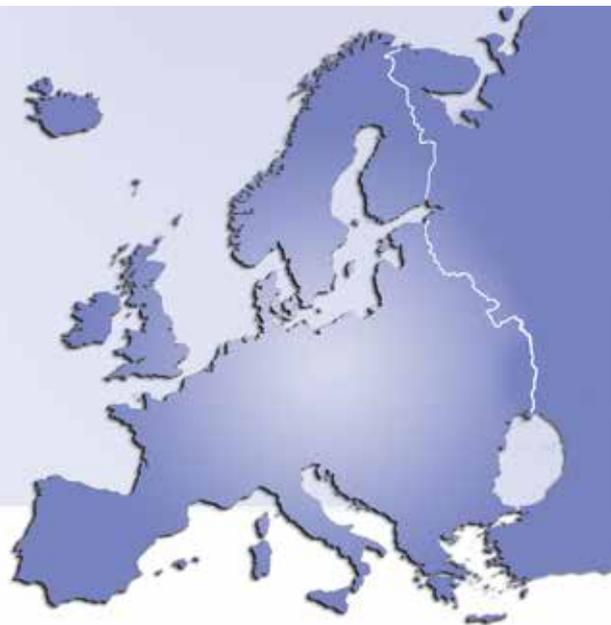


Crossing Borders Update



Welcome to the November issue of the *Healthcare Professionals Crossing Borders Update*. In this edition, UK health regulators explain the principles they have adopted to support implementation of the alert mechanism, CPME discuss their opposition to standardisation of healthcare services and the Medical Council of Ireland introduces its five-year review of complaints. Meanwhile the European Commission has published both its 2016 Work Programme and Internal Market Strategy for 2016.

Implementation of recognition of professional qualifications Directive

The revised Directive on the recognition of professional qualifications is due to be implemented across the EU on 18 January 2016. From this date, competent authorities will have to share the details of professionals who are restricted from practice via the new alert mechanism. The European professional card will also be introduced for nurses, pharmacists and physiotherapists. This will provide an alternative method for professionals to apply for recognition in a host member state.

Other new provisions of the Directive will apply from 18 January such as the requirement for all competent authorities to allow online applications for recognition and the rules on language knowledge have been clarified for healthcare professions. Further aspects of the Directive are subject to secondary legislation, such as the possibility to create common training frameworks and tests for professions, or parts of professions, that are not subject to automatic recognition.

STOP PRESS – 2016 HPCB conference

The next Healthcare Professionals Crossing Borders conference will take place in **London on Friday 28 October 2016**. The conference will focus on the lessons learned from the implementation of the recognition of professional qualifications

Directive, with a special focus on the European professional card. Further details will be published in forthcoming editions of the HPCB Update and on the HPCB [website](#).

CONTENTS

Implementation of RPQ	1
2016 HPCB conference	1
EU INSTITUTIONAL DEVELOPMENTS	
EC 2016 work plan	2
EC 2015/2016 Internal Market	2
EC report patient's rights	3
EC study recruit retention	3
EC report implement EU law	3
CPME & healthcare standards	4
ROU & increased mobility	4
Joint Action Update	5
ROU & MDA work together	6
European Parliament questions	6
EUROPEAN NETWORKS UPDATE	
UK alert mechanism principles	7
ENMCA comment CTF & tests	7
EPF campaign	8
CPME CPD conference	8
EFN General Assembly	8
European Nursing CA meeting	9
DEVELOPMENTS IN EUROPEAN REGULATION	
UK GMC SoMEP release	9
New CEO Irish MC	9
MC (Ireland) enhancements	10
MC (Ireland) 5yr complaints review	10
New reval route in UK for docs	11
UK NMC introduce revalidation	11
UK PSA report future of regs	11
AROUND THE WORLD	
19th AMCOA conf report	12
IAMRA reval symp report	12
IAMRA 2016 conf announce	13
ISDR conference report	13
Aus reval research complete	14
Can med assist dying history	14
Upcoming events	15
Newsletters	15

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European Union institutional developments



EC publishes Internal Market Strategy 2015 – 2016

The European Commission (EC) has published its [Internal Market Strategy 2015 – 2016](#). The strategy covers a number of areas including a 'services passport' for companies, stopping discrimination against consumers based on location and supporting a stronger internal market for start-ups.

Most noteworthy, the strategy commits to step up work to neutralise the difficulties faced by professionals working across borders. This includes removing what they refer to as disproportionate and unnecessary regulatory barriers. To address these perceived barriers the EC plan to issue periodic guidance to improve the access to and the exercise of regulated professions at national and EU level.

They also plan to identify concrete reform needs for specific member states and professions with unjustified regulations via:

1. an ongoing process of mutual evaluation
2. academic studies
3. a large scale survey
4. the updated database of regulated professions.

The first phase of these reforms will focus on selected professions in priority sectors: civil engineers, architects, accountants, lawyers, real estate agents, tourist guides and patent agents. Using reports submitted by member states every two years, the second phase will evaluate the reforms, and address any remaining barriers.

The European Parliament and Council of Ministers have been asked to approve the strategy and take forward any actions relevant to them.

EC publishes 2016 work programme

The EC has published its [2016 work programme](#), setting out its policy priorities for the coming year.

As expected the internal market plays a leading role in the programme with a focus on strengthening industry, boosting employment and improving confidence in European business. New initiatives around the regulation of professions and the promotion of the mutual recognition of qualifications are included as a key part of a proposed 'New Skills Agenda for Europe'.

In terms of labour mobility, a new set of proposals is due to be presented later this year that will include measures to tackle the coordination of social security systems and a targeted revision of the Posting of Workers Directive.

This looks to address brain drain by ensuring that the same work in the same place is rewarded by the same pay. A renewed approach on legal migration, including measures to improve the Blue Card Directive, will also be presented.

The EC plans to enhance openness and accountability by making the Transparency Register for lobbyists mandatory. This is currently a voluntary tool.

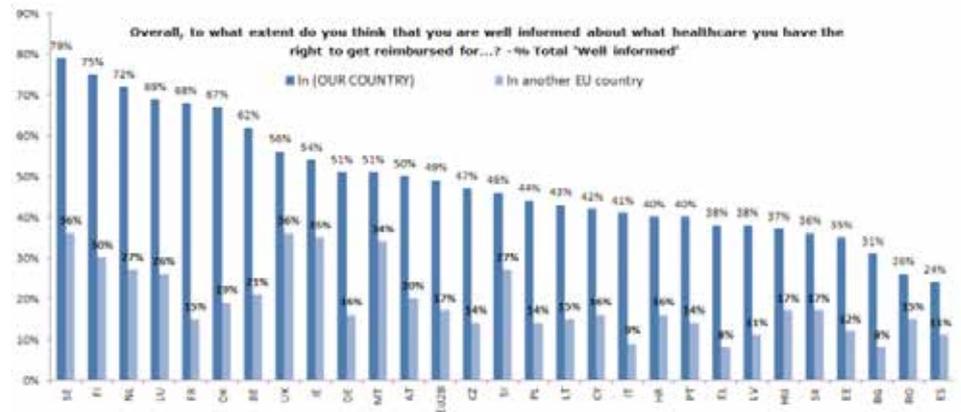
The Commission has also committed to a reasonable and balanced free trade agreement with the US; TTIP stays as a high priority along with exploring new trade agreements with other regions of the world. As with TTIP, recognition of professional qualifications may form part of these new agreements.

EC report on patient's rights Directive

The EC has published a report on the [implementation of the patient's rights Directive](#). This Directive was adopted in 2011 and was due to be transposed by member states by 25 October 2013. It clarifies the rights of patients to seek reimbursement for healthcare received in another member state.

The report shows that patient mobility for planned healthcare remains low, while patient mobility in terms of unplanned healthcare in most member states is considerably higher.

It also highlights a recent [Eurobarometer survey](#) that indicated patient awareness about their right to choose healthcare in another EU country remains low.



EC study on recruitment and retention of health workforce

The EC has published a study on the [recruitment and retention of the health workforce in Europe \(2015\)](#) which was funded under the Joint Action on Health Workforce Planning and Forecasting and includes:

- a literature review
- a mapping and review of recruitment and retention practices for health professionals
- eight case studies addressing recruitment and retention of health professionals, covering 40 interventions from 21 countries
- two workshops that brought together experts and stakeholders in the area of recruitment and retention of health workers
- policy and management recommendations for policy makers, managers, health professionals, researchers and educators.

The study identifies and analyses effective strategies for recruiting and retaining health professionals, and provides lessons and inspiration for development of organisational strategies and human resource policies in Europe.

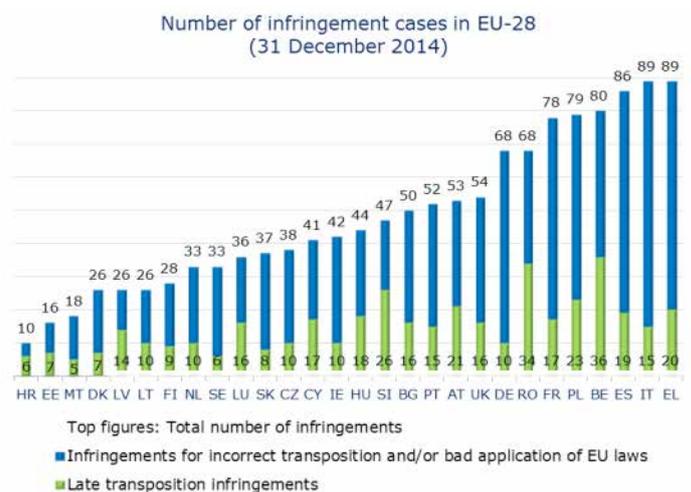
There are a number of success factors identified in the study that are particularly relevant for specific types of recruitment and retention interventions, and could help governments and health organisations to attract and retain healthcare staff. These include education opportunities, financial incentives and professional and personal support.

EC report on implementation of EU law

In July the European Commission (EC) published its [annual report](#) on the application of EU law and the main enforcement policy developments of 2014. While member states are responsible for transposing Directives on time and accurately, the EC is responsible for monitoring the implementation of these laws. This most recent report shows that overall compliance with legislation is increasing which has resulted in a decreasing number of infringement procedures launched in 2014.

The below graph provides an overview of the situation for each member state, for late transpositions as well as for incorrect transposition and/or bad application of EU law. As in 2013, environment, transport and internal market & services remain the policy areas in which most infringement cases were open in 2014.

The number of pending infringement cases was broadly similar to 2013 and remained well below the 2011 level. New infringement cases for late transposition were unchanged at their lowest level since 2010.



European doctors continue to oppose standardisation of healthcare services

Birgit Beger & Sarada Das, Standing Committee of European Doctors (CPME)

European doctors have been voicing their opposition to the involvement of standardisation bodies in creating standards for healthcare services since the first initiatives of this format were launched. The [Standing Committee of European Doctors](#) (CPME) has been active both on EU-policy level, e.g. during the negotiations towards the European Standardisation Regulation (EU) No 1025/2012, as well as in the context of private standardisation bodies' activities, such as the European Committee for Standardisation (CEN).

Central to all CPME activities is the message that while standardisation bodies - national or international - have an important role to play in the regulation of facilities or devices, their involvement in the regulation of medical services is neither appropriate nor beneficial to patient care. To best ensure high quality healthcare and patient safety, the established structures based on the expertise of professional bodies ensure that guidelines and recommendations for medical services are evidence based and are coherent with clinical knowledge, ethical obligations, and professional regulations.

Most recently, CPME joined the [European Hospital and Healthcare Federation](#) (HOPE) and the [Council of European Dentists](#) (CED) in calling on European Commission President Jean-Claude Juncker to "refrain from initiating or supporting any activities seeking the standardisation of healthcare services by standardisation institutes, both in the context of public policy and private standardisation bodies' initiatives". While the European Commission continues to state that standards for healthcare services are currently not on their agenda, the debate on standardisation and healthcare services shows no signs of slowing down. CPME will therefore continue its activities to ensure the medical profession's voice is heard.



Romania addresses increased mobility of health professionals

Marius I. Ungureanu, MD – Cluj School of Public Health, Babeş-Bolyai University, Cluj-Napoca, Romania

On 5 October 2015 the Romanian President hosted the seminar *Human resources for health – a policy dialogue concerning health policies*.

The seminar was organised in close collaboration with the World Health Organisation, International Organisation for Migration offices in Romania and the Centre for Health Policies and Services. It aimed to contribute to the discussion around the increasing rates at which Romanian health professionals leave the country to work abroad, especially in Western European Union countries.

The seminar brought together a variety of participants with an interest in managing increasing health professional mobility – such as the Minister of Health, the Minister of Education, representatives of the professional associations, as well as international participants.

Starting from the World Health Organisation recommendations, the participants discussed a wide range of possible solutions for retaining health professionals in Romania and reducing migration; including policy measures

and financial mechanisms, interventions at the level of the educational and continuous medical education systems, professional development, and professional and personal incentives.

The initiative has been appreciated by the Romanian President, His Excellency Klaus Werner Iohannis, who in his closing speech stated that outcomes of the seminar will be used to begin to develop more concrete actions aiming at better management the effects of health professional migration.



Joint Action on European Health Workforce Planning and Forecasting update

Zuzana Matlonova, Dissemination Manager, Joint Action on Health Workforce Planning and Forecasting

The [Joint Action on European Health Workforce Planning and Forecasting](#) (JA EUHWF) is a collaborative project between 30 associated and 62 collaborating partners. The aim of the JA EUHWF is to create a platform for collaboration and exchange between member states and stakeholders to prepare for the future of the healthcare workforce. It is partly funded by the Consumer, Health, Agriculture and Food Executive Agency and is coordinated by the Belgian Federal Public Service of Health. The JA EUHWF represents a significant part of the execution of the Action plan for the EU Health workforce of the European Commission (2012).

Third Joint Action conference in Varna

On **18-19 February 2016**, the JA EUHWF will hold its **third and final conference** in Varna, Bulgaria. The conference 'Planning and Educating Health Workforce without Borders' will tackle these three topics: mobility of health professionals, the effects of a changing demography on health workforce needs, and the specific link between education and health workforce future. The conference aims to create a platform for networking and dialogue among the various Joint Action partners, stakeholders and political representatives.

For more information, please, visit our [website](#).



Joint Action Health Workforce
Planning and Forecasting



Funded by
the Health Programme
of the European Union

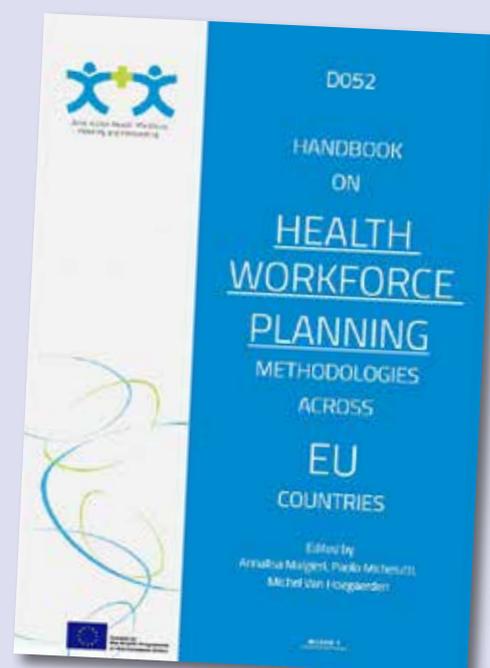


Handbook on Health Workforce Planning Methodologies released

The [Handbook on Health Workforce Planning Methodologies across EU Countries](#) (D052, release 1) has been published on the JA EUHWF website. The Handbook describes planning and forecasting models in seven countries. The content of the Handbook highlights three reading paths in relation to target audience:

1. the "Implementation path" is for those who would like to implement a planning system from scratch
2. the "From Theory to Practice path" offers theoretical knowledge about the methods of planning
3. the "Improving/developing path" targets those who want to gain practical applications on top of theory knowledge.

All of the past and upcoming events as well as recent and past project outputs can be found on our new website at www.healthworkforce.eu.



Romania and Moldova working together to plan health workforce needs

Marius I. Ungureanu, MD – Cluj School of Public Health, Babeş-Bolyai University, Cluj-Napoca, Romania

On 6 October 2015, just one day after the international seminar on the Romanian health professional migration, the kick off meeting of the Romania-Moldova Joint *Feasibility Study on Planning Methodologies* took place in Bucharest, Romania.

The Joint Feasibility Study is being conducted under Work Package 5 of the Joint Action on Health Workforce Planning and Forecasting. In the context of increased health professional outflow from Moldova to Romania, the study aims to assess the feasibility of a shared planning process for the health workforce of the two countries, based on the deliverables developed by the supporting work package.

Participants in the kick off meeting discussed five main questions, exploring:

- n the current status of the health workforce data collection in Romania and Moldova

- the ways to improve the quality of data collected
- the requirements for data sharing
- the feasibility of using data for shared planning purposes
- the feasibility of forecasting the flows of health professionals between the two countries in the next 10-20 years.

The agenda generated lively debate, leading to more in-depth questions which will be explored through stakeholder interviews at a later date. These will be conducted by the researchers at the Babeş-Bolyai University in Cluj-Napoca, and will contribute to inform a further Memorandum of Understanding between Romania and Moldova on the topic of health workforce mobility.



European Parliament questions

Compensating member states for the mobility of medical professionals

The European Parliament has responded to a written question from Soledad Cabezón Ruiz MEP (Spain) on compensation for member states for the mobility of medical professionals. The MEP asked whether the European Commission (EC) was prepared to set up a compensation scheme for the countries that train medical professionals who subsequently move abroad and whether it would introduce incentives for receiving countries to train medical professionals themselves. The EC did not comment on the possibility of establishing a compensation scheme in its [answer](#).



Standardisation of medical services

Three German MEPs have asked the European Commission (EC) to confirm the view that the organisation of healthcare systems - and therefore of medical services and healthcare - is a core component of member states' competence meaning it cannot be the subject of European standardisation measures. They also sought further information on the measures the EC will take to ensure that no standardisation of medical services or medical care is carried out in the long term. The EC's response recognises that member states are responsible for their health policy and for the organisation and delivery of their health services and medical care, and that it shall respect these competencies. They also confirmed that there is no intention to request the European Committee for Standardisation (CEN) to draft standards in the medical services area in the near future.

UK health regulators adopt alert mechanism principles



UK healthcare regulators have agreed a set of principles for when they will send an alert under the new alert mechanism that will be introduced in January 2016.

The Directive states that competent authorities must notify their counterparts via the IMI alert mechanism about any professional whose activity has been restricted or prohibited, even temporarily.

UK healthcare regulators have agreed that an alert is likely to be triggered by the following regulatory action:

- Relating to matters that reach the threshold of the individual regulator, that the regulator considers the registrant is not fit to practise without regulatory action being taken.
- Involving action that amounts to a restriction or a prohibition on practice. This will include anything that a registrant is required (whether by agreement or imposition) to do in order to continue to practise (but may not be directly related to their practice).
- Including substantive or interim action that amounts to a restriction or prohibition on practice
- Where the action engages a threshold and amounts to a prohibition or a restriction on practice it will include action that is voluntarily agreed by the registrant as well as imposed by a panel/committee. If accepted the registrant is accepting the regulator's view at that point in time that there are concerns about their fitness to practise and that action is required for them to continue to practise safely.

They will also send an alert as a result of regulatory action that includes the following below:

- Withdrawal of registration when the regulator finds that a professional is not entitled to registration due to falsified evidence of professional qualifications or any other falsified information used in the registration process
- Withdrawal of registration where the regulator is satisfied that the professional's fitness to practise was impaired at the point of registration and the professional has not informed the registrar before their registration.

ENMCA comments on common training frameworks and tests

Alexander Jaekel, ENMCA secretariat

A third route to recognition (in addition to automatic recognition and general systems) has been introduced by Article 49 of the revised Directive on the recognition of professional qualifications: common training frameworks (CTFs) and common training tests (CTTs).

As the revised Directive will have to be implemented by EU member states by January 2016, the European Network of Medical Competent Authorities (ENMCA) has commented on certain aspects of this new route to recognition.

The competent authorities coming together in ENMCA have expressed concerns that the process used to develop CTFs and CTTs is non-transparent. CTFs and CTTs may be developed by European organisations with little or no regulatory legitimacy.

Member states may also face difficulties using the national opt-out. This is alarming since the new route to recognition may not allow for the same level of quality and flexibility that is characteristic of existing national regimes.

Additionally, the attempt to design an EU framework poses the risk that a lowest common denominator approach will be used. Finally, once invoked by secondary legislation CTFs and CTTs may not have the agility to stay up-to-date, posing significant risks to patient safety and workforce flexibility.

ENMCA participants believe that the existing automatic recognition and general system regime are adequate routes to recognition for doctors wishing to move within Europe. This is evidenced by the large number of doctors already availing themselves of their rights to free movement using these routes. The addition of a third route to recognition would introduce unnecessary complexity to the recognition system and further decrease member states' flexibility in matters of medical education.

For further information, please consult the [ENMCA statement](#) or visit the [ENMCA website](#).



EPF: Patient empowerment campaign

Nicola Bedlington, EPF Secretary General

The European Patients Forum (EPF) is an umbrella organisation working with patients' groups in public health and health advocacy across Europe. EPF's mission is to ensure that the patients' community drives policies and programmes that affect patients' lives to bring changes empowering them to be equal citizens in the EU.

In May 2015 EPF launched a Europe-wide, year-long campaign on patient empowerment to promote understanding among European decision-makers and health stakeholders of what patient empowerment means from the patient perspective. With this campaign, EPF calls for the development of an EU strategy on patient empowerment to achieve a real impact on the ground for the benefit of the 150 million patients with chronic disease whose interests EPF represents.

Patients prescribe E5 for sustainable health systems is the tagline of the EPF campaign to show that patients are active people who can, make a difference for the sustainability of healthcare systems.

The five *E*s stand for Empowerment are Education, Expertise, Equality, Experience, and Engagement.



- 1. Education:** Patients can make informed decisions about their health if they are able to access all the relevant information, in an easily understandable format.
- 2. Expertise:** Patients self-manage their condition every day so they have a unique expertise on healthcare which needs to be supported.
- 3. Equality:** Patients need support to become equal partners with health professionals in the management of their condition.
- 4. Experience:** Individual patients work with patient organisations to represent them, and channel their experience and collective voice.
- 5. Engagement:** Patients need to be involved in designing more effective healthcare for all and in research to deliver new and better treatments and services.

To engage in the campaign, please visit www.eu-patient.eu/campaign/PatientsprescribE/ or contact policy@eu-patient.eu. Follow the campaign on twitter with #PatientsprescribE

European Federation of Nurses Associations event

On 22-23 October 2015 the Royal College of Nursing (RCN) hosted the autumn meeting of national nurses' organisations across Europe at its headquarters in London. The event was on the eve of the RCN's centenary year - 2016.

As part of this meeting the [European Federation of Nurses Association](#) (EFN) held its General Assembly. Nursing leaders discussed a number of professional nursing issues including education competences, specialist and advanced nursing practice, [dementia](#) and mechanisms for supporting evidence based policy in nursing.



Members of EFN executive committee with representatives from Finland, Portugal, Ireland, Bulgaria, and Poland.

EFN also agreed a [statement](#) on the continuing refugee crisis in Europe and held [elections](#) for the EFN Executive Committee.

Jointly hosted CPD conference, Luxembourg, 18 December 2015

In December the Standing Committee of European Doctors (CPME) will join with other European medical organisations to co-host the *Continuing Professional Development for Doctors – Improving Healthcare* conference.

With the input of expert speakers from national, European and international level, the agenda will focus on the importance of CPD for doctors and its contribution to

improving healthcare for every patient.

The conference is in Luxembourg on 18 December 2015.

Please find the draft agenda [here](#).

To register to the event [please click here](#).

We look forward to welcoming you in Luxembourg!

Network of European Nursing Competent Authorities

Hugh Garnett, European Network of Nursing Competent Authorities, UK

In September 2015, the Nursing and Midwifery Council (UK) in collaboration with the Nursing and Midwifery Board of Ireland and the Consejo General de Enfermería (Spanish Nursing Council) hosted a meeting of European nursing competent authorities in London to discuss re-establishing the Network of European Nursing Competent Authorities.

It was agreed that the network will work to ensure that public protection is promoted and maintained across the European Union (EU). It will encourage closer collaboration, knowledge sharing and operational links between nursing competent authorities.

In addition to re-establishing the network, the meeting discussed issues relating to the implementation of the EU

Directive on the recognition of professional qualifications, specifically the European professional card and the alert mechanism for fitness to practise sanctions.

A communique from the meeting is available on the Nursing and Midwifery Council website [here](#). Future meetings of the network will be held in Dublin and Madrid in 2016. For more information about the network, please contact policy@nmc-uk.org.



Developments in European regulation

Growing number of female GPs in the UK

The UK's General Medical Council (GMC) has released its fifth annual state of medical education and practice in the UK (SoMEP) report. This document uses data from 2014 to provide a picture of the medical profession in the UK, and considers some of the current challenges facing the profession.

The report has six chapters covering analysis of data held by the GMC on:

- n doctors working and training in the UK, from the UK itself, the European Economic Area and internationally
- n complaints made to the GMC about doctors
- n the issues that drive doctors to contact the GMC for guidance on professional standards
- n understanding [differential attainment](#).

This year's report gives an update on where doctors now practising in the UK have come from, drawing attention to the UK's reliance on doctors from Europe.

As a result of free movement of professionals between countries in the European Economic Area, 11 per cent (29,000) of doctors in the UK in 2014 qualified in other EEA countries.

Along with this, SoMEP 2015 also reports that for the first time in the UK the total number of practising female General Practitioners (GPs) under the age of 40 outnumbers males. Overall, more than half (51%) of licensed GPs in the UK are women.

Having more licensed female GPs aged under 40 demonstrates how the historic gender imbalance in medicine is changing and encouraging for the future.

Irish Medical Council welcomes William Prasifka as new CEO

[The Irish Medical Council](#) is delighted to announce the appointment of William Prasifka as their new Chief Executive.

Mr Prasifka has an extensive background within the regulatory sector and has previously held positions such as Financial Services Ombudsman, Chairman of the Competition Authority and Commissioner of Aviation Regulation.

Speaking about his new post, Mr Prasifka said:

"The remit of the Medical Council is exceptionally important in providing an environment which enhances good professional practice among doctors, and I am really looking forward to building on the work of the Council for the benefit of patients in Ireland."

Mr Prasifka commenced his tenure in early October and succeeds Caroline Spillane as Chief Executive.

Irish Medical Council announces two enhancements to its registration process

The Irish Medical Council has announced two enhancements to its registration process for doctors who qualified outside the European Union (EU)/ European Economic Area (EEA).

New primary –source verification requirements for non-EU graduate applications

The Medical Council are now collaborating with the [Educational Commission for Foreign Medical Graduates](#) (ECFMG®) to incorporate its Electronic Portfolio of International Credentials (EPICSM) into the process for assessing the medical qualifications of graduates of medical schools located outside of the EU, EEA, and Switzerland.

The Medical Council now requires all of the specified applicants to create an EPIC account and have all necessary medical education credentials primary-source verified through ECFMG's EPIC before submitting their Medical Council application. The provision of the electronic system allows for a quicker and more effective assessment of applications.

In addition to using the portfolio for applications to the Medical Council, through EPIC, physicians can build a digital career portfolio of the primary-source verified credentials related to their medical education, training, and registration, which can be provided to any organisation in the world, including medical regulatory authorities and potential employers, such as hospitals and academic institutions.

Increase in the number of computer-based examinations accepted by the Medical Council

From 1st January 2016, applicants will be able to complete computer-based pre-registration exams at a wider range of centres around the world. Currently, many applicants from outside the EU/ EEA are required to pass the Medical Council's computer-based examination (PRES Level 2 which can be sat at 11 centres worldwide) prior to completing a clinical-based examination (PRES Level 3 available in Ireland only) in order to be registered in the General Division or Trainee Specialist Division of the medical register.

From January, this will no longer be the case. Instead, applicants will be required to provide documentary evidence, as part of their application, to prove they have completed an alternative computer-based exam at one of over 500 centres worldwide in approximately 90 countries, which the Medical Council has deemed to be an acceptable equivalent.

Irish Medical Council publishes a five-year review of complaints

On 13 July, the Irish Medical Council published the first-ever comprehensive review of complaints to the Medical Council. The [Listening to Complaints, Learning for Good Professional Practice](#) report looks at approximately 2,000 complaints over a five-year period.

A mixed method approach was used to produce the report combining quantitative and qualitative methods in order to describe the trends in complaints and to identify factors which cause concern among complainants. The quantitative review looked at the likelihood of complaints, and doctor related factors, the source of complaints and linkage with outcomes and the likelihood of "higher impact" or more serious disciplinary decision-making. The qualitative review was both rich and comprehensive and gave us a greater insight into some of the "why" and "how" questions.

This analysis pinpointed many factors involved in complaints. While questions about medical knowledge and skill featured in complaints, poor experience of doctors' attitudes and behaviours commonly motivated complainants.

The study found that male doctors were over twice as likely to be the subject of a complaint in comparison to their female counterparts. Complaints against male doctors were also more likely to proceed to a fitness to practise inquiry.

It also emerged that employers have greater insights into doctors' practice as complaints from the HSE (Health Service Executive) and other healthcare organisations were more likely to proceed to a fitness to practise inquiry and were also more likely to result in a finding about the doctor's practice. However, only 3% of complaints made to the Medical Council within this timeframe were from the HSE and other healthcare organisations.

The qualitative study identified that some work contexts presented more complaint-prone environments than others. This included psychiatry, cosmetic surgery, obstetrics and gynaecology and locum/out-of-hours.

To view more on this review please go to the following link on our [website](#).



Comhairle na nDochtúirí Leighis
Medical Council

New route to revalidation for overseas doctors

In the UK, '[revalidation](#)' is the process by which all licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise in their chosen field and able to provide a good level of care. Next year the UK's General Medical Council (GMC) will introduce a new assessment that some doctors will need to take to support their revalidation. It will apply to doctors who have a licence to practise in the UK but don't have a connection to a '[responsible officer](#)' or '[suitable person](#)' who can make a recommendation about their fitness to practise.

The vast majority of doctors who fall into this category are either based overseas and not practising in the UK or are in the UK but not undertaking medical practice of any description.



You can read further information about the assessment on the [GMC's website](#).

Nursing and Midwifery Council introduces revalidation for nurses and midwives in the UK

Darren Shell, Head of Policy and Legislation, Nursing and Midwifery Council



The UK's Nursing and Midwifery Council (NMC) has made the decision to introduce revalidation for all nurses and midwives in the UK from April 2016. They will be

required to obtain confirmation that they have met all the revalidation requirements before they apply to renew their registration every three years.

This will mean that everyone on the register will have to demonstrate on a regular basis that they are able to deliver care in a safe, effective and professional way. All nurses and midwives will have to show that they are staying up to date in their practice, living the values of the NMC Code and meeting the revalidation requirements by reflecting on their practice and engaging in discussions with colleagues.

Revalidation will help to encourage a culture of sharing, reflection and improvement amongst nurses and midwives and will be a continuous process that they will have to engage with throughout their career. Revalidation is about promoting good practice across the whole population of nurses and midwives. It's not an assessment of an individual's fitness to practice.

For further information on revalidation, please see the [NMC website](#).

Professional Standards Authority publishes report into the future of health regulation



In August, the [Professional Standards Authority](#) (PSA), the body that oversees organisations that regulate health and care professionals in the UK, published its report *Rethinking Regulation* which argues that the regulatory framework for health and social care is out-of-date, over-complicated, too expensive and needs radical change.

The report explains why regulation isn't fit for purpose now and needs to be reformed so that it better supports professionals providing health and care. It states that regulation of professionals cannot be changed in isolation but must take account of the places in which they work. It calls for deregulation, less regulation and better regulation. The report makes a series of recommendations which include:

- n shared objectives for system and professional regulators
- n transparent benchmarking to set standards
- n a rebuilding of trust between professionals, the public and regulators
- n a reduced scope of regulation so it focuses on what works
- n a proper risk assessment model
- n to place real responsibility where it lies with the people who manage and deliver care.

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

Report of the 19th annual conference of the Association of Medical Councils of Africa (AMCOA)

On 31 August to 4 September 2015, the Association of Medical Councils of Africa (AMCOA) held its [19th meeting](#) in Mombasa, Kenya. [AMCOA](#) meets once a year and brings together over 200 representatives from 15 medical regulatory authorities across Africa to discuss key issues relating to the regulation of medical and dental professionals.



This meeting, with the theme of Licensure for Medical and Dental Practice, was hosted by the Kenya Medical Practitioners and Dentists Board. The sub-themes covered over the course of the meeting were:

- fitness to practise
- certificate of status as best practice
- mutual recognition and reciprocal licensing
- Continuous Professional Development (CPD)
- Licensure of foreign trained medical and dental practitioners

Niall Dickson, Chairman of the International Association of Medical Regulatory Authorities (IAMRA) and Chief Executive and Registrar of the General Medical Council, gave the keynote address where he spoke about the future of professional regulation, the work of IAMRA and building an international regulatory community.

Presentations and other resources from the conference can be found [here](#).

Report from the IAMRA Revalidation Symposium 2015



The Federation of Medical Regulatory Authorities of Canada (FMRAC) and the Medical Council of Canada (MCC) jointly hosted the 2015 [IAMRA Revalidation Symposium](#) on 29-30 October in Montreal, Canada. This meeting was the third of its kind and the first to be sponsored by the International Association of Medical Regulatory Authorities (IAMRA).

The conference brought together nearly 80 delegates from all over the world to discuss revalidation, maintenance of licensure and continuing professional competence programmes under the theme of *Effectiveness of Revalidation Systems and Tools: Are We Achieving our Mandate?*

The meeting heard from Dr Julian Archer, Director, Collaboration for the Advancement of Medical Education. There was a number of International speakers and presentations on the use of multi-source feedback, e-portfolios and continuing professional development in revalidation systems.

Twitter coverage of the event can be viewed [here](#).



IAMRA 12th International Conference on Medical Regulation – save the date!!



The Medical Board of Australia (MBA) and the Australian Health Practitioner Regulation Agency (AHPRA) are hosting the next biennial conference of the International Association of Medical Regulatory Authorities (IAMRA).

The conference will be held from 20-23 September 2016 at the Melbourne Convention and Exhibition Centre, Australia.

With a theme *Medical Regulation - Making a Difference*, the conference will constitute a platform for thought provoking discussions and sharing of experiences among medical regulators, policy makers and academics.

Participation at the 12th International Conference on Medical Regulation is open to:

- n representatives of organisations that are members, partners or associates of IAMRA

- n board members and staff of medical regulatory authorities
- n medical educators and accreditors of medical education
- n board members and staff of other health practitioner regulatory authorities
- n agencies that deal with complaints about health practitioners
- n government agencies who are involved in medical workforce and regulation.

More information on the conference programme, speaker and registration, and opportunities for early booking or sponsorship can be found [here](#).

Professor Malcom Sparrow presents at 3rd annual ISDR conference

David O'Flynn, Registrar, Dental Council Ireland and Cedric Grolleau, International Society of Dental Regulators

The 3rd International Conference of Dental Regulators was held in Boston, Massachusetts in September this year. At an unprecedented sold out conference, participants from across the globe, including France, Singapore, Australia and the Republic of Korea gathered to discuss several important topics such as risk-based regulation and compulsory continuing professional development in the dental industry.

Professor Malcom Sparrow, Professor of the Practice of Public Management at the John F Kennedy School of Government, Harvard University, addressed the conference on what he terms 'risk-based regulation'. This is the idea that much of the harm caused to patients may fall outside the disciplinary reach of the regulator and that it would be more beneficial for patients if regulators developed processes aimed at reducing the risk of harm more generally. Professor Sparrow defines this approach as the 'regulatory craft' and suggests that regulators need to consider their mission as solving problems (that is, reducing different classes of risk) rather than running programmes. He identified the three steps involved in assessing a regulatory problem:

1. risk identification

2. risk analysis and solution design
3. implementation of the solution.

Sparrow cautioned against a one-size-fits-all approach. In the European context, this means that the way a regulator might address a risk in one country will differ from the model suitable for another. For each regulator, the skill is to identify who should hold responsibility for each step; the regulator or devolved to the profession.

Each problem or risk is different. In dentistry, for example, the way a regulator might address infection prevention and control should necessarily be different to the way ongoing competence is assured. To deal with some risks, the regulator may decide to take responsibility for risk identification and the steps to design a solution, however for other risks it may be more appropriate for the regulated profession or industry to take responsibility for all steps (but subject to an appropriate level of regulatory oversight). According to Sparrow, the 'regulatory craft' is deciding on the most appropriate solution to address the given problem.

NOTE: At the General Assembly Meeting following the conference the ISDR Dental Accreditation Standards were approved in principle. Presentations from the conference can be downloaded from the ISDR webpage.

Medically assisted dying in Canada and Quebec's invaluable role

Yves Robert MD, Secrétaire, Collège des médecins du Québec



COLLÈGE DES MÉDECINS
DU QUÉBEC

The last edition of the HPCB Update reported that on 6 February 2015 the Supreme Court of Canada ruled unanimously to strike down the Criminal Code provisions making medically assisted dying an illegal and criminal act, and suspended the effective date of its ruling one year (until 6 February 2016).

The history of the support for the decision sits prominently in the Province of Quebec, which has for some years held a public debate with a parliamentary public commission on the issues of end-of-life care including medical aid in dying. In November 2009 the Quebec medical regulatory authority [Collège des médecins du Québec](#) (CMQ) issued an opinion that curtailing suffering that is humanly intolerable and medically uncontrollable could in some cases constitute appropriate care.

Following this, in December 2009 the Quebec government created a Select Committee on Dying with Dignity. In March 2012 the Committee recommended adopting legislation acknowledging patients' right to end-of-life care. This included the option of medically assisted dying for adult patients (only) who are:

1. able to provide consent
2. are suffering from a serious and incurable disease
3. are experiencing physical or psychological suffering that cannot be eased under conditions they deem tolerable
4. have no chance of improvement.

The written opinion of a second physician is also required. The [Québec Act Respecting End-of-life Care](#) was adopted by a majority free in June 2014, coming into effect 10 December 2015. The CMQ has produced guidelines on treating major end-of-life conditions, palliative sedation and medically assisted dying, which are currently being put into practice. Currently, documents are only available in French on the [CMQ's website](#) but as of early 2016 one portion of the CMQ website will be dedicated to this topic.

The year 2016 will mark a milestone in Canadian history, as physician-assisted dying - now considered a new treatment legally and medically - becomes available. Following the Supreme Court of Canada ruling and the Québec legislation, other jurisdictions in Canada will likely legislate to create a framework for this new care.

Revalidation research completed in Australia

In September the Medical Board of Australia (MBA) [published its report on revalidation](#), carried out by the Collaboration for the Advancement of Medical Education Research and Assessment (CAMERA). It focuses on the best way to ensure medical practitioners maintain and enhance their professional skills and knowledge, and remain fit to practise.

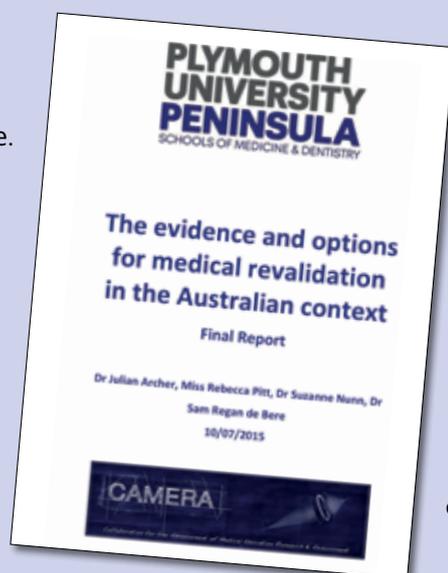
The report found that revalidation is worthwhile in managing risk to patients and recommended three alternative models for consideration. The MBA have decided to appoint an Expert Advisory Group (EAG) to provide technical advice and a consultative committee to provide feedback.



The EAG will provide advice directly to the MBA on revalidation and how any of the three models can be evaluated for effectiveness, feasibility and acceptability. They have a 12 month timeline to provide this advice.

The Consultative Committee will provide feedback on issues related to the introduction of revalidation in Australia.

The MBA is also commissioning social research, conducted over the next 12 months, to find out what the profession and the community expect medical practitioners should do to demonstrate ongoing competence and fitness to practise.



Upcoming events

2015

Autumn/Winter 2015

Data protection trilogue meeting

18 December 2015

Joint hosted conference: Continuing Professional Development for Doctors - Improving Healthcare
Luxembourg

2016

18 January 2016

Implementation deadline for the recognition of professional qualifications Directive

18-19 February 2016

Final, [Joint Action on European Health Workforce Planning and Forecasting](#) Conference
Varna, Bulgaria

21-22 April 2016

European Association of Institutions in Higher Education (EURASHE) 26th Annual Conference
Belgrade, Serbia

21-22 May 2016

World Health Professions Association (WHPA)
[Regulation Conference 2016](#)
Geneva, Switzerland

28 June 2016

Conference: PQ (Professional Qualification) in safe motion
Amsterdam, the Netherlands

15-17 September 2016

Council of Licensure, Enforcement & Regulation (CLEAR)
[Annual Education Conference](#)
Portland, USA

20-23 September 2016

International Association of Medical Regulatory Authorities (IAMRA)
Sydney, Australia

19-22 October 2016

World Medical Association (WMA) General Assembly
Taipei, Taiwan

28 October 2016

2016 [Health Practitioners Crossing Borders](#) (HPCB) Conference, jointly hosted by UK General Medical Council and UK Nursing and Midwifery Council
London, England

Newsletters

Association for Dental Education in Europe (ADEE)
[Volume 11, Issue 2, August 2015](#)

CORU
[E-newsletter autumn 2015](#)

Health-EU e-newsletter
[Health-EU Issue 163, 12 November 2015](#)

French Order of Doctors
[Issue 74, November 2015](#)

General Chiropractic Council (UK)
[GCC Newsletter July 2015](#)

General Dental Council (UK)
[E-newsletter October 2015](#)

General Medical Council (UK)
[GMC news](#)

Health & Care Professions Council
[HCPC In Focus - Issue 61, October 2015](#)

IAMRA
[eNews September 2015](#)

IMCO newsletter
[Issue 63, October 2015](#)

Medical Council (Ireland)
[E-Newsletters](#)

Nursing and Midwifery Council (UK)
[E-Newsletters](#)



If you would like to contribute a piece to the next Crossing Borders Update please contact the [HPCB secretariat](#).