

Crossing Borders Update



Welcome to the June edition of the *Healthcare Professionals Crossing Borders Update*. In this edition we say farewell to the Joint Action on European Health Taskforce, the General Medical Council UK and Australian Medical Board publish cosmetic practice guidance, the EC formally publish the updated Annex V of the RPQ Directive and the European Partnership for Supervisory Organisations (EPSO) hold its first effectiveness in supervisions working group meeting. In other news, registration is now live for the HPCB conference to be held in London in October. Competent authorities be sure to [register!](#)

Closure of the Joint Action Taskforce

Over the past three years the [Joint Action on European Health Workforce Planning and Forecasting](#) (Joint Action) has been aiming to improve the capacity for health workforce planning and forecasting through European partners collaboration. The Joint Action brought together knowledge and expertise from all over Europe, with 30 associated and 62 collaborating partners. The project is due to wrap up at the end of this month.

In May, the Closing Plenary Assembly and Stakeholder Forum was held in Belgium. The two-day event provided a strategic overview of the work of the Joint Action and focused on the presentation of the Joint Action results. The agenda was enriched by a session on health workforce policies in OECD countries, as well as a contribution from the World Health Organisation (WHO) on the [Global Strategy on Human Resources for Health](#) and a cross-policy session on employment in health. The programme and presentations from the event can be found [here](#).

Successful products and results produced from the Joint Action over the past three years include practical tools, handbooks and guidelines, and among others, a description of the most [advanced planning methodologies of 7 countries](#). These have been pilot tested by health workforce planners in Italy and Portugal, with a feasibility study run in Germany as well as in Romania and Moldova. The Joint Action provided an analysis on future skills and competencies in the health sector to feed the labour market in member states and to define the skill needs in their health workforce education and training policies. Furthermore, the Joint Action put forward a set of recommendations aimed at a sustained health workforce environment and practical proposals for European, regional and member state level collaboration.

The project's results are fully available on the website www.healthworkforce.eu.



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HPCB conference – Promoting patient safety across borders register now!

Registration is now open for the Healthcare Professionals Crossing Borders conference – Promoting patient safety across borders. The conference is to be held on 28 October 2016, in London and is jointly hosted by the UK General Medical Council and Nursing and Midwifery Council.

The conference will focus on healthcare mobility, looking at the implementation of the RPQ Directive, particularly the European professional card and alert mechanism, and ensuring

patient safety alongside free movement.

Due to limited numbers, priority registration will be allocated on a first in first served basis to healthcare competent authorities and regulators across Europe. For a copy of the programme and conference details please see our website at www.HPCB.eu or for further enquiries please email HPCB@gmc-uk.org.

EU institutional developments: regulated professions, cross-border healthcare, RPQ and mHealth

Services passport for the regulated professions

One of the measures under the European single market strategy is the services passport. This would be a voluntary instrument for service providers who wish to provide services across borders with the aim of reducing barriers when entering markets in other member states for the first time. Last month, the European Commission (EC) launched a public [consultation](#) asking for views on the need for administrative simplification, the regulatory environment and insurance in cross-border situations.

The Commission is keen to develop the services passport for regulated professions. In May it held a [conference](#) to discuss the result of a two year-long mutual evaluation exercise with member states and is now working to provide guidance to member states on their reform needs. The EC's work on this will be delivered by the end of the year, with the main aim being to assess the proportionality of national systems. A public [consultation](#) is open until 19 August.

Infringement proceedings launched against Finland

The European Commission has sent a [reasoned opinion to Finland](#) requesting that the costs of healthcare received in another EU country under the cross-border healthcare Directive are reimbursed up to the level of the refund made in Finland by the public healthcare scheme. Under current Finnish law, reimbursement to patients for care provided by private providers is calculated according to the private healthcare scheme whose reimbursement level is lower than the cost incurred when a patient receives public healthcare. The EC considers that such an approach is not in line with the Directive as it may be a disincentive to receive healthcare abroad. Finland has two months in which to notify the Commission of measures taken to ensure the level of reimbursement is in accordance with the Directive.

Revised Annex V of the RPQ Directive is published

The EC has formally published the [updated Annex V](#) of the recognition of professional qualifications (RPQ) Directive. The Annex contains lists of the evidence of formal qualifications of doctors, nurses responsible for general care, dental practitioners, veterinary surgeons, midwives, pharmacists and architects.

EC announces forthcoming Directive on regulated professions

As part of its work into the proportionality of regulations affecting the professions, the EC plans to publish a 'Directive on regulated professions: proportionality test' in December. According to the [roadmap](#), the Directive would set up an EU-wide methodology for assessing the necessity and proportionality of national regulations in the professions. At the same time, the EC plans to issue guidance on specific professions to those member states where, based on a Commission analysis, requirements imposed on the access to and/or the conduct of a regulated profession would be considered unnecessarily high when compared to other member states or similar professions. Such guidance would be published regularly. These guidelines would focus mainly on a limited number of professions in priority sectors.

Privacy code of conduct for mHealth apps

The European Commission is facilitating an industry-led [Code of Conduct on mobile health apps](#), covering the topics of privacy and security. The objective of the Code is to foster citizens' trust in mHealth apps and to facilitate compliance with EU data protection rules for app developers. The development of the Code follows on from the 2014 Green Paper and ensuing consultation. The EC has also appointed 20 organisations to be voluntary members of a working group drafting mHealth assessment guidelines.

Parliamentary question on cross-border healthcare

In [response to a question by Irish MEP Matt Carthy](#) querying which regions could benefit from enhanced cooperation in cross-border healthcare, the European Commission has stated that initial scoping work has been undertaken. As an example of planned cooperation, the INTERREG VA Ireland-Northern Ireland-Scotland programme plans to invest €53 million from the European Regional Development Fund in promoting the delivery of cross-border health services in the border regions of Ireland and Northern Ireland.

Recognition of Hungarian midwifery qualifications

The EC has responded to a [parliamentary question](#) concerning the recognition of Hungarian midwifery qualifications in Spain. A group of qualified Spanish nursing professionals subsequently specialised in midwifery at Semmelweis University in Hungary. Those in the first intake had their qualifications recognised without any difficulty in Spain. However, those who graduated in the second intake failed to do so as the certificates issued in Hungary do not include the training qualification which, according to the Spanish authorities, prevents automatic recognition in accordance with the provisions of Directive 2005/36/EC. In response, the EC said that it is in ongoing dialogue with the Hungarian authorities to resolve the issue.

Application of EWTD in Italian hospitals

The EC has responded to a parliamentary question on a news story in Italy which claims that the enforcement of the European working time Directive (EWTD) in hospitals has led to a suspension of a number of organ transplants and to patients waiting for transplants being unable to benefit from organs which have become available. In response, the EC has highlighted that member states are allowed to implement certain derogations to the Directive's provisions on breaks, daily rest, weekly rest, night work and the reference periods. This should enable member states to strike a balance between the protection of the health and safety of the workers concerned and the need to ensure continuity of service and to allow the treatment of urgent and vital cases. To view the response click [here](#).



Increased awareness of cross-border healthcare rights

A cross-party group of MEPs has submitted [a written declaration](#) to the European Commission following a report by the EC stating that fewer than two in ten citizens feel they are informed about their rights under the cross-border healthcare Directive. The declaration calls on the Commission and Council to scale up efforts to increase awareness among EU citizens of their right to receive healthcare in another EU member state; and to coordinate an information campaign across the EU to highlight the right of EU citizens to receive cross-border medical treatment.

Electronic health records

A cross-party group of MEPs has submitted [a written declaration](#) to the European Commission calling for an increased uptake and use of electronic health records. The declaration calls on the Commission and the Council to study the possibility of creating a mature and interoperable environment for electronic health records across the EU, while respecting patients' rights to privacy and data protection. It also calls on member states to further the uptake and use of electronic health records.

European networks update

Meeting of European Network of Medical Competent Authorities

On 15 April the biannual [European Network for Medical Competent Authorities](#) (ENMCA) meeting took place in Manchester, hosted by the General Medical Council (UK). The meeting brought together delegates from 15 European regulators responsible for the recognition of medical qualifications.

The agenda for the meeting covered a number of issues including the progress of member states in implementing the recognition of professional qualifications Directive; developments around common training frameworks and

tests, European standardisation in the healthcare field; and differences across the member states on the length of specialty training and approaches to breaks in practice.

Speakers from the European Union of Medical Specialists (UEMS) and the European Committee for Standardisation (CEN) also addressed the meeting. The Network agreed a number of future actions including an exercise to map fitness to practise sanctions across Europe.

The next ENMCA meeting is scheduled to take place in Berlin later this year.



Nursing competent authorities discuss updating minimum training requirements for general care nurses *Hugh Garnett, Nursing and Midwifery Council*

In April the [Network of European Nursing Competent Authorities](#) met in Dublin to discuss minimum training requirement for general care nurses. The European Commission have indicated that in 2017 work is likely to begin to produce a delegated act to update Annex V of Directive 2013/55/EU outlining the minimum training requirements for qualifications to meet automatic recognition.

The last update to the minimum training requirements took place in the 1970s and there is consensus that the current requirements are outdated and no longer reflect the training needs of nurses today and in the future. The group discussed

and made suggestions on how the Annex can be improved and how the minimum training requirements can be used to ensure that general care nurses have the correct mix of practical and theoretical skills, knowledge and training to practise safely and effectively. Focus was placed on how to ensure that the minimum training requirements will be fit for the future in a rapidly evolving and changing healthcare environment.

The outcomes of the meeting will be circulated for comment to nursing competent authorities over the summer, with further meetings planned for the autumn of this year.

Report on conference 'CPD for Doctors'



Following the successful European Medical Organisations (EMO) 'CPD for Doctors – improving healthcare' conference in Luxembourg on 18 December 2015, CPME would like to announce that all conference materials are available online. This includes a summary of discussions and videos of the sessions, as well as links to presentations.

An outcome of the conference included the development and adoption of a consensus regarding Continuing Professional Development (CPD) for doctors. The statement reflects the value of the discussions and provides a robust framework on the basis of which policy can be assessed. For more information the conference report can be found [here](#).

The European Medical Organisations involved would like to take this opportunity to thank all speakers and participants for their contribution to the debate.

This article was written on behalf of the European Association of Senior Hospital Doctors (AEMH); the European Council of Medical Orders (CEOM); the Standing Committee of European Doctors (CPME); the European Working Group of Practitioners and Specialists in Free Practice (EANA); the European Junior Doctors Permanent Working Group (EJD); the European Medical Students Association (EMSA); the European Federation of Salaried Doctors (FEMS); the European Union of General Practitioners (UEMO) and the European Union of Medical Specialists (UEMS).

CPME warning on EU classifications of professional qualifications and practice

Sarada Das, Senior EU Policy Advisor, Standing Committee of European Doctors (CPME)

The Standing Committee of European Doctors (CPME) has reaffirmed the need to respect Directive 2005/36/EC on the recognition of professional qualifications as the sole valid EU-level framework of reference on doctors' professional qualifications. The '[CPME Statement on classifications of professional qualifications and practice](#)' was adopted in response to the increasing number of initiatives creating taxonomies on doctors' skills, qualifications and scope of practice without legal basis or accuracy.

While CPME has already issued clear rejections of activities of European or national standardisation bodies in this area, the new statement also addresses certain EU initiatives, in particular the European Skills/Competences, Qualifications and Occupations (ESCO) developed by the EC Directorate-General Employment and Social Affairs. This taxonomy is aimed to provide a basis of exchange for public employment services, but further usage is not excluded and may result in conflicts and confusion with legitimate legal frameworks. It is hoped that the concerns raised will resonate with the coordinators of the project and encourage them to adopt a more sound and sustainable approach. CPME will continue to monitor the development of the taxonomy and work towards greater policy coherence and clarity.

Preparing the International Standards of Accreditation

Cedric Grolleau, French Dental Council

On 20 May members from the [International Society of Dental Regulators \(ISDR\)](#) gathered in Geneva to discuss draft copies of its proposed accreditation standards and a draft of professional competences for newly qualified dentists.

It was agreed that a number of details on the dental education and competences needed to be refined and overall, some clarifications to be made to both the use of the standards and the endorsement process.

The Geneva meeting was also an opportunity to review the ISDR's strategic direction and it was agreed that further consultation among other regulators, professionals and academics should be undertaken and results presented at the next ISDR meeting scheduled for October 2017.

EPSO effectiveness working group first meeting *Jooske Vos, General Secretary of EPSO*

On 11 May, the European Partnership for Supervisory Organisations in health services and social care (EPSO) held their first effectiveness working group meeting in Norway. The working group was established out of the April 2015 Oslo conference to share knowledge and to get an overview of different means, methods and premises of effectivity assessment in various EPSO countries.

The working group's main focus is effectiveness in supervision. This topic has often been discussed during EPSO conferences from the perspectives of the participants in various countries. The group will look at whether supervision makes an impact on the quality of healthcare and how to measure change.

The working group is made up not only of supervisory organisations (regulators) but academics from various countries have also been invited to participate. Countries participating in the working group are Finland, Norway, the Netherlands,

Sweden, UK, Denmark and the EPSO secretariat. Riitta Aejmelaeus (Finland) chairs the working group.

All participants on the working group have been asked to prepare and present a case from their own practice covering:

A short analysis of a problem of effectiveness in their own country

A description of the method/methods chosen to solve the problem

A description of the results (if results are available): what was effective, what was not?

Questions to discuss or to answer by the working group.

For more information about how you can be involved please contact the EPSO secretariat at info@epsonet.eu



First meeting of the EPSO effectiveness in supervision working group at the office of the Norwegian Board of Health Supervision (Helsetilsynet)

Developments in European regulation

Cross Border challenges for specialist nurses in Europe *Francoise Charnay-Sonnek, President, ESNO*

On 12 May we celebrated International Nursing day. The theme for the day covered 'Nurses: a force for change, improving health systems resilience'. As part of recognising this day, the European Specialist Nurses Organisation (ESNO) worked hard to encourage recognition of nurses in specialist training. As general care nurses are a regulated profession they automatically have automatic recognition of their qualifications under the recognition of professional qualifications Directive. This allows them to work in all member states of the EU. However, the Directive does not yet apply to nurse specialists despite the fact that some nations already have a specialist nurse register. This lack of automatic recognition for specialist nurses means that nurses trained in a specialised field often cannot find

work in another nation because their qualification is not recognised and it also blocks the development of the nurses profession in many nations.

ESNO are currently working hard with professional partners and European institutes to change this. We are working to develop common training frameworks (CTF) for nursing specialities, and ESNO have already developed an accreditation process to ensure optimal continuous training for the benefit of safety and quality care.

For more information on ESNO please email info@esno.org or see our [website](#).



'How can we do the right things right?'

In aging societies, nurses play a key role in caring for older people and delivering safe, high quality and cost-effective health services.

The European Nursing Congress will take place in Rotterdam on 4-7 October 2016. The [conference will focus on 'Caring for Older People: How can we do things right?'](#) and offers 28 symposia, 52 oral presentations, 8 roundtables and workshops, and 150 poster presentations. Over 350 participants have already registered.

The conference will look at scientific research and innovations. We have organised excellent keynote speakers from across the globe will address the issues at stake. Keynote speakers include Professor Crystal Oldman (Queen's Nursing Institute, UK) and Professor Marit Kirkevold (University of Oslo, Norway). Other speakers include:

Professor Murna Downs (University of Bradford, UK) who is a renowned expert on dementia

Professor Helena Leino Kipli (Turku University, Finland) will be on ethical safety

Professor Theo van Achterberg (University of Leuven, Belgium) will focus on quality of care

Professor Gabriele Meyer (Martin Luther University Halle-Wittenberg, Germany) will focus on medication issues.



French Medical Council collective interest action

Dr Patrick Romestaing & Ms Marie Colegrave-Juge, CNOM

On 17 December 2015, the French Medical Council (CNOM) presented the results of the [large consultation](#) conducted among all doctors in France. This consultation included four major components: several open meetings at the regional level with doctors, a [large online survey](#) of all doctors with 35,000 respondents, meetings with key health stakeholders, and a parallel survey on the expectations of the general public. A TV [campaign to promote the medical profession](#) has also been launched. The first lesson of this consultation is the importance of a feeling of unease among all doctors: 97% of them declare that administrative burdens impinge on their medical time and 91% of them feel that their public service mission is poorly recognised among the general public. French doctors experience frustrations regarding their workload, the balance between their professional and personal lives, their wages and career paths.

The summary of the contributions led to [10 concrete proposals](#) to improve the French health system and to meet the expectations of both patients and doctors. The proposals have been presented in a white paper called "[For the future of health](#)" and focus on three areas:

1. The simplification of the territorial organisation of healthcare and the establishment of health democracy
2. Reducing the administrative burden and opening up career paths,
3. Encouraging the professionalisation of initial and continuing education of doctors.



Following the consultation the French Medical Council proposes to simplify the territorial organisation of healthcare by:

Setting up one administrative level for health in order to enhance coordination of care, establishing health democracy at all territorial levels, and creating a one-stop-shop in each population catchment area.

Reducing the administrative burden and opening up career paths which can be done by giving back more medical time to doctors, developing a protective social system and rewarding wages for all, promoting and facilitating inter and intra-professional cooperation, and by simplifying relationships with managing bodies.

Finally, CNOM suggests opening the professionalisation of initial and continuing education of doctors through a comprehensive reform of the educational system, regionalisation of initial training and strengthening of second cycle professionalisation during the internship, and reinforcement of continuing medical education through recertification.

The results of the consultation are available on the [Large Consultation website](#). The 10 proposals and the white paper "For the future of health" are available on the [French Medical Council website](#).



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Follow CNOM's activities:

Website: www.conseil-national.medecin.fr

Twitter: @Ordre_medecins @CNOM_Europe

In May, the Irish Medical Council (IMC) published its updated [Guide to Professional Conduct and Ethics \(8th Edition\)](#).

The guide was updated after the IMC completed a comprehensive consultation process with members of the public, doctors and a range of partner organisations on issues relating to doctors' professional conduct and ethics.

As part of the consultation process, a survey of 1,000 members of the public was conducted by Amárach on behalf of the Irish Medical Council, while 566 doctors were surveyed by the IMC. These studies found that:

Members of the Irish public continue to display high levels of trust in the profession and high levels of satisfaction with the doctors they attend most often. Nine in ten members of the public agreed that they trust doctors to tell the truth, while 93% of patients rated their experience with the doctor they attend most often as either 'very satisfactory' or 'fairly satisfactory'.

Four in ten (43%) members of the public believed that doctors' practice had improved in the past five years, compared with 45% of doctors, while doctors were more likely to think that practice had deteriorated. Two in ten (22%) doctors thought that doctors' practice had gotten worse, compared with 13% of the general public.

When asked to choose from a list of 50 different attributes they have found to be important in a doctor, both patients and doctors agreed that "behaving honestly and with integrity" was the most important aspect of professionalism.

Patients and doctors rated "showing leadership skills and initiative" as the 36th most important attribute out of a possible 50 options.

The updated guide includes new guidance on professionalism and three 'pillars of professionalism' were identified with the aim of underpinning good care in the form of partnership, practice and performance. There is also new guidance on consent, equality and diversity, doctors in leadership and the use of social media as well as telemedicine.

Click [here](#) to see the guide in full.



Cases of medical malpractice in Germany on the decline

Co-authored by Dr Alexander Jakel and Siobhan O'Leary, German Medical Association

According to the medical malpractice statistics for 2015, published by the German Medical Association's Standing Conference of Expert Commissions and Arbitration Boards, cases of medical malpractice in Germany are on the decline. Physicians are still however called upon to promote a culture of openness with regards to medical errors.

The statistics highlighted one potential source of medical error as overworked medical staff. For example, the number of cases of outpatient treatment increased by 152 million to 688 million cases between 2004 and 2014. And more than 19 million patients were treated in the inpatient sector in 2014.

However, the number of medical errors identified is negligible when measured against the total number of cases of treatment.

In 2015, the Expert Commissions and Arbitration Boards reached a total of 7,215 decisions regarding alleged medical

malpractice nationwide (2014: 7,751). In 2,132 cases, it was determined that a medical error did indeed occur (2014: 2,252). Of these cases, 1,774 involved a medical error / failure to disclose risks which was determined to have had an adverse effect on the patient's health, thus entitling the patient to compensation.

The Boards consist of highly qualified experts who work together with legal professionals to investigate whether an allegation of medical malpractice is justified or not. Patients need only submit an informal claim and both the report and the final evaluation are free of charge. In around 90% of cases, the decisions of the Expert Commissions and Arbitration Boards are accepted by both parties and the dispute is settled. In cases in which legal action is subsequently taken, the decisions reached by these institutions are predominantly upheld.

The German version of the report can be read [here](#).

Guidance for doctors on cosmetic procedures



The General Medical Council UK (GMC) has issued new guidance which sets out standards expected of doctors who provide cosmetic interventions. [Guidance for doctors who offer cosmetic interventions](#) came into effect on 1 June 2016 and applies to all doctors who carry out both surgical and non-surgical procedures.

The guidance makes clear the ethical obligations doctors have towards patients and the standards of care they need to provide. It refers doctors to:

Market their services responsibly

Seek a patient's consent themselves rather than delegate this to somebody else

Give patients all the time and information they need so that they can make a voluntary and informed decision about whether to go ahead

Take particular care when considering requests for interventions on children and young people

Consider patients' vulnerabilities and psychological needs when making decisions with them about treatment options.

Following the release of the guidance the GMC have also just issued new guidance for patients [Cosmetic procedures: what do I need to consider?](#) The guidance explains what patients should expect from their cosmetic doctor and gives them things to consider before they decide to go ahead with a procedure.

Independent research on revalidation published

Maria Valentine, General Medical Council

A significant report on revalidation has been published in the UK that suggests revalidation of doctors has had a positive impact in many ways but also that there is potential for improvement. The findings will contribute to work on how revalidation might be refined in the future.

In 2012 the General Medical Council (GMC) introduced revalidation for all licensed doctors in the UK. In order to maintain their licence, doctors are required to demonstrate they are up to date and fit to practise on a regular basis, usually every five years. At the time, it was seen as one of the most significant changes to the regulation of doctors in the UK for over 150 years.

The GMC has since commissioned an independent UK-wide collaboration of researchers – known as UMBRELLA – to undertake a long term evaluation of the impact of revalidation. In April of this year the [interim findings from the evaluation](#) were published – the final report is expected in 2018.

The report contains the findings from three surveys of licensed doctors, Responsible Officers (senior doctors who play a key role in delivering revalidation) and patient and public representatives.

Key findings

The surveys reveal some encouraging feedback, with many doctors (four out of ten) saying that they have changed aspects of their practice as a result of their appraisal. However, in some specialties doctors have also highlighted difficulties with collecting patient feedback.

Next steps

These findings will feed into the [review of revalidation](#) that the GMC has commissioned from Sir Keith Pearson, the independent chair of its Revalidation Advisory Board, which will report at the end of this year. With the vast majority of doctors having now been through the process, the aim will be to identify ways in which it can be improved for the future.

Embedding and strengthening professional skills in postgraduate training

Following a consultation in 2015, the UK General Medical Council (GMC) has been working with the Academy of Medical Royal Colleges on guidance to develop and take forward the framework for generic professional capabilities. The guidance looks at broader human skills, such as communication and team working, needed by doctors to help provide safe and effective patient care, which are common across all medical specialities.

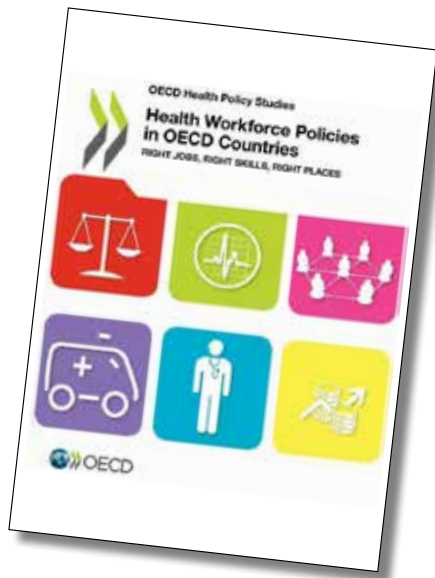
The GMC is now planning to host a public consultation in the next few months on the revised standards for postgraduate curricula, which will help to determine how we can best reflect these professional requirements in curricula by 2017. Follow the link to [find out more](#).





Right jobs, Right Skills, Right places

The Organisation for Economic Co-operation and Development (OECD) has released the [Health Workforce Policies in OECD Countries - right jobs, right skills, right places](#) report. The report analyses recent trends and policies adopted by OECD countries affecting the demand and supply of health workers. While it focuses on doctors and nurses, given the predominant role they continue to play, it also highlights efforts underway to move beyond these traditional professional boundaries. The report notes that jobs in the health and social sector now account for 10% of total employment in many OECD countries.



Key findings from the report include:

[Numerus clausus](#) policies should be supported by more robust information about future job prospects

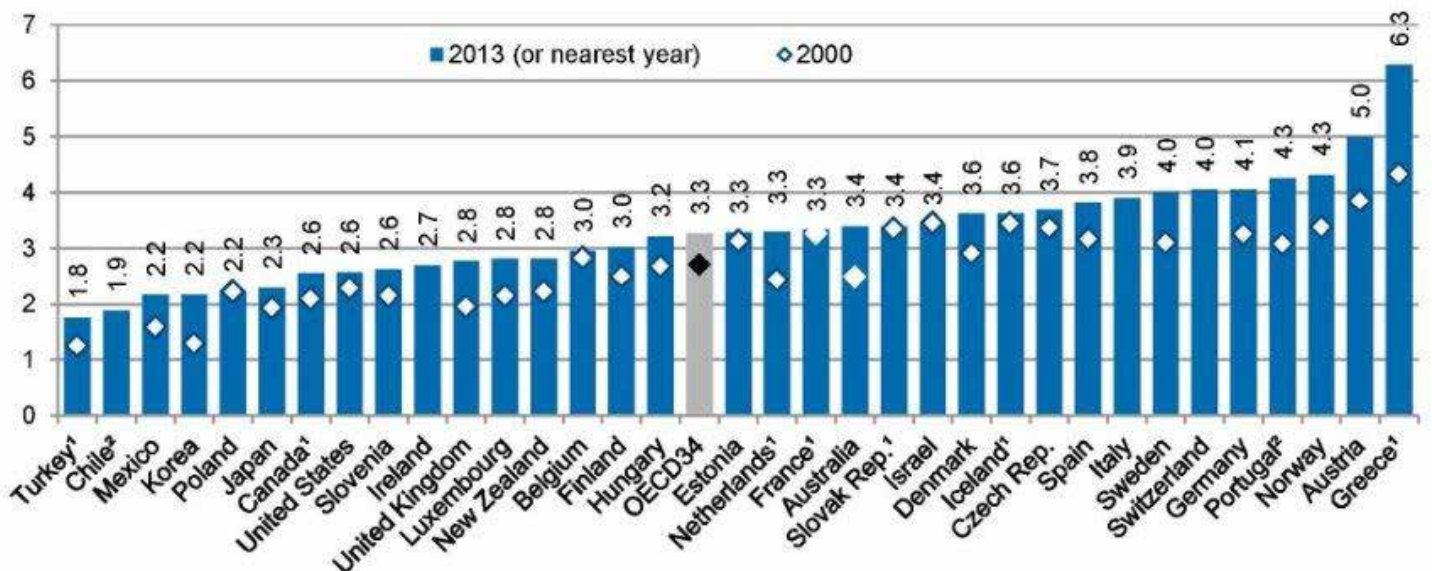
Reducing the reliance on foreign-trained health workers

Using technology and changing scope of practice to address the health needs of populations living in underserved areas

Promoting a better match and more efficient use of skills of health workers.

The publication also provides evidence that the number of doctors and nurses has reached record levels in the OECD and advises that countries should now reform their training and employment strategies to better respond to people's changing health needs and also reduce their reliance on foreign-trained health workers from developing countries.

Figure 1. Rising numbers of doctors in OECD countries, 2000 and 2013 (or nearest year)



Australian Medical Board release new guidance on cosmetic and surgical procedures

The Australian Medical Board has issued new guidelines for medical practitioners who perform medical and surgical procedures. The guidance has been developed to keep patients safe and to avoid unreasonable regulatory burden on practitioners. The guidance applies to all medical practitioners, including specialist plastic surgeons and cosmetic physicians regardless of their qualifications. The Board consulted widely with the profession, the industry and the community about the best way to protect consumers seeking cosmetic, medical and surgical procedures from medical practitioners. The new guidelines will take effect from 1 October 2016, to allow for medical practitioners to comply with them including:

A seven-day cooling off period for all adults before major procedures

A three-month cooling off period before major procedures for all under 18 year olds and a mandatory evaluation by a registered psychologist, general practitioner or psychiatrist

A seven day cooling off period before minor procedures for all 18 year olds, and when clinically indicated, evaluation by a registered psychologist. General practitioner or psychiatrist

The treating medical practitioner to take explicit responsibility for post-operative patient care and for making sure there are emergency facilities when they are using sedation, anaesthesia or analgesia

A mandatory consultation before a medical practitioner prescribes schedule 4 (prescription only) cosmetic injectables, either in person or by video consultation

Medical practitioners to provide patients with detailed written information about costs.

The new guidelines have been developed to provide for explicit guidance on patient assessment and informed consent, and require doctors to provide clear information to consumers about risks and possible complications.

The Board have identified a number of safety concerns that it does not have the mandate to control, so have issued recommendations to relatable authorities. These recommendations include:

Dealing with inconsistencies in drugs and poisons legislation across jurisdictions, which can cause confusion for practitioners and consumers

Reviewing, strengthening and aligning licensing and regulation of private health facilities, including the use of sedation and anaesthesia.

The full guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures can be found [here](#).



Revised guidelines on the prescription of optical appliances

The Optometry Board of Australia has revised its guidance on the prescription of optical appliances which was enforced on 1 June 2016. The guidelines are a useful tool for registered optometrists, reflect current practices and expectations, and are suitable for use in clinical, educational and regulatory contexts.

The revised guidelines follow a public consultation held in September 2015 and aim to strike a better balance between protecting the public and the professional obligations of the practitioner to adhere to best practice

in the prescription of optical appliances. They provide greater flexibility and clarity for the optometrist regarding the preparation and supply of a prescription, and have been reworded to be simpler and clearer. The revised guidance can be found [here](#).



Proposal to enhance accountability and flexibility of Hong Kong Medical Council

The Hong Kong Government are proposing to [amend its medical act](#) to increase lay participation in the Medical Council of Hong Kong (MCHK) and to improve the Council's complaint investigation and disciplinary inquiry mechanism. The amendment will also look to enhance the MCHKs efficiency, with a view to increase transparency and accountability and measures to facilitate the admission of non-locally trained doctors.

The amendments are in response to the challenges of an ageing population and increasing demand for healthcare services with higher expectations. The Government has set up a steering committee chaired by the Secretary for Food and Health to conduct a strategic review on healthcare manpower planning and professional development in Hong Kong. The review of the act is expected to be completed by mid-2016.



Vision and principles for recertification for doctors in New Zealand

The Medical Council of New Zealand (MCNZ) has revised the Council's [Vision and principles for recertification for doctors in New Zealand](#) to reflect the feedback received from its consultation in October 2015.

The consultation was launched following an increase in public expectations and in patient demand on medical advice received. The Council of the MCNZ agreed that they needed to take the lead in providing assurance to public and patients to ensure confidence in doctors was warranted.



The consultation focused on the existing vision and principles and whether they were applicable to current practice and other recertification programmes. The Council has traditionally regarded continuing professional development (CPD) as the key mechanism for recertification. However, in the revised vision and principles more focus is placed on ensuring the effectiveness of CPD activities on performance. It was agreed that the Council's recertification programmes and activities should provide both quality assurance and quality improvement.

Current recertification programmes require a minimum of 50 hours per year which must include: 10 hours of peer review, 20 hours of continuing medical education and participation in the audit of medical practice.



IAMRA Conference 2016

The 12th International Association of Medical Regulatory Authorities (IAMRA) conference on Medical Regulation will take place in Melbourne, Australia from 20-23 September 2016.

Abstracts have now closed and the draft programme for the conference can be found via

this [link](#). The conference will focus on IAMRA's underlining purpose – to protect, promote, and maintain the health and safety of the public by ensuring proper standards for the profession of medicine. More information on the conference can be found on the website via this [link](#).

Upcoming events

28 June

[Professional Qualifications safe in motion](#)

Amsterdam, Netherlands

August

[AMCOA annual conference](#)

24-26 August

[ADEE Annual Conference](#)

Barcelona, Spain

14-17 September

[Council of Licensure, Enforcement & Regulation \(CLEAR\) Annual Educational Conference](#)

Portland, USA

20-23 September

[International Association of Medical Regulatory Authorities \(IAMRA\) 12th International Conference on Medical Regulation](#)

Melbourne, Australia

4-7 October

[The fifth European Nursing Congress: Caring for Older People](#)

Rotterdam, Netherlands

4-5 October

[Health Regulation & Medical Tourism Conference](#)

Dubai, UAE

19-22 October

[World Medical Association \(WMA\) General Assembly](#)

Taipei, Taiwan

28 October

[Healthcare Professionals Crossing Borders \(HPCB\) Conference](#)

London, UK

9-11 November

[9th Annual European CME forum](#)

Amsterdam, Netherlands

12 November

[UEMS-EACCME 3rd conference on CME-CPD in Europe](#)

Amsterdam, Netherlands

2-3 December

[European Midwives Association Education Conference](#)

London, UK

3 December

[CEOM meeting](#)

Paris, France

5 December

[European Network for Medical Competent Authorities \(ENMCA\) meeting](#)

Berlin, Germany

Newsletters

[Association for Dental Education in Europe \(ADEE\)](#)

[CPME Newsletter](#)

[EC Health-EU e-newsletter](#)

[French Order of Doctors](#)

[General Chiropractic Council \(UK\)](#)

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[CLEAR archives](#)

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[Nursing and Midwifery Council \(UK\)](#)

[Pharmaceutical Society of Northern Ireland](#)



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