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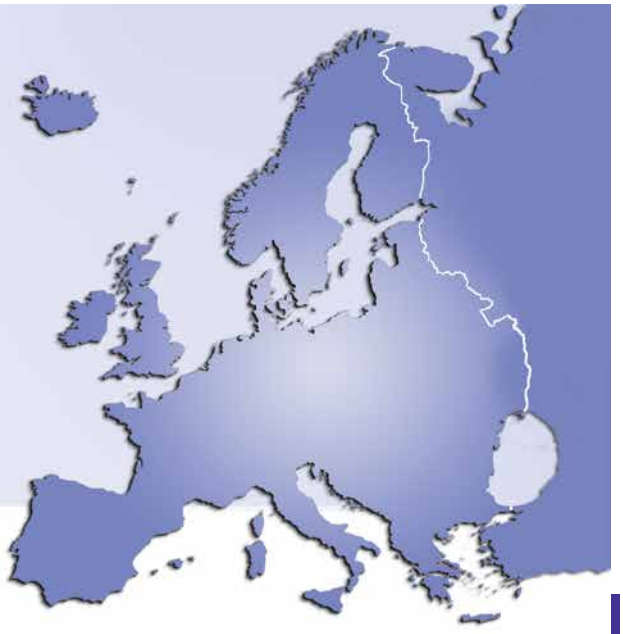
HPCB
Healthcare Professionals Crossing Borders

Crossing Borders Update



Welcome to the September edition of the *Healthcare Professionals Crossing Borders Update*. In this edition we hear from the European Commission about their plans for future work on access to regulated professions, a number of European healthcare organisations express their concerns about standardisation work, and we learn about the new competent authority in Denmark. In other news, we hear about the introduction of pan-European standards in osteopathy and the European Commission shares details of a new tool to improve knowledge of health data across the EU.

HPCB conference – spaces still available!

Speakers have been confirmed and final spaces are still available for the Healthcare Professionals Crossing Borders (HPCB) – *Promoting patient safety across borders* conference in London on 28 October 2016.

The conference will focus on professional mobility and patient safety, looking at the implementation of the recognition of professional qualifications Directive, with a focus on the European professional card and alert mechanism.

Keynote speakers include the European Health Observatory who will share views on future trends and expectations in healthcare mobility and from the European Commission DG GROW and DG SANTE. Two panels will discuss the implementation of the European professional card and alert mechanism, and ensuring patient safety through CPD and revalidation. A full programme for the day can be found here.

The conference will also launch a fitness to practise mapping exercise. This new survey will aim to map the fitness to practise sanctions currently applied across Europe and will investigate how these are reflected in the new alert mechanism. HPCB was at the forefront of calling for a proactive fitness to practise exchange as early as 2005 and this survey represents the next step to consolidate this work. For more information please contact the HPCB Secretariat HPCB@gmc-uk.org.

Registration for the conference opens at 9:00am, with a prompt start at 9:30am and will finish approximately 4:30pm. More information can be found on our webiste.

Looking forward to seeing you there.

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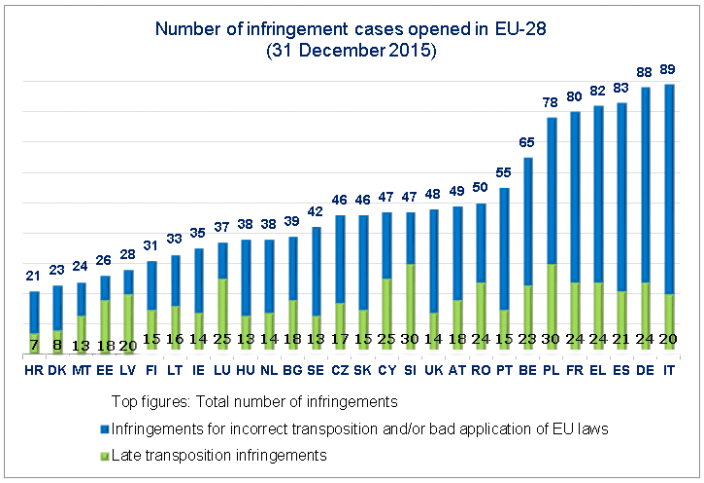
EU institutional developments: Compliance with EU law, regulated professions, Brexit, standardisation

Increase in member state compliance with EU law

The latest annual report on the application of EU law shows that member states are improving their compliance with, and transposition of, EU law. In addition, the Single Market Scoreboard reveals that barriers to the free movement of persons, services, goods and capital in the EU are being eliminated in most areas.

The European Commission launches infringement procedures when a member state fails to resolve an alleged breach of EU law. For example when a European Directive is not transposed into domestic law or when EU legislation is not applied correctly by the national authorities.

The total number of infringement procedures is at a consistently lower level as compared to five years ago. As in 2014, environment and transport remain the policy areas in which most infringement cases were opened in 2015.



The Single Market Scoreboard gives a picture of the state of the implementation of the EU Single Market rules. It evaluates how member states apply European rules and identifies any shortcomings.

Depending on their 2015 performance in a series of governance tools and policy areas, member states were given green (good), yellow (average) and red (below average) cards (fig 3).

Taking all these evaluated areas into account Croatia, Cyprus, Estonia, Ireland and Slovakia were the best performers in 2015.

UK withdrawal from the EU

On 23 June, the UK voted in a referendum to leave the European Union (EU). In the coming months, the UK government is expected to trigger Article 50 of the Lisbon Treaty which will formally notify the European institutions of its intention to leave. Once this is triggered, the UK will have two years in which to negotiate a Withdrawal Treaty.

Until the moment that a new Treaty is signed, the UK remains a full member of the EU. It remains subject to EU law and will continue to engage on the formulation of emerging laws. UK healthcare competent authorities continue to implement the recognition of professional qualifications Directive and to use the Internal Market Information system (IMI).

The planned UK presidency of the EU which was due to take place from July 2017 will no longer take place. Instead the programme of presidencies has been moved forward with Estonia holding the presidency from July 2017. A full list of the revised presidency order can be read here.

EC urges member states to transpose RPQ Directive

The European Commission has sent **reasoned opinions** to 14 member states who have failed to transpose Directive 2013/55/EU on the recognition of professional qualifications. The Directive should have been transposed into national legislation by 18 January 2016.

However, Austria, Belgium, Cyprus, Finland, France, Germany, Luxembourg, Malta, The Netherlands, Portugal, Slovenia, Spain and the United Kingdom have not yet communicated to the Commission the complete transposition of the Directive in their national law.

The member states now have two months to notify the Commission of the full transposition of the Directive; otherwise the EC may decide to refer them to the Court of Justice of the EU.

Proposal for a Directive on access to regulated professions: proportionality test

Martin Frohn, Head of Unit Free movement of professionals, DG Internal Market , Industry, Entrepreneurship and SMEs

With over 500 million citizens, generating €14.3 trillion GDP annually, the European Union is the world's most advanced integrated economic area. Working together towards a strong Single Market provides European member states advantages at the national and global level. Improving the Single Market and reviving EU member states' economies are important centrepieces of EU policy.

Professionals are regulated by member states at national, regional or local level. Poorly conceived regulation may place unjustified burdens upon European economies. For this reason, the European Commission set out in its strategy for the Single Market the implementation of systematic proportionality tests in member states before introducing professional regulation. This was endorsed by the European Parliament and Council.

Starting in 2014 the mutual evaluation exercise required member states to review the impact of their professional regulations and to consider their value in protecting public interests, such as public health or safety, whilst minimising any negative impact upon the market. During this process over 5000 regulated professions were reviewed. The information gathered shows that the regulation of similar professions varies substantially between member states. While numbers alone do not necessarily indicate a problem, this variety and the impact regulation has on the economy make it essential that regulation be grounded in solid reasoning and be as least restrictive as possible.

Following these findings, the introduction of an analytical framework for proportionality aims to support member states in thoroughly assessing the need for regulation before its introduction. This assessment will vary depending on the profession concerned. Naturally, health professions guard important public interest objectives and instances of clearly disproportionate rules would therefore be very rare. Furthermore member states enjoy a considerable margin in organising their health services and protecting public health. These aspects will continue to be fully respected in any Commission proposal.

European dentists, doctors, trade unions and hospitals warn against standardisation of healthcare services

Council of European Dentists (CED), the Standing Committee of European Doctors (CPME), the European Public Service Union (EPSU), the European Trade Union Confederation (ETUC) and the European Hospital and Healthcare Federation (HOPE)

Building on previous successful cooperation, the Council of European Dentists (CED), the Standing Committee of European Doctors (CPME), the European Public Service Union (EPSU), the European Trade Union Confederation (ETUC) and the European Hospital and Healthcare Federation (HOPE) have launched a joint appeal to national and European standardisation bodies, the European Commission and member states asking them to reject activities by standardisation bodies relating to healthcare and social services. A copy of the letter can be read here.

This joint work was prompted by a recent series of initiatives aiming to standardise medical treatments and elderly care services reflecting a worrying trend of an ever-increasing number and scope of projects conflicting with the special nature of health and social services. In their appeal, the co-signatories emphasise the contribution of health and social services to the public interest. The existing mechanisms regulating health and social services are embedded in a democratic decision making process ensuring optimal transparency, representativeness and accountability, as opposed to the 'pay to play' approach followed in standardisation processes. These existing mechanisms are driven by patient safety and quality of care, leading amongst others to evidence- and science-based guidelines for practice while at the same time allowing the exercise of professional autonomy, all with the objective of serving a patient's best interest.

The co-signatories of the letter will continue to monitor developments and continue to engage in dialogue with policy-makers, regulators and standardisation bodies to achieve a responsible and sustainable solution to avoid any future conflict.

European Parliament questions

Cross-border healthcare

The EC has responded to a question on the reimbursement of cross-border healthcare for patients who reside in a country for longer than three months, but who do not relocate permanently. In some instances, health insurance systems have refused to reimburse treatment received during stays of more than three months when a patient has presented the European Health Insurance Card.

The EC confirmed that social security legislation is designed to ensure that there is no gap of coverage for patients who cross borders. As such, there is no set time limit to define the duration of a 'temporary stay' which may be longer than three months. The decision about the habitual residence of a person is done on a case by case basis by the competent national institutions, based on an assessment of the person's circumstances. A blanket refusal to reimburse should thus not be permitted.

Visit the source here.

Access to medical studies

The EC has reminded authorities that admission to higher education studies, including the comparison and conversion of grades, falls under the exclusive competence of member states. Responding to a question on behalf of a student whose Belgian qualification did not meet the required standards for entry to medical studies in Germany, the EC reiterated there is no single approach towards university admission across Europe, due to different cultural and academic traditions.

Visit the source here.

Stand-by duties of doctors in Italy

Matteo Salvini MEP has questioned whether Italy has correctly implemented the European working time Directive in respect to the time doctors spend on stand-by. He states that in Italy night call-outs only 'suspend' rather than 'interrupt' the rest periods of doctors, and that only the time spent working at the hospital itself is counted. In his view, this provision thus disregards both the actual amount of time by which the rest period is reduced and individual sleep patterns, thereby making it possible to combine periods between call-outs to make up the 11-hour minimum.

In response, the EC stated that the Directive allows member states to transpose certain derogations, including in respect of daily rest, where it is possible to derogate from the requirement of 11 consecutive hours of rest under the condition that the workers concerned receive equivalent periods of compensatory rest immediately after the extended shift.

Visit the source here.

Oral and maxillo-facial surgeons

The EC has been questioned over the difficulties that some oral and maxillo-facial surgeons have encountered when attempting to have their qualifications recognised across Europe. As the training varies between member states, some authorities do not recognise the qualifications, among other countries, Spain. In response, the EC stated that the automatic recognition regime under the Directive on the recognition of professional qualifications concerns medical specialists of 'maxillo-facial surgery', of 'dental, oral and maxillo-facial surgery' and dental specialists of 'oral surgery'.

It confirmed that it is the responsibility of the member states to notify their national titles relevant to these three specialist categories. It also confirmed that medical or dental specialists who cannot benefit from automatic recognition under one of the above categories would be still considered by the regulating host member state under the so-called general system regime.

Visit the source here.

Osteopathy standards

Frédérique Ries MEP has questioned the EC on whether it monitors the implementation of the recently adopted osteopathy standard across Europe. In response, the EC confirmed that it has no competence to monitor the application of standards adopted by the European Committee for Standardisation. Each member state is able to decide whether to regulate osteopathy. Eight member states have done so.

Visit the source here.

Facilitating repatriation of doctors

István Ujhelyi MEP has questioned the EC on the problems encountered by Hungarian doctors working in the UK but who wish to return to Hungary. He stated that the Hungarian health service does not automatically recognise the annual evaluation and five-yearly revalidation that Hungarian doctors working in the UK undertake. In addition, it takes many months for licences for returning doctors to be issued by the Hungarian authorities.

In response, the EC stated that it is working with authorities across the EU to improve investments in health infrastructure.

Visit the source here.

Common training frameworks and tests

Philippe Juvin MEP has questioned the EC on its priority sectors for the development of common training frameworks and tests and queried whether the sectoral professions, which already benefit from automatic or general system recognition, will be covered by the new frameworks.

In response, the EC confirmed that professions already enjoying automatic recognition of professional qualifications provided for in Annex V of the RPQ Directive will not be subject of common training frameworks, and that priority sectors for the implementation of common training frameworks have yet to be defined.

Visit the source here.

Psychomotor therapy qualifications

Robert Rochefort MEP has questioned the EC on which member states currently regulate psychomotor therapy and what action has been taken to enable free movement of qualified professionals.

In response the EC stated that, according to the Regulated Professions database, four member states have indicated that they regulate the profession of psychomotor therapist. It also confirmed that where the profession is not regulated in the professional's home member state, the revised Directive on the recognition of professional qualifications has made it easier to access the profession where it is regulated in the host member state as only one year of professional experience needs to be proven. In cases where the professionals go to a non-regulating member state, there is no legal requirement to have their professional qualifications recognised.

Visit the source here.

Health and safety of night workers exposed to risks in Italy

Italian MEPs Marco Valli and Laura Agea have questioned the EC on whether the Directive on the organistion of working time has been correctly transposed in Italy. They query whether the EC will open infringement proceedings against Italy, if it finds that the rules have not been fully complied with.

In reponse the EC states that it will contact the Italian authorities in order to verify whether Article 8(b) of the Directive has been transposed fully into Italian law. It notes that in response to the application of the Directive in individual cases, that national enforcement authorities and tribunals are best placed to act, taking into account the specific facts and circumstances of each case.

Visit the source here.

Working patterns of doctors across Europe

The EC have responded to Victor Negrescu MEP 's question on its position regarding common regulations for healthcare activities at EU level. In Romania, for example, doctors have compulsory on-call activities regulated by mechanisms which, Mr Negrescu argues do not comply with EU standards, thus leading to unequal competition within the EU for attracting personnel.

The EC note the working time Directive is in place to protect the health and safety of workers, and that on-call time must be regarded as working time, unlike periods of stand-by time. The Directive does not regulate the remuneration of working time and has no competence to regulate wages. The EC offers advice on their published study on innovative and effective recrutiment and rentention strategies.

Visit the source here.

Nursing leadership styles *Bert de Groot, Bureau Lambregts*

The importance of effective and strong nursing leadership is widely recognised in the USA and Canada. Leadership in this context is about helping nurses lift their practice so they see nursing not solely as a series of acts of scientific caring that can change individual lives, but also as a lifelong commitment to political action for system change.

Greta Cummings a Professor in Nursing at the University of Alberta, Canada, will speak at the pre-conference for Nursing Leadership of the fifth European Nursing Congress Caring for older people on 4-7 October 2016 in Rotterdam.

Professor Cummings is a renowned expert on nursing leadership and will discuss how various leadership styles can influence patient outcomes. Her teachings include differential effects of relational leadership styles. These styles focus on people and relationships that associate with key outcomes such as significantly higher nurse job satisfaction, organisational commitment, staff satisfaction with work, role and pay, staff relationships with work, staff health and wellbeing, work environment factors, and productivity and effectiveness.

More about the pre-conference can be found on our website www.rotterdam2016.eu.

Greta Cummings, *RN, PhD, FCAHS, FAAN*

EPF: a step closer to an EU strategy on patient empowerment

The European Patients' Forum (EPF) is an umbrella organisation working with patients' groups in public health and health advocacy across Europe. Patient empowerment is at the root of EPF's vision and its mission is to ensure that patients across Europe are empowered and involved in the decision making and management of their condition.

To strengthen this commitment, in May 2015 EPF launched the Patient Empowerment campaign, a one-year campaign calling for the development of an EU strategy on this topic relating to all aspects of health, from health promotion and prevention to self-management of chronic diseases.

The campaign succeeded in raising awareness about the positive impact of patient empowerment both on patients' lives and on healthcare systems and, above all, involving crucial stakeholders that can actually make a difference.

During the campaign, EPF also released two new policy instruments that will provide the basis for concrete actions to be taken by European policymakers and stakeholders:

- The Charter on Patient Empowerment, which encapsulates the 10 fundamental principles of patient empowerment and outlines what really matters to patients.
- The Roadmap for Action, which turns the Charter's principles into 8 priority action areas that need to be taken at different levels in order to apply the principles in policy and practice.

EPF will use these tools and support endorsed by high level stakeholders to continue to empower patients and to achieve impact on the ground that will benefit over 150 million patients with chronic disease whose interests EPF represents.

For more information on the campaign, please visit http://www.eu-patient.eu/campaign/PatientsprescribE/ or follow the campaign on twitter with #PatientsprescribE.

Professional qualifications safe in motion conference, 28 June 2016, Amsterdam

Gerlinde Holweg, Senior Advisor, Dutch Ministry of Health, Welfare and Sport

During the Dutch EU presidency, the Netherlands hosted the 'Professional Qualifications safe in motion' conference. The conference dealed with optimal function on the implementation of the professional qualifications Directive with the European professional card (EPC) and the alert mechanism as new regulatory initiatives.

European professional card

The conference attendees discussed and agreed that there was room for improvement for the EPC concerning the need to provide more information. Participants agreed that public information on the EU website about applying for an EPC needs to be more specific as well as missing information from member states uploaded. These tend to cause delays and extra work in handling the applications. The biggest challenge for processing an application is taking the decisions within the time limits.

Alert mechanism

It was also signaled that many competent authorities still do not use the alert mechanism – for sending alerts as well as for checking the received alerts from other member states. Attendees of the conference realised that the biggest challenge for the alert mechanism in the future, once everyone participates, will be the volume of alerts. Currently the system does not achieve its goal and health professionals prohibited to work are still able to do so in other countries because of the lack of information. At the Promoting patient safety across borders conference on 28 October the HPCB will continue to discuss these subjects as there is still a lot to learn from each other. Therefore we hope all member states will actively join the HPCB conference.

Optimal function

The conference also dealt with How to prevent health care personnel performing below par. The Amsterdam Medical Centre presented diverse features for boosting work engagement for the best possible performance. Elements with a positive effect are autonomy, participation in decision making, feedback, social support and professional development.

Conclusions were that employers, organisations of professionals as well as education play an important role in the optimal function of healthcare professionals and the health professional himself has a large role and responsibility. Working in multi-professional teams and inter-professional education were seen as some of the essential conditions in preventing suboptimal function.

Attendees from the safe in motion conference 28 June 2016

Patient safety to be strengthened in Denmark

Anders Welander Haahr, Senior Advisor, Danish Patient Safety Authority

New Director General, Anne Marie Vangsted

Denmark now has a new public authority fully dedicated to patient safety. On 1 November 2015, Denmark combined all government agencies engaged in patient safety, patient rights and authorisations in one authority.

When the new Danish Patient Safety Authority was formed in the autumn of 2015, it was also an entirely different way of organising the government agencies in the health services area. The Danish Government was looking to strengthen activities aimed at ensuring the safety of patients in the Danish healthcare sector, with the new authority to assume the role of patient watchdog, guaranteeing that the healthcare sector maintains a persistent focus on the safety and rights of patients.

The Danish Patient Safety Authority is set to supervise healthcare professionals and organisations, and issue authorisations to 16 groups of healthcare professionals and recognised medical and dental specialists. The authority will also resolve patient complaints about the infringement of patient rights as well as complaints about care provided in the Danish healthcare sector. The authority also administers the reporting system for adverse events in the healthcare sector and endeavours to translate errors into education and knowledge.

The new Director General, Anne Marie Vangsted, said that one of the authority's strongest new tools will be the risk-based supervision approach. "Our new authority has been given a strong mandate, and coupled with risk-based supervision, we will have much better possibilities of identifying, stopping and preventing the problems that will always emerge in a modern healthcare system. In practice, we will improve our ability to locate and identify the places and persons where we know there is a risk of errors," explained Ms Vangsted. Reinforced supervision will go hand in hand with the authority's strengthened efforts to build more education and knowledge in the healthcare sector and thus improve patient safety. The authority will play an important role in issuing authorisations to healthcare professionals trained in Denmark and abroad.

More information can be found on our website or follow us on LinkedIn https://www.linkedin.com/company/10376088 or Twitter https://twitter.com/STPS_DK

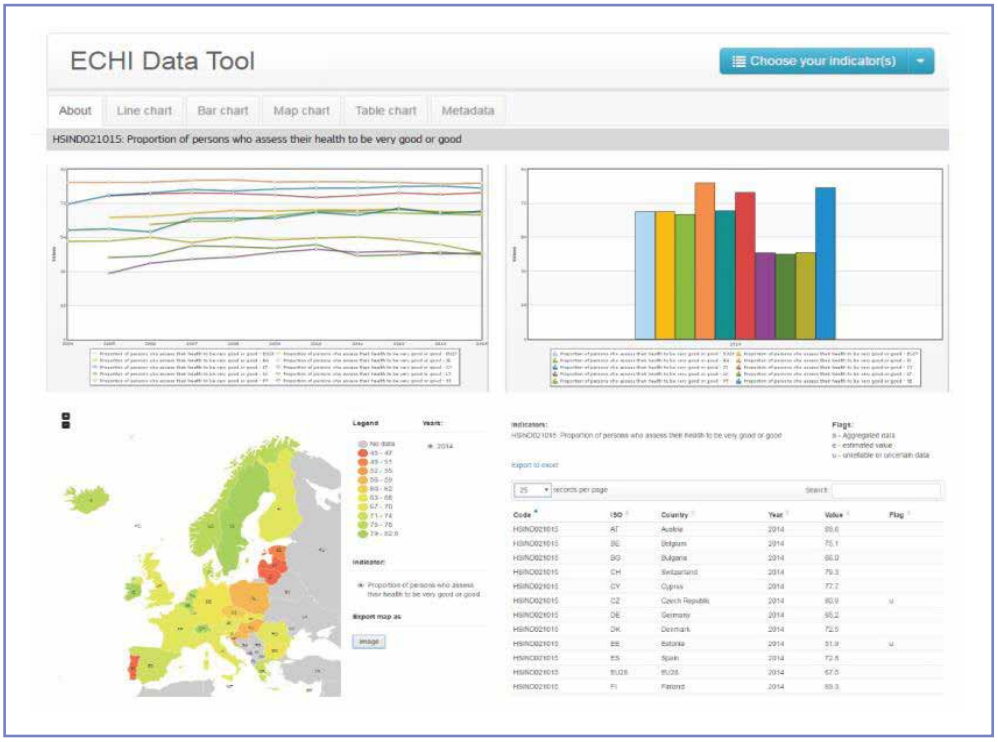
Accessing comparable EU health data: European Core Health Indicators

Matthias Schuppe, Unit Country Knowledge and Scientific Committees, DG Health and Food Safety, European Commission

The European Core Health Indicators (ECHI) are the result of cooperation between the EU member states and the European Commission addressing the need for systematic and consistent health information allowing country and cross-country analysis and knowledge. Created through consecutive projects starting in 1998 and financed by the EU Health Programme the indicators give a broad picture of the state of health and health care in the European Union. ECHI indicators are grouped in five main chapters: demographic and socio-economic situation, health status, health determinants, health services, and health promotion, and cover five policy areas including health services and health care, ageing populations, or diseases and mental health. Individual domains include, for instance, the number of doctors and nurses in a national health system, as well as data on mobility of patients.

The overall structure is aligned with the health system assessment framework used by the Commission and international organisations such as the OECD. Many EU member states explicitly acknowledge ECHI in their databases, programming documents, or health system performance reviews and there is a general consensus on the usefulness of having a system of EU level indicators like ECHI in place. More generally individual ECHI indicators are widely used across the EU and are deemed highly beneficial for policymaking.

To improve access to ECHI data, the majority of which is collected by Eurostat, the European Commission has implemented the ECHI data tool. This one stop shop provides structured access to all relevant data, allowing queries for up to two indicators at the same time. The results can be displayed in various forms such as line charts, bar charts, maps or tables. Both data and images can also be exported in the most common formats for further use and manipulation. The tool is regularly updated and can be accessed here.



Alleged breach of RPQ Directive for midwives in Croatia

The European Commission has responded in detail to a petition accusing the Croatian government of failing to fully implement the revised RPQ Directive by not allowing midwives to practise the full range of activities as listed in article 42 of the Directive.

According to the petition, the Croatian government did not permit midwives to care for women outside of the hospital setting, as done in other member states. According to the petitioner, midwives are still required to work exclusively in hospitals as assistants or nurses.

The petition claims that this has implications on freedom of movement as Croatia does not offer equivalent conditions of employment for all the midwives in the EU.

After considering the situation in detail, the EC has published a comprehensive reply confirming that Croatia has implemented the revised ROQ Directive and advising that it does not appear to be in breach of EU law.

Visit the source here.

Nursing and Midwifery Board of Ireland organisation review

The Nursing and Midwifery Board of Ireland (NMBI) have released a final organisation review carried out by Crowe Horwath consultants.

The report commissioned by the NMBI, reviewed its performance according to its role set out in the Nurses and Midwives Act 2011 and its governance and current management and organisational structures.

Recommendations from the report call for a new governance and organisational structure as well as a medium to longer term financial plan to be implemented within the next 24 months.

The Medical Council of Ireland has gone social

Amanda Lyons, Communications Assistant, the Medical Council of Ireland

The Medical Council of Ireland (MCI) is now on social media, on both Twitter and LinkedIn.

The social media accounts act as a medium to communicate, promote and distribute information relating to the work of the Medical Council. You can now find the MCI on LinkedIn, Twitter @MedcouncilIrl and @YourTrainingCounts accounts.

More information about our social media strategy can be found here.

Comhairle na nDochtúirí Leighis
Medical Council

Pharmacy Patient Charter launched in Dublin

The Pharmaceutical Society of Ireland (PSI), the pharmacy regulator, recently launched a *Patient Charter – You and Your Pharmacist* to improve public understanding of a pharmacist's role, to highlight the expanding range of services provided in community pharmacies and to inform the public about what they can expect from a community pharmacist.

The Patient Charter was , published as part of the PSI's commitment to patient safety. A PSI public survey in early 2016 found that as many as 58% of the Irish population visit a pharmacy at least monthly, and the Patient Charter is intended as a useful resource as people engage with their pharmacist through the existing network of over 1,800 community pharmacies in Ireland.

As the pharmacy regulator the PSI is responsible for setting standards for pharmacists and pharmacies and ensuring compliance with Irish legislation and the pharmacist Code of Conduct.

The Charter provides patients with information under five key headings relating to expectations of care in a pharmacy:

- Provision of safe and effective services
- Information and privacy
- Accountability
- Dignity and respect
- Communication and engagement

The Patient Charter is produced as a leaflet that has been written in accessible language. Leaflets and posters will be on display in community pharmacies and will also be available from public libraries and citizen information centres. The PSI has created an information video too. Please see www.psi.ie for more information.

Click on the cover to download the charter

General Medical Council appoints new Chief Executive

The UK General Medical Council (GMC) is pleased to announce that Mr Charlie Massey will become its new Chief Executive.

Mr Massey will replace the outgoing Chief Executive, Niall Dickson at the end of 2016. Mr Massey is currently a Director General at the Department of Health in England. He has previously served in a number of senior roles in the UK government and in the wider public sector.

Mr Massey will build on the reforms delivered under Niall Dickson's leadership over the past seven years at the GMC. These include expansion of its responsibilities for medical education and training, the introduction of revalidation in 2012, the introduction of language verification for EEA qualified doctors and the establishment of the Medical Practitioners Tribunal Service.

EU Social Fund: Swedish healthcare services

Healthcare services in Norbottens County, northern Sweden are undergoing radical reform. A new working model, labelled the Vårdnära Service, has been introduced to benefit staff and to ensure patient safety.

The Vårdnära Service project seeks to allow nurses to concentrate on the delivery of clinical care and for other staff members to undertake non-nursing services that affect patient care such a as keeping patients clean, changing bedding and serving meals.

The project was introduced to give nurses more time to concentrate on their clinical work while reducing stress levels associated with heavy workloads. The changes are expected to generate cost efficiencies and to help improve the safety and quality of care provision.

The project is generating interest across Sweden. More information can be found here.

Pan-European standards for osteopathy come into force

The European Standard on Osteopathic Healthcare Provision (EN16686), developed in collaboration with the European Committee for Standardisation (CEN), represents the first time that pan-European standards of osteopathy have been agreed.

Osteopathy is a primary care healthcare discipline, with osteopaths providing care for patients all over Europe. However, with no consistent standards of education, training and practice, this has given free rein to unqualified practitioners to call themselves an osteopath and for schools to provide short weekend courses – ill-equipping individuals for osteopathic practice and posing a potential danger to patients.

The European Standard (EN16686) aims to address this by setting formally in one document the standards expected for the delivery of high quality care, education, safety and ethics in Europe. While the Standard does not supersede national legislation which exists in the eight European countries where osteopathy is regulated, it provides a benchmark to protect patients in the majority of countries where there is no regulatory mechanism.

Greater consistency in osteopathic qualifications is expected across Europe following the implementation of the Standard, and competent authorities should have more information on and confidence in the competencies of osteopaths moving from one country to another. This can help to facilitate wider recognition of professional qualifications, thereby increasing the mobility of osteopaths working across Europe's borders.

The introduction of a European Standard and the dialogue it has fostered should also enhance the osteopathic profession's interaction with European institutions and all its other European stakeholders, including competent authorities.

Further information

To find out more about the Standard and what this means for patients and the public, two sets of publications have been developed. They are both available in a range of languages and have been produced by the Forum for Osteopathic Regulation (FORE) in Europe and the European Federation of Osteopaths, both of which initiated and funded the development of the Standard. For more information email foresecretariat@osteopathy.org.uk.

FORE's Vice-Chair, Philippe Sterlingot, will also be speaking at this year's Healthcare Professionals Crossing Borders conference in October.

Could the UK's medical register be more useful to you?

The UK General Medical Council (GMC) is seeking views, through a public consultation on how to improve the medical register (List of Registered Medical Practitioners, LRMP). This is the only database of doctors registered and licensed to practise medicine in the UK. The consultation is open until 7 October and the GMC is interested in your views on a range of possible ideas.

Independent research found that the current register provides limited information compared with registers in some other countries and that it has not kept pace with advances in technology, changes in expectations about access to information, and the expansion of the GMC's own role (e.g. implementing revalidation).

The GMC is seeking views on how the medical register could be more useful, while continuing to be a trusted source of information.

Some of the ideas and issues the GMC is asking for views on include:

- Changing the format of the medical register and making it easier to use
- Giving doctors the option to add extra information, such as career history, their scope of practice and any competing professional interests
- How any additional data could be validated to make sure the medical register remains a trusted source of information
- How the GMC can meet the need for greater transparency and keep pace with public expectations, while being mindful of the privacy and safety of individual doctors

Take part in the consultation today and share your views by 7 October 2016.

General Dental Council updates social media guidance and introduces guidance on duty of candour

The UK General Dental Council (GDC) has recently updated its guidance on the use of social media, as well as publishing guidance on the duty of candour.


www.gdc-uk.org

General Dental Council

protecting patients, regulating the dental team

Guidance on using social media

Social media

Social networking sites and other social media are effective ways of communicating with others on both a personal and professional level.

Social media covers a number of internet based tools including, but not limited to, blogs, internet forums, content communities and social networking sites such as Twitter, YouTube, Facebook, LinkedIn, GDPUK, Instagram and Pinterest.

Professional social networking websites aimed solely at dental professionals are also forms of social media and are covered by this guidance.

Professional standards

4.2.3 of the Standards for the Dental Team states:

"You must not post any information or comments about patients on social networking or blogging sites. If you use professional social media to discuss anonymised cases for the purpose of discussing best practice you must be careful that the patient or patients cannot be identified."

The standards expected of dental professionals do not change because they are communicating through social media, rather than face to face or by other traditional media. As a dental professional you have a responsibility to behave professionally and responsibly both online and offline.

However, because anything that is said on social media is instantly made public, it creates new circumstances in which the standards apply. Your professional responsibilities, such as patient confidentiality and professional courtesy, are still fundamental when you use social media.

When using social media, you must:

a) Maintain and protect patients' information by not publishing any information which could identify them on social media without their explicit consent;

b) Maintain appropriate boundaries in the relationships you have with patients and other members of the dental team;

c) Comply with any internet and social media policy set out by your employer.

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Duty of candour guidance

The duty of candour guidance is intended to encourage dental professionals to feel empowered to apologise, should a patient's care fall below the standard they would expect to receive.

The emphasis is on ensuring dental professionals are clear that sometimes apologising is the right thing to do for the patient, and is not the same as admitting liability.

The GDC worked with defence organisations to produce the guidance who agreed that this approach, can help prevent escalation and further litigation.

Updates to the social media guidance

The GDC has also updated its social media guidance to provide clearer advice on professional behaviour, advising that professional standards should not change simply because a dental professional is using social media in a personal capacity.

Among the updates are information on protecting patient confidentiality, complying with employers' social media policies, maintaining professional boundaries with patients and the increasing wider public concern around cyber bullying.

More information can be found on the GDC website at www.gdc-uk.org.

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Around the world

20th Annual Conference of Medical Councils of Africa (AMCOA)

Pictured in the photo are Professor Magoha, Dr. Kumpalumpe, Dr. Chaudhry, Mr. Yumbya, and Professor Chisi.

On 22 to 26 August 2016, the Association of Medical Councils of Africa (AMCOA) held its annual meeting in Mangochi, Malawi. AMCOA meets once a year and brings together nearly 200 representatives from 17 medical regulatory authorities across Africa to discuss key issues relating to the regulation of medical and dental practitioners.

The theme of this year's meeting theme was "**Medical and Dental Malpractice in the 21st Century**" and was hosted by the Medical Council of Malawi whose chair, Professor John Chisi, is also vice chair of AMCOA.

Keynote addresses were delivered by Dr Peter Kumpalume, a Member of Parliament and Health Minister for Malawi, Dr Humayun Chaudhry, President and CEO of the Federation of State Medical Boards (FSMB) of the United States and Chair-Elect of the International Association of Medical Regulatory Authorities (IAMRA); andProfessor Khama Rogo of the World Bank

In his address Dr Chaudhry spoke in his address about the value of global information exchange, public protection and quality health care, and held a meeting for those who planned to attend IAMRA's upcoming biennial meeting in Melbourne, Australia.

Additional topics of discussion at the conference included respondent tort liability in hospital practice and health authority capacity building, which was facilitated by an all-day pre-conference workshop. Attendees also signed two protocols, relating to medical and dental practice and health worker migration. More information on the conference can be found here.

WHO report on health workforce in India

As part of its agenda for sustainable development, the World Health Organisation (WHO) has released a report on the current state of health workforce in India. The report looks at evidence-based health workforce plans to deliver benefits across health, employment and to generate economic growth.

Using census data from 2001 (a strategic decision in order to compare with 2011 results) the report reviews health distribution in India. It identifies that in 2001, a total of 2.07 million people worked in the health sector, 1.225 million of whom served urban areas and 0.84 5 million that served rural and village areas.

Some other interesting results found that many individuals claiming to be doctors did not have a requisite professional qualification and as many as 53.7% of doctors who claimed to be allopathic did not have a medical education. The next steps for the report are to compare the 2001 results with 2011 figures and to use this to encourage better workforce planning.

Professional associations concern over the HPCSA

A number of professional bodies have demanded that the Health Professions Council of South Africa (HPSCA) is brought to account following a report by the South African Ministerial Task Team (MTT) which labelled the council 'dysfunctional'.

Recommendations from the 2015 report include:

- The appointment of an interim executive management team
- A structured induction process for the incoming and future Councils of HPSCA to ensure an understanding and appreciation by all its members of their legal and governance obligations
- A full organisational review to include and a new governance and administrative structures for the future.

Radical reform for the Medical Council of India

The National Institute for Transforming India (NITI Aayog), an Indian government think tank, has published a preliminary report on the Medical Council of India and a draft Bill recommending a total overhaul of the regulatory framework and governance of medical education in India.

The main recommendations from NITI Aayog include replacing the Indian Medical Council with a National Medical Council (NMC), creating a Medical Advisory Council representing States and Union Territories to assist the NMC, and refocusing NMC regulation so that education is based on outcomes rather than inputs. The report also suggested the introduction of a Common Entrance Exam for admissions to both undergraduate and postgraduate courses to ensure the admissions process is transparent and based on merit rather than ability to pay.

Consultation on the report closed on 31 August 2016, and the Indian government has stated they expect to see radical change in a very tight schedule.

MCNZ statement on telehealth

Medical Council of New Zealand
Te Kaunihera Rata o Aotearoa

The Medical Council of New Zealand (MCNZ) has released its revised statement on telehealth. Following a public consultation that closed at the end of March 2016, the review was prompted by the growth of technology-assisted healthcare, or telehealth. Telehealth is defined as the use of information and video conferencing technologies to deliver health services to a patient and/or transmit health information regarding that patient between two or more locations, at least one of which is within New Zealand

The revised statement applies to all doctors registered in New Zealand and practising telehealth in New Zealand or overseas; as well as doctors who reside overseas and provide health services through telehealth to patients in New Zealand.

The statement is scheduled for review by June 2021.

Federation of State Medical Boards releases 2016 annual report

The US Federation of State Medical Boards (FSMB) has released its 2016 Annual Report, showcasing the organisation's progress on a variety of initiatives and projects in 2015-16. Titled "Building Value," the report includes updates on the FSMB's advocacy efforts in Washington DC, highlights the new products expanding its data and research capabilities, new milestones in educational activities and the continuing growth of state support for the Interstate Medical Licensure Compact.

The 2016 report also examines the concept of value in several dimensions, including the value of state-based medical regulation, FSMB membership, organisational excellence and FSMB's products and initiatives.

An electronic copy of the annual report is available at www.FSMB.org.

American Medical Association's code of medical ethics modernised for first time in 50 years

AMA AMERICAN MEDICAL ASSOCIATION

At the June 2016 annual meeting of the American Medical Association (AMA), US doctors approved a comprehensive update to the profession's Code of Medical Ethics. This was the first comprehensive review of the document in more than half a century.

One of the goals of the modernisation was to make the Code easier to navigate and its advice easier to find so that doctors could more readily apply it in their daily practice of medicine. The updated Code is available at: http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics.page.

Upcoming events

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)

General Medical Council (UK)

Health & Care Professions Council

CLEAR archives

IMCO newsletter

Nursing and Midwifery Council (UK)

Crossing Borders policies

CORU communications

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