of the consultation are available to view. The GMC will present the updated guidance to its Council for approval in April 2015. MPTS panels and GMC case examiners will start using this from August this year.

GMC appoints new Chair of Council

The UK's Privy Council has appointed Professor Terence Stephenson as the new Chair of the General Medical Council. Professor Stephenson's term started on 1 January 2015 and will run till 31 December 2019.

Launch of fitness to practise for Ireland's health and social care professionals

Ginny Hanrahan, CEO of CORU explains how the new regime will operate

The 31 December 2014 was a very significant day for users of Ireland's health and social care services, with the commencement of fitness to practise (FtP) for CORU registered health and social care professionals.

CORU is Ireland's multi-profession statutory health regulator. Our role is to protect the public by promoting high standards of professional conduct, education, training and competence through the statutory registration of health and social care professionals. The legislation enacted by the Minister for Health means CORU now has the legal authority to ensure that if an issue in relation to the actions of a registered practitioner on or after this date is brought to CORU we can respond.

The professions to be regulated by CORU are Clinical Biochemists, Dietitians, Medical Scientists, Occupational Therapists, Orthoptists, Physiotherapists, Podiatrists, Psychologists, Radiographers and Radiation Therapists, Social Care Workers, Social Workers, Speech and Language Therapists and Dispensing Opticians and Optometrists.

Only professionals registered with CORU are legally entitled to use their professional title.

Registers are currently open for Dieticians, Radiographers and Radiation Therapists, Social Workers and Speech and Language Therapists. The Registers for Occupational Therapists and Physiotherapists will open during 2015. The Opticians Boards register (Dispensing Opticians and Optometrists) will also transfer to CORU this year. Registers for the other professions will follow, on a phased basis.

The name CORU comes from the Irish word Coir, meaning fair, just and proper. These principles underpin all of our work and in particular our new FtP regime. As a quasi-judicial process it is imperative that due process is provided to both the person making the complaint and to the registrant against whom a complaint has been made. It is for this reason that any person who makes a complaint about a registrant to CORU must do so in writing, and must be prepared to give evidence at any FtP hearing – which may be held in public – without maintaining anonymity.

As care continues to evolve and health regimes become even more complex, it is clear that a regulated, controlled and safe environment, with a robust FtP regime will help to ensure the safety of the public and also protect registrants in Ireland's health and social care professions.

This statutory registration together with a quasi-judicial FtP regime provides a new and robust regulatory environment for health and social care professionals. It will help ensure public safety and public confidence in the professions. Full details are available on the CORU website.

Irish Medical Council published first-ever survey of all trainee doctors

Co-authored by Ailbhe Enright and Simon O'Hare, the Irish Medical Council

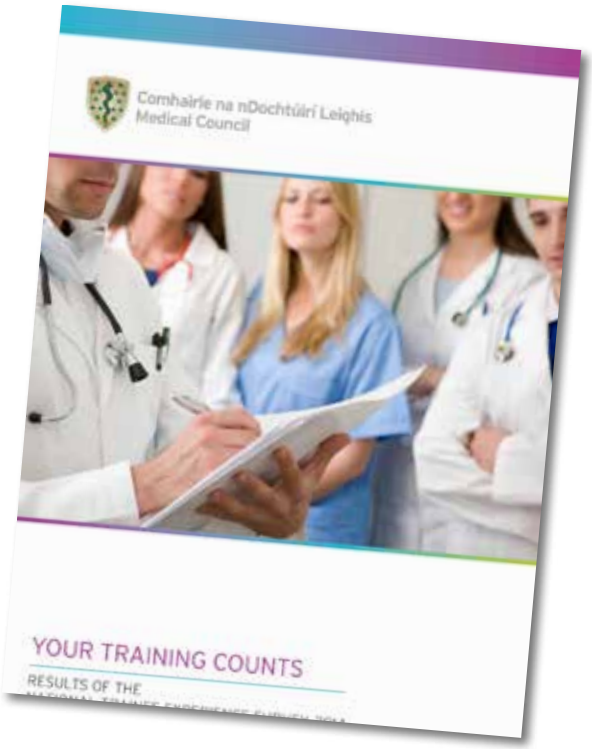
On 8 December 2014, the Irish Medical Council published the 'Your Training Counts' report. This is the first-ever national survey of trainee doctors in Ireland, and is a key component of the Medical Council's role in setting and monitoring standards of medical training and education throughout the professional life of a doctor.

The survey of trainee doctors was initiated in early 2014, and with a response rate of over 53% - or 1,636 trainees – is one of the most significant pieces of research undertaken by the Medical Council in recent years.

'Your Training Counts' gives a comprehensive insight into the experiences of doctors undergoing clinical training and is designed to support the continuous improvement of the quality of postgraduate medical training in Ireland. To allow for international comparisons, the report utilised questions from the previous medical education surveys in the UK and the Netherlands.

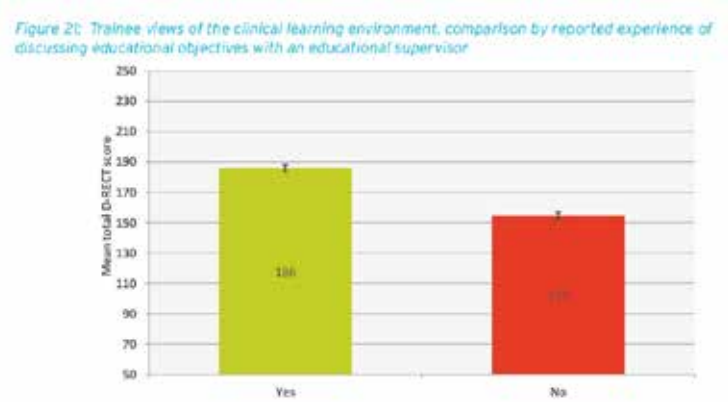
Areas covered by the survey include:

- The learning environment at clinical sites
- Trainee safety and support
- Health and wellbeing
- Career intentions
- Emigration.



Comhairle na nDochtúirí Leighis
Medical Council

There were some very interesting findings in the report with some 85% of trainees reporting that they rated the quality of care provided at the clinical site as 'good' or 'very good'. Areas of the clinical learning rated highly by trainees were "Consultants'/GP's role", "Teamwork" and "Peer collaboration". Some weaknesses identified by trainees included "feedback", "Professional relations between consultants" and "Role of the educational supervisor".



While most trainees reported a positive overall experience of induction and orientation to the clinical environment as a place to work and learn, many trainees identified deficiencies in core areas. For example, almost 30% of trainees said they didn't receive an explanation of their role and responsibilities and 3-in-10 trainees reported personal experience of bullying and undermining behaviour. This experience of bullying and undermining was over twice as prevalent as for their UK counterparts.

More data from 'Your Training Counts' will be published in 2015 (from March onwards), focussing on career intentions, emigration and the health and wellbeing of trainees. 'Your Training Counts' will be conducted on an annual basis to measure improvements in this area, with the next survey due to launch in April 2015.

Germany considers draft bill on assisted suicide

Co-authored by Dr. Alexander Jäkel, Policy Adviser and Siobhan O'Leary, International Program Officer, German Medical Association

Physician assisted suicide is currently a subject of intense debate in Germany. Although assisted dying on request is illegal in all cases according to the German criminal code (section 216), assisting with suicide is not explicitly a punishable offense in Germany. A legal grey zone exists for physicians who provide patients with access to medication that can cause death, provided the physician does not actually administer said medication.

Despite the underlying legality of this practice, the (Model) Professional Code for Physicians in Germany – *(Muster-) Berufsordnung für die in Deutschland tätigen Ärztinnen und Ärzte* – forbids physician assisted suicide (Art. 16). In other words, physicians who assist with suicide, though not subject to prosecution, run the risk of losing their right to practise medicine.

The President of the German Medical Association (Bundesärztekammer), Prof. Dr. Frank Ulrich Montgomery, has reiterated his call for a complete ban on organised assisted suicide and questioned the need for further regulations on the subject. He emphasises that it is the obligation of the physician to alleviate suffering through medical means, but not to dispose of the sufferer.

Though the German Ethics Council generally supports the view of the German Medical Association that helping a patient to die is not part of a physician's duties, its recognition of some exceptions to this principle has caused contention. It is the Council's opinion that physicians should not routinely be asked to help patients commit suicide, but that decisions made by a physician under "exceptional circumstances" and in the context of a "trusting doctor-patient relationship" should be respected.

A draft bill on assisted suicide was brought before the Bundestag (the German parliament) in February, with the outcome expected to provide physicians with more clarity about the possible legal consequences of helping a patient to end his or her life. A decision is expected in autumn 2015.

Around the world

Pakistan: Sindh Assembly passes bills to regulate medical education

The Express Tribune has reported that Sindh Assembly in Pakistan has passed five bills relating to medical education and regulation. The bills passed include:

1. The Postgraduate College of Medical Sciences Bill
2. The Sindh Allopathic System (Prevention of Misuse) Bill
3. The Sindh Physiotherapy Council Bill
4. The Sindh Pharmacy Council Bill
5. The Sindh Nursing Council Bill.

This follows the devolution of Pakistan's public services to its provinces in 2011 under the 18th amendment to its constitution. As of 28 June 2011 the Federal Ministry of Health (MoH) has been dissolved and now the overall responsibility for health services policy direction and planning has been devolved to the provinces.

The Physiotherapy Council Bill, the Nursing Council Bill and the Pharmacy Council Bill establish the regulatory apparatus for these professions in Sindh province covering the individual professionals, their education and related institutions.

Australia brings in international criminal history checks

Martin Fletcher, CEO, Australian Health Practitioner Regulation Agency

A new procedure for checking international criminal history that provides greater public protection took effect in Australia in February.

It means certain applicants and practitioners need to apply for an international criminal history check from an Australian Health Practitioner Regulation Agency (AHPRA) approved supplier which will provide a report to both the applicant and directly to AHPRA.

The new process aims to strike a balance between public safety and regulatory burden for practitioners. It aligns AHPRA's criminal history checks for practitioners in Australia and those applying from overseas and aims to be fair and reasonable for practitioners.

Public protection is at the heart of everything we do. We are providing the Australian community with greater assurance by implementing additional safeguards in managing risks to the public from someone's international criminal history.

Under the National Law that governs health practitioner regulation in Australia, National Boards must consider the criminal history of an applicant who applies for registration, including any overseas criminal history.

Who is affected?

New applicants

All new applicants seeking registration as health practitioners in Australia, if they:

- Declare a criminal history outside Australia, and/or
- Have lived in one or more countries other than Australia for six consecutive months or more since the age of 18.

Registered practitioners

Currently registered practitioners, if they:

- Are seeking to renew their registration or applying for a change in registration type, and:
- There has been a change to their criminal history in one or more countries other than Australia since their last declaration to AHPRA
- At any time of the year, inform the relevant National Board that they have been:
- Charged with an offence outside Australia that is punishable by a sentence of 12 months imprisonment or more, or
- Convicted of, have pleaded guilty to or are the subject of a finding of guilt by a court for an offence, outside Australia, that is punishable by imprisonment.

More information is published on the AHPRA website.

Annual report for 2013/14 published

Martin Fletcher, CEO, Australian Health Practitioner Regulation Agency

A summary of health practitioner regulation at work in Australia from 2013/14 has been published by the Australian Health Practitioner Regulation Agency (AHPRA).

The 2014 annual report of the National Boards and AHPRA is a comprehensive record of the National Scheme for the 12 months ending 30 June 2014. It is published on the AHPRA website under Publications.

Also during the year, National Boards and AHPRA agreed on common regulatory principles that underpin decision-making across the National Scheme, and help ensure all our decisions are proportionate and manage risk effectively.

This year for the first time, AHPRA and the National Boards published summaries specific to every state and territory and profession specific profiles.

Highlights of the reporting year include:

- There are about 620,000 health practitioners from 14 professions registered to practise in Australia.
- There was a 16% increase in notifications made about health practitioners in 2014 – with more than 10,000 notifications received.
- Mandatory reporting rates have increased by 9% nationally over the year, varied across states and territories and professions.
- More than 97% of practitioners now renew their annual registration online – setting an international benchmark – and about 96% of health practitioners complete a voluntary workforce survey, creating invaluable data for workforce planning and reform.
- 61,000 criminal history checks led National Boards to limit or refuse registration in 79 cases.
- 547 advertising-related complaints were received, and of the 296 cases closed during the year, 98 per cent were resolved when the individual or organisation complied with AHPRA's demand to amend or remove the advertising. 97% of complaints about title or practice protection were resolved at AHPRA's request.
- More than 120,459 students are registered and studying to be health practitioners in Australia.

Detailed information about the work of AHPRA and the National Boards in regulating 620,000 health practitioners is published on the AHPRA website.

3rd International Conference of Dental Regulators

Cédric Grolleau, Orde National des Chirurgiens - Dentistes

Momentum is building ahead of the 3rd International Conference of Dental Regulators taking place on 16 September 2015 in Boston, Massachusetts. With Professor Malcolm K. Sparrow of Harvard University presenting as keynote speaker, the event will discuss and explore new themes emerging in the regulatory landscape. Professor Sparrow will share his extensive expertise in regulatory and enforcement strategy, security and risk control.

This is a unique opportunity to learn from one of the world's most prominent researchers and experts in regulatory affairs and share common interests and challenges with dental regulators from around the world.

International Society of Dental Regulators

Building on the great success of the first two conferences, we know that this year's event promises to be even better. Last year we had representatives from ten different countries, including France, Canada, Australia, Republic of Korea, Ireland, New Zealand, Dubai, United Kingdom, Spain and Singapore. That circle is bound to grow this year.

The conference is being held the day before the Council on Licensure, Enforcement and Regulation's (CLEAR) Annual Education Conference.

Conference details are available on the International Society of Dental Regulators website.

Upcoming events

20 April 2015
European Network of Medical Competent Authorities (ENMCA)
Lisbon, Portugal

7 May 2015
High Level Conference on e-Health
Athens Greece

12 May 2015
7th eHealth Network meeting
Riga, Latvia

6-8 June 2015
VIII Meeting of the American Forum of Medical entities (FIEM)
Santiago de Compostela, Spain

13 June 2015
The European Council of Medical Orders (CEOM) Meeting
Luxembourg

25-26 June 2015
Council on Licensure, Enforcement & Regulation (CLEAR)
Annual International Congress
Amsterdam, the Netherlands

26-29 August 2015
Association for Dental Education in Europe (ADEE) Annual Meeting: Communication and Interaction in Dentistry
Szeged, Hungary

16 September 2015
International Society of Dental Regulators (ISDR)
3rd International Conference of Dental Regulators
Boston, USA

17-19 September 2015
Council on Licensure, Enforcement & Regulation (CLEAR)
Annual Educational Conference
Boston, USA

4-6 November 2015
Canadian Association of Midwives Annual Conference
Montreal, Quebec

Expected end 2015
Data protection

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

Newsletters

Association for Dental Education in Europe
ADEE Newsletter Volume 10 No. 3 December 2014

DG Internal Market, Industry, Entrepreneurship and SMEs newsletter
E-newsletter

The EU Single Market
E-newsletter

French Order of Doctors
February 2015 newsletter

General Chiropractic Council
December 2014 newsletter
March 2015 newsletter

General Dental Council
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GMC News - February 2015

Health & Care Professions Council (HPCP)
HPCP In Focus - Issue 57, February 2015

Health-EU
Issue 148 - 5 March 2015

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Issue 55 - January 2015

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