Summer edition I Issue 45

HPCB

Healthcare Professionals Crossing Borders

Welcome to the 45th edition of the Healthcare Professionals Crossing Borders (HPCB) Update in which we take stock of the results of the recent elections to the European Parliament and look ahead to the new European Commission which will take its seat on 1 November.

In this edition we also look at the new Whistleblowing Directive that was adopted by the Parliament and Council, look at a number of new reports on both cross-border healthcare and eHealth, and hear from competent authorities across Europe on issues such as nursing education, guidance on disabled doctors, and the need to balance corporate and ethical considerations in commercial dentistry.

We hope you enjoy the newsletter. As ever, if you have any articles to contribute to future editions, please contact the secretariat.

European Parliament election results

Elections to the European Parliament took place across Europe in the week of 23-26 May 2019.

The two main parties, the EPP (Group of the European People's Party (Christian Democrats)) and the S&D (Group of the Progressive Alliance of Socialists and Democrats in the European Parliament) maintained their dominance, although with no overall majority. Anti-EU and far-right parties did not do as well as some predicted and will take around 100 seats in the new Parliament. The Greens increased their number of seats to 67 from 50, thanks to a strong showing in Germany and France.

Turnout across Europe was just over 50%, an increase on the 2014 elections which had a turnout of just over 41%.

The new cohort of 751 MEPs took their seats on 2 July and elected David Sassoli, an Italian Social Democrat as Present. Nominations to the various parliamentary committees will now take place. The new European Commission will be appointed in the autumn and is expected to launch a revision of the recognition of professional qualifications Directive next year.

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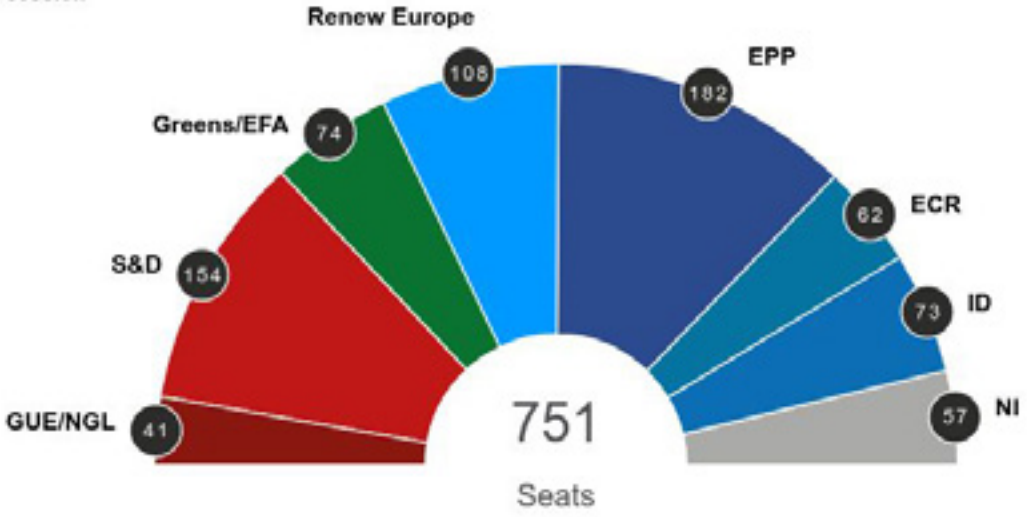
For further information please contact:
Nicola While, HPCB,
350 Euston Road, London NW1 3JN
Tel: +44 0161 250 6954
Email: hpcb@gmc-uk.org

02/07/2019 - 10:09 All times are GMT+2

European Parliament 2019 - 2024

Constitutive session



Political groups in the European Parliament

- **EPP** - Group of the European People's Party (Christian Democrats)
- **S&D** - Group of the Progressive Alliance of Socialists and Democrats in the European Parliament
- **ECR** - European Conservatives and Reformists Group
- **Renew Europe** - Renew Europe group
- **GUE/NGL** - Confederal Group of the European United Left - Nordic Green Left
- **Greens/EFA** - Group of the Greens/European Free Alliance
- **ID** - Identity and Democracy
- **NI** - Non-attached Members

Since 2009, according to Parliament's rules of procedure, a political group shall consist of at least 25 Members elected in at least seven Member States.

Source: European Parliament in collaboration with Kantar

European Parliament

EU leaders have agreed on nominations for the EU's top jobs.

The European Council has elected Charles Michel, Belgium's Prime Minister, as its new President and proposed Ursula von der Leyen, currently Germany's defence minister, as candidate for the President of the European Commission. Ms von der Leyen is a qualified doctor.

The President of the European Council is elected for the period from 1 December 2019 until 31 May 2022.
Ms von der Leyen's nomination was narrowly approved by MEPs and she will take up her post on 1 November.

ECJ ruling re-affirms plurality of professional rules of conduct across Europe

A European Court of Justice ruling on a monk who wishes to practise as a lawyer in Greece has reaffirmed that rules of professional conduct are not subject to harmonisation across Europe. Unlike registration rules, which are harmonised by the recognition of professional qualifications Directive, professional codes of conduct can differ considerably across Europe. National legislation remains compatible with EU law as long as they *"do not go beyond what is necessary in order to attain the objectives pursued"*.

Brexit update – UK and Ireland reaffirm their close relationship

The UK and Irish Governments have signed a Memorandum of Understanding reaffirming their commitment to the Common Travel Area (CTA) and the associated reciprocal rights and privileges enjoyed by British and Irish citizens in each other's country. The MOU includes the following lines on the recognition of professional qualifications:

"It is acknowledged that the recognition of qualifications, including professional qualifications, is an essential facilitator of the right to work associated with the CTA. The Participants are committed to ensuring that within their respective jurisdictions, comprehensive measures continue to be in place to allow for the recognition of such qualifications, covering all relevant professions, in accordance with their national laws."

On healthcare, it includes the following:

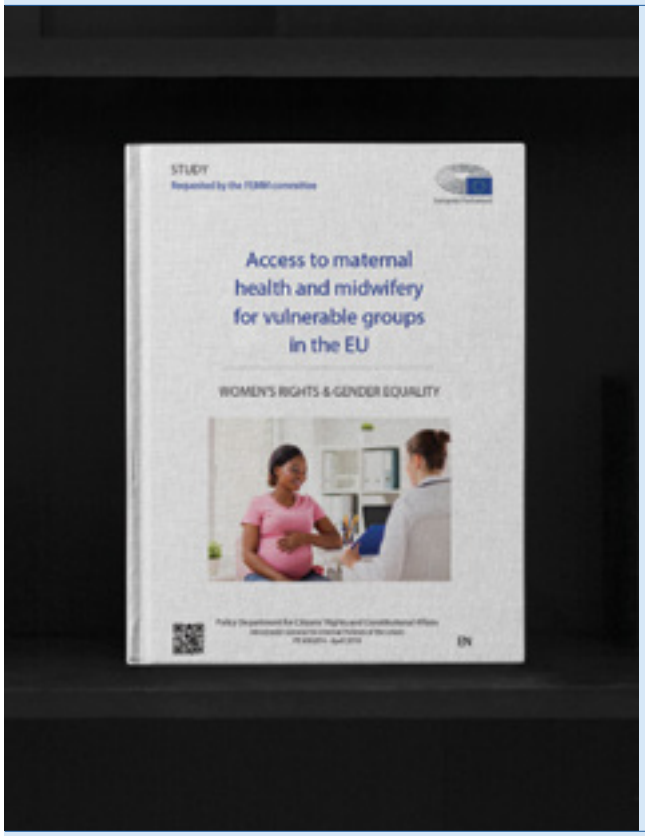
"The CTA affords British citizens residing in Ireland and Irish citizens residing in the UK the right to access emergency, routine and planned publicly funded health services in each other's state, on the same basis as citizens of that state."

The MOU commits the two Governments to ensuring that any necessary legislative steps are taken to ensure the above rights and also allows for further, more detailed, bilateral agreements to be entered into in the future.

Toolbox to assist cross-border healthcare

Under the cross-border healthcare Directive, patients have the right to access health services in another EU/EEA country and to have the costs covered by their home country. A new toolbox has been published for both patients and the National Contact Points (NCPs) that exist in each member state to facilitate the provision of information to mobile patients.

The toolbox contains information on the relevant legal frameworks and provides practical advice on obtaining treatment and reimbursement.



Study on access to maternal health and midwifery for vulnerable groups in the EU

Published by the European Parliament's Policy Department for Citizens' Rights and Constitutional Affairs, the study on access to maternal health and midwifery for vulnerable groups examines issues related to access of vulnerable groups in the EU. The research was commissioned by the European Parliament's Committee on Women's Rights and Gender Equality.

The study highlights that access to maternal health care services and midwifery is affected by a number of barriers. These include access to health systems, law, policies, socio-economic factors and attitudes of health professionals and users which consequently lead to worse health outcomes for those women.

The study critically discusses the issues, analyses the causes, surveys the literature for best practices and makes policy recommendations, aiming at improving the situation for vulnerable women and contributing to reduction of health inequalities.

Member state data on cross-border healthcare – 2017

The European Commission has published a report on member state data on cross-border patient healthcare following Directive 2011/24/EU. The report provides an overview of the data on patient mobility in 2017, collected from February to November 2018. Returns were received from 28 of the 30 countries contacted (no response received by Cyprus or Iceland).

Directive 2011/24/EU codifies patients' rights to reimbursement for healthcare received in another EU member state and obliges them to provide information about access to such care through their National Contact Points. The Directive provides that patients who are entitled to a particular health service under the statutory healthcare system in their home country are generally also entitled to be reimbursed if they choose to receive such treatment in another remember state.

Auditors find that patients not benefitting from cross-border healthcare

The European Court of Auditors has published a report on the 2011 cross-border healthcare Directive which concludes that although EU actions in cross-border healthcare enhance member states' collaboration, the benefits for patients are limited.

The report highlights that only two member states can receive electronic patient summaries at the moment - Luxemburg and the Czech Republic – and that no country has developed their sending system yet. Auditors also stressed that the number of citizens requesting reimbursements under the Directive is very small. Only 200,000 claims are filed per year. By contrast, two million citizens make use of their right to claim reimbursement under the EHIC (European Health Insurance Card).

Auditors also found that the requirement to pay upfront for the medical treatment abroad is a challenge for patients. For example, the fact that a Polish citizen who undergoes knee surgery in Germany is reimbursed only the amount it would have cost in Poland, which is significantly less than what the patient actually spent, might deter them from exercising the rights granted by the Directive.

In response, the European Commission pointed out that healthcare is a national competence, meaning that it is up to each member state to decide how to manage and organise their health systems. Whilst it can encourage uptake of eHealth and mobility, it cannot mandate it.

CURIA RATIONUM
COUR DES COMPTES EUROPÉENNE

New Directive to protect whistleblowers

In April 2018 the European Commission published a proposal for a Directive to introduce EU-wide standards guaranteeing a high level of protection to whistleblowers when they report breaches of EU law. After 12 months of deliberation, the Directive has been adopted following detailed negotiations between the European Parliament, EU Commission and Council.

To ensure potential whistleblowers remain safe and that the information disclosed remains confidential, the new rules allow whistleblowers to disclose information either internally to the legal entity concerned or directly to competent national authorities, as well as to relevant EU institutions, bodies, offices and agencies.

The Directive obliges all EU countries to adopt a number of measures to allow for clear reporting channels, confidentiality, and legal protections for whistleblowers. It also introduces sanctions for those who attempt to persecute whistleblowers.

Member states must ensure whistleblowers have access to comprehensive and independent information and advice on available procedures and remedies free-of-charge, as well as legal aid during proceedings. During legal proceedings, those reporting may also receive financial and psychological support.

The main points of the new legislation are:

- **Clear reporting procedures and obligations for employers:** the new rules will establish a system of safe channels for reporting both within an organisation and to public authorities. All enterprises with at least 50 employees will be required to set up internal processes for whistleblower reporting.
- **Safe reporting channels:** whistleblowers are encouraged to report internally in the first instance. They may also report directly to the relevant competent authority. If no appropriate action is taken after reporting to the authorities or in case of imminent or manifest danger to the public interest, whistleblowers may make a public disclosure including to the media. This will protect whistleblowers when they act as sources for investigative journalism.
- **Prevention of retaliation and effective protection:** the rules aim to protect whistleblowers against dismissal, demotion and other forms of retaliation. This will apply to all employers. Whistleblowers will also be protected in judicial proceedings.

European radiologists call for changes to recognition of professional qualifications Directive

The European Society for Radiology (ESR) has called for an amendment to the recognition of professional qualifications Directive to increase in the minimum training duration for radiology specialist training from four to five years.

As a reference, ESR present their five-year European Training Curriculum for Radiology that was developed to further harmonise radiology education in the EU. The ESR also wants to rename the specialty from 'Diagnostic Radiology' to 'Radiology', to better reflect the scope of activities of radiologists.

Recognition of professional qualifications updated Annex V

An updated version of the Annex V of the recognition of professional qualifications (RPQ) Directive has been published in the EU Official Journal. This is now the version of the Annex that is legally in force.

How to trigger the improvement of health workforce planning capacity in your country

Paolo Michelutti, Age.Na.S. (Italy)

SEPEN (acronym for "Support for the hEalth workforce Planning and forecasting Expert Network" joint tender) is the leading action of the European Commission in the field of health workforce planning. It is supported by the EU health funding programme and aims to establish an expert network on health workforce planning and forecasting.

Specifically, SEPEN (www.healthworkforce.eu) sustains cross-country cooperation and provide support to EU member states to increase their knowledge, improve their capacities and succeed in achieving a higher effectiveness in health workforce planning processes and policies. It builds on the results and work undertaken by the Joint Action on European Health Workforce Planning and Forecasting (http://healthworkforce.eu/archive/).

SEPEN activities include expert networking, online forum discussions, policy mapping in the EU-28, and workshops.

- A group on the EU Health Policy Platform enables the Network for virtual exchange of knowledge and information on health workforce issues;
- Workshops and webinars are organised continuously on different topics, i.e. health workforce mobility, data collection, planning of future skills, etc.

Moreover, SEPEN provides tailor-made country specific support. Indeed, EU member states can benefit from tailored advice and guidance such as workshops, training, coaching or peer reviewing. The tailored consultation will involve a maximum of three experts selected from the Network, it has a duration of maximum three working days and the costs are covered by the SEPEN joint tender.

SEPEN experts during the workshop on health workforce planning data definition held in Budapest on October 2018.

Examples of tailored advice requested by EU member states are:

- To support the Ministry of Health in the implementation of the Health Workforce National Strategy;
- To help the Ministry of Health in finding effective solutions to retain nurses and doctors in the NHS avoiding big loss of health workforce to abroad;
- To share good practices and knowledge with national stakeholders on the ideal ratio of medical specialties in the primary care.

The interest in tailored advices and guidance by SEPEN experts should be expressed:

- By filling in the following module http://healthworkforce.eu/call-for-interest/;
- Or by email to Paolo Michelutti (michelutti@agenas.it).

Finally, be aware that any tailored advice from SEPEN can be provided **by August 2020**.

Introducing flexibility into professional roles

A European Commission expert panel has drafted an opinion on *Task shifting in healthcare systems*. This relates to the sharing of traditional medical tasks with other healthcare professionals. The opinion argues that task shifting can be seen as a way of strengthening health system resilience, efficacy and effectiveness as well as patient experience and autonomy. It asks whether the division of labour, as is currently organised, is appropriate or whether there are tasks being done by one type of health worker that would, more appropriately, be done by another.

The analysis then goes further, asking whether there are tasks reserved for qualified health workers that might be undertaken by patients and carers. Given advances in technology, it also asks whether there are there tasks currently being performed by health workers that could be undertaken more appropriately by machines.

In conclusion, the opinion sets out a series of evidence-based recommendations for European health systems to underpin the debate around introducing flexibility in professional roles.

Improving healthcare through artificial intelligence

The European Commission has created a High-Level Expert Group on Artificial Intelligence to draft a set of seven key requirements that Artificial Intelligence (AI) systems should meet in order to be deemed trustworthy. The guidelines outline a framework for achieving trustworthy AI and offer guidance on two of its fundamental components:

1 That AI should be ethical and

2 That it should be robust, both from a technical and societal perspective.

In its paper, the High Level Group deliberated on four key ethical principles:

1 Respect for human autonomy

2 Prevention of harm

3 Fairness and

4 Explicability

A pilot project will be established to operationalise these guidelines with a European Commission report on incorporating AI into vocational training expected to be published in early 2020.

All of the details, and the guidelines themselves, can be read here: https://ec.europa.eu/digital-single-market/en/news/ethics-guidelines-trustworthy-ai

Data protection Regulation – one year on

On the occasion of the one year anniversary of the data protection Regulation, the European Commission has published the results of a special Eurobarometer survey on data protection. The results show that Europeans are relatively well aware of the new data protection rules, their rights and the existence of national data protection authorities, to whom they can turn for help when their rights are violated.

Based on the views of 27,000 Europeans, the Eurobarometer results show that 73% of respondents have heard of at least one of the six tested rights guaranteed by the data protection Regulation. The highest levels of awareness among citizens are recorded for the right to access their own data (65%), the right to correct the data if they are wrong (61%), the right to object to receiving direct marketing (59%) and the right to have their own data deleted (57%).

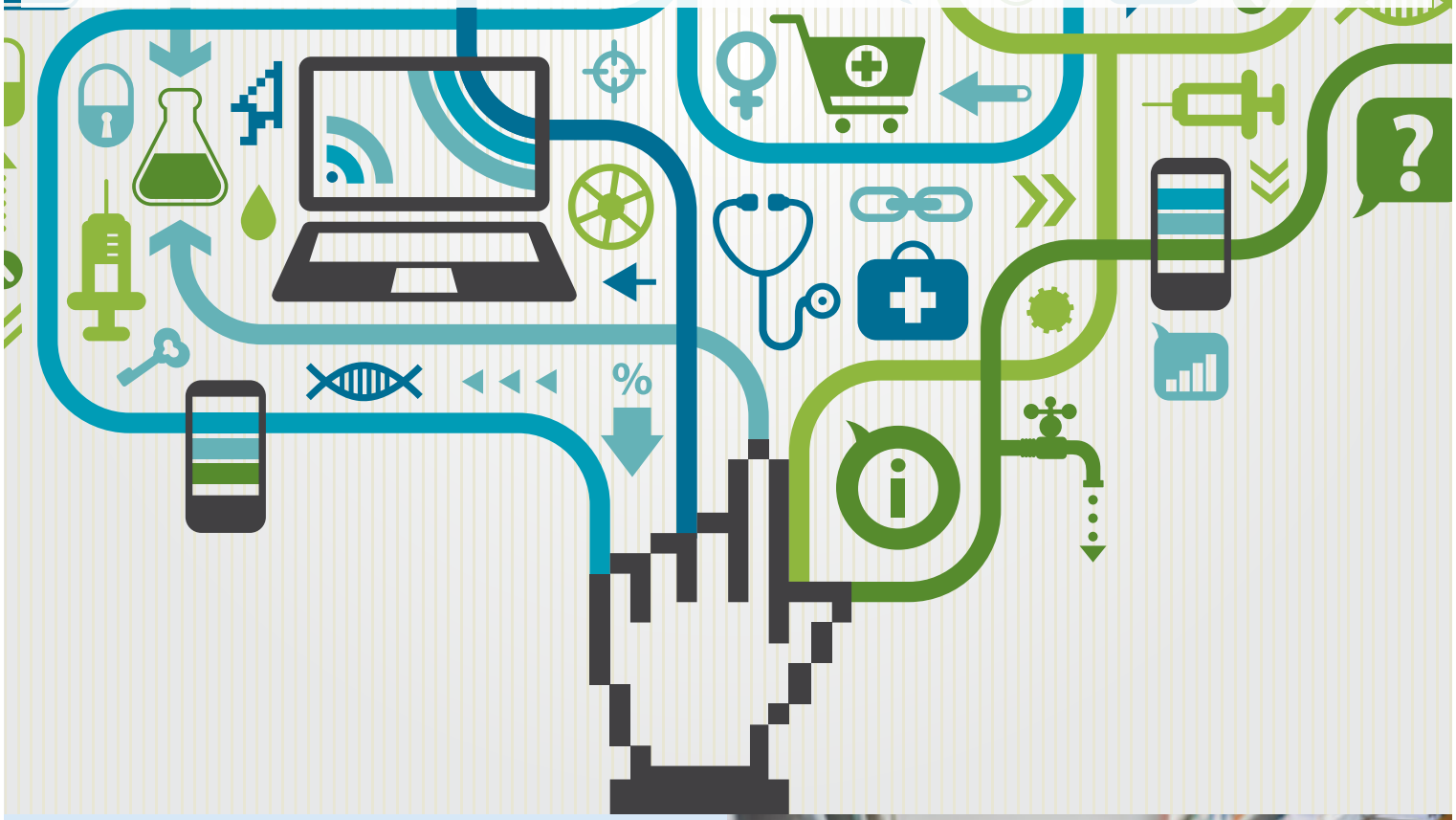
The Commission will formally report on the application of Regulation in 2020.

eHealth adoption in primary healthcare in the EU on the rise

According to a new European Commission study, eHealth adoption in primary healthcare in the EU has increased between 2013 and 2018, but there remain large differences between the countries surveyed. Compared to 2013, the group of General Practitioners (GPs) who are enthusiastic about eHealth has doubled.

Countries with the highest level of adoption (Denmark, Estonia, Finland, Spain, Sweden and the United Kingdom) show that the use of eHealth is routine among GPs, while countries with the lowest level of adoption (Greece, Lithuania, Luxembourg, Malta, Romania and Slovakia) show that eHealth is currently not widespread there.

The study shows that on average, eHealth adoption is higher among countries with an NHS-type system as compared to social insurance and transition countries. Denmark, Finland and Sweden are the countries with the highest scores among NHS countries; Ireland, Belgium and France have the highest scores among social insurance countries; and Estonia, Croatia and Czechia are leading among the transition countries. Overall, transition countries have lower levels of adoption compared to NHS and social insurance countries, with the exception of Estonia – this country is not only ranked among the top five countries across all four eHealth categories and in the overall adoption of eHealth, it also had the highest increase in the level of adoption since 2013.



Croatia accepts ePrescriptions prescribed in Finland

From 17 June Croatia now accepts ePrescriptions prescribed in Finland. Finnish citizens can travel to Croatia and retrieve their medicines in the pharmacies thanks to My health@European Union, the electronic cross-border health services portal in Europe.

European Parliament questions

Cross-border healthcare standardisation in healthcare

Adina-Ioana Vălean MEP (Romania) has questioned the European Commission on the efforts it is making to provide for harmonised standards in eHealth services including interoperability of national IT-based systems and the introduction of cross-border ePrescriptions.

In response the EC stated that in February 2019, it adopted a Recommendation on a European Electronic Health Record exchange format setting out the principles and a baseline of technical specifications for the first health information domains to be transferred. It also supports member states to exchange eHealth data (currently ePrescription and patient summaries) across borders using the eHealth Digital Service Infrastructure (eHDSI). Twenty-two member states have committed to start exchanging health data by mid-2022 through the eHDSI.

Recognition of professional qualification in Switzerland

Monika Smolková MEP (Slovakia) has questioned the EC on several cases in which EU citizens working in Switzerland have had their professional qualifications from their home countries rejected. In its response the EC confirmed that Directive 2005/36/EC establishes the processes and conditions for the recognition of qualifications obtained in other member states and that the Directive applies in Switzerland via the EU-Swiss Agreement.

The EC stated that it does not have sufficient details to assess the specific cases referred to by the MEP and that it has not received complaints that would indicate an administrative practice by Swiss authorities of refusing recognition in violation of Directive 2005/36/EC.

Cross-border healthcare

Seán Kelly MEP (Ireland) has asked the EC to clarify whether there are any circumstances in which a native should be prioritised over a visiting EU citizen regarding access to treatment under the cross-border healthcare Directive.

In its response, the EC stated that the Directive requires member states to observe the principle of non-discrimination with regard to patients from other member states. The Commission is not aware of circumstances in which a domestic patient is prioritised over a citizen coming from another member state.

With regard to the limitation of a visiting EU citizens' access in healthcare, the Directive permits the member state of treatment to adopt measures regarding access to treatment where it is justified by overriding reasons of general interest such as planning requirements or the wish to control costs. However, such measures must be justified, proportionate and necessary. Only four member states (UK, Denmark, Estonia and Romania) reported that they had put in place such measures, however none reported having used them.

Actions to promote a digitised European health system

Dimitrios Papadimoulis MEP (Greece) has questioned the EC about what measures are planned to affect the transition to a digitised European Health System and within which timeframe. He queried how the EC will ensure that citizens' personal data are protected and that the new technologies are used properly, by ensuring for instance that some social groups are not excluded, in the transition to a single digital health market?

In response, the EC said that member states are building the eHealth Digital Service Infrastructure to exchange ePrescriptions and summaries of patient health records. Twenty-two member states are expected to join this exchange by 2022. To further develop interoperability of electronic health records, the Commission recently adopted a Recommendation on a European Electronic Health Record exchange format to support the ability of citizens to securely access their health records across EU borders.

Under the data protection Regulation, the processing of individual health data requires strict protection. The processing of health data is in principle prohibited, with the exceptions set out in Article 9(2).

European medical regulators discuss infringement processes

The European Network of Medical Competent Authorities (ENMCA) met in Warsaw in June. Hosted by the Polish Supreme Chamber of Physicians and Dentists the meeting brought together medical regulators from 14 countries to discuss the recognition of professional qualification Directive infringement letters that were issued by the European Commission earlier this year. Participants also discussed the implementation of the new specialty training system in France and plans to increase the use of Artificial Intelligence in vocational training.

The next ENMCA meeting will take place on 22 November and will be hosted by the Danish Patient Safety Authority in Copenhagen.

Medical regulators meet to celebrate 25 years of the Albanian Order of Physicians

The European Council of Medical Orders (CEOM) met in June in Tirana to celebrate the 25th anniversary of the establishment of the Albanian Order of Physicians.

FEDCAR: Joint Declaration on balancing commercial and ethical responsibilities to protect the public

Dr Orlando Monteiro da Silva, President of Ordem dos Médicos Dentistas, Chair of FEDCAR

When facing a scientific or even commercial evolution, the focus of healthcare professions' deontology is unchanged: patient's protection prevails.

For this reason, the European Federation of Dental Regulators (FEDCAR) advocates that ethics apply to the dental practitioner regardless of their status – whether practicing as an employee or a liberal profession. They should also apply to his or her employer, whatever the social form and the origin of its capital are - whether a clinic or a chain. This concern is addressed by the latest joint declaration adopted by FEDCAR members following their meeting in Porto on 10 May, hosted by the *Ordem dos Médicos Dentistas*, the Portuguese Dental Chamber.

Corporate dentistry is not in place in all 28 EU countries. And when it is, patients do not automatically have a favorable experience. Some worst case scenarios have been reported to FEDCAR in Spain or in France, such as *"There can be a tension between the commercial focus of a business to generate profit and the obligations on regulated professionals to act ethically. The priorities of commercial entities do not naturally align with the objective of providing patient care"*. Furthermore, in the single market, the alert mechanism for the sharing of sanctions restricting or prohibiting a professional activity applies only to practitioners, not to corporations (see Article 56a of revised Directive 2005/36 on the recognition of professional qualifications). However, corporate dentistry is certainly likely to increase in Europe.

For FEDCAR, it is therefore appropriate to call on the EU and its new legislature *"to introduce an appropriate form of regulation, which includes the ability to sanction, that obliges commercial and collective entities to respect and support the professional's legal and ethical obligations in the best interests of patients"*.

Automatic recognition of professional qualifications & European Education Area

Cédric Grolleau, Acting Executive Director, FEDCAR

The completion of the EU system of automatic recognition of professional qualifications cannot be achieved without the completion of the European Education Area.

When proceeding to the automatic recognition of a qualification, the quality of a healthcare professional's training can sometimes be called in question by the host member state. This has been a regular concern raised to the European Commission over the years. In 2019, two recent MEPs' questions have addressed the differences between countries in medical or in dental training. In a change from the usual answers addressed to MEPs on this issue, in its response the Commission emphasised that *"national authorities have to supervise the education and training institutions to assure compliance"* with requirements of Directive 2005/36 on the recognition of professional qualifications.

This supervision is up to each member state, but the European Education Area aims to accelerate it.

While *"The European Education Area and the Council Recommendation of 26 November 2018 focuses on mutual recognition for the purposes of further learning, not for the purposes of accessing specific professions"*, it does *"not therefore affect the rules governing the recognition of professional medical qualifications"* or of any healthcare professional qualifications subject to Directive 2005/36.

However, the European Education Area determines the trust that a host member state can have in the quality of a home member state's professional qualifications. Indeed, among the Recommendation's objectives is the generalisation of *"external quality assurance"* of higher education in all countries. It must be carried out *"by independent quality assurance agencies"* which can be registered *"with the European Quality Assurance Register"* and which thus operate in line with standards and guidelines for quality assurance[1].

To state the obvious, this generalisation of *"external quality assurance"* will determine the quality of healthcare professions' training in Europe, and therefore contribute to the efficiency of automatic recognition of professional qualifications. They complement each other. According to the EC, the creation of a European Education Area should be completed by 2025; it will therefore be an important part of the new EU legislature's agenda.

1 Specifically: "Standards and Guidelines for Quality Assurance in the European Higher Education Area and the European Approach for Quality Assurance of Joint Programmes" See paragraph 2(c) of the Recommendation.

Medical Council of Ireland workforce intelligence report

Medical Council of Ireland

The Medical Council of Ireland (MCI) has launched its Medical Workforce Intelligence report for 2016/2017. The report takes a deep-dive into the demographics of those retaining and withdrawing from its medical register. Results show that more than 2,800 doctors with the rights to practise in Ireland withdrew from the medical register between 2015 and 2017.

The research establishes that while Ireland trains a significant number of doctors, this number needs to increase to ensure a sustainable medical workforce in the future. Comprehensive and coordinated workforce planning is necessary to determine system requirements. The report provides recommendations for action on the following:

- Amendments to the Medical Practitioners Act 2007
- Update to Medical Education in Ireland: A New Direction (2007)
- Move to a stronger model of healthcare delivery and leadership

Link to infographic.

Guidance for registered pharmacies providing services at a distance

General Pharmaceutical Council, UK

As the pharmacy regulator for Great Britain, the General Pharmaceutical Council (GPhC) is responsible for regulating online pharmacies in Great Britain and the pharmacists and pharmacy technicians working for them. In April the GPhC published strengthened guidance for pharmacy owners providing pharmacy services at a distance, to help make sure that people can only obtain medicines from online pharmacies that are safe and clinically appropriate for them.

This guidance was developed following a public consultation and was informed by patients and health professionals. It introduces a number of new safeguards, including in relation to how pharmacy owners work with prescribers and prescribing services across Great Britain and in other countries.

The safeguards include:

- **Making sure medicines are clinically appropriate for patients** – pharmacy owners will have to make sure that the pharmacy team can carry out robust identity checks on people obtaining medicines and can identify requests for medicines that are inappropriate. Pharmacy websites should also not allow a patient to choose a prescription-only medicine and its quantity before there has been an appropriate consultation with a prescriber.
- **Further safeguards for certain categories of prescription-only medicines** – further safeguards will have to be in place before supplying certain categories of medicines, including; antimicrobials, medicines liable to abuse, overuse or misuse or where there is a risk of addiction, and non-surgical cosmetic medicinal products, to make sure that they are clinically appropriate.

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- **Transparency and patient choice** – pharmacy owners will have to supply more details about where the service and health professionals involved in prescribing and supplying the medicine are based and how they are regulated, so people have enough information to make an informed decision about using the service and can raise concerns about the service if they need to.
- **Regulatory oversight** – pharmacy owners working with prescribers or prescribing services operating outside the UK must take steps to successfully manage the additional risks that this may create, including assuring themselves that the prescriber is working within national prescribing guidelines for the UK.

During pharmacy inspections, our inspectors will be looking for evidence that the guidance is being followed, or that there is a plan in place for how the pharmacy is working towards this.

We will also continue to work closely with other regulators involved in regulating online primary care services, including by sharing intelligence where we have concerns and taking action where necessary to protect patients.

General Pharmaceutical Council

UK health regulators underline benefits of reflective practice

The leaders of nine healthcare regulators in the UK have joined forces to stress the benefits and importance of good reflection among professionals in the healthcare sector.

The chief executives have signed a joint statement – Benefits of becoming a reflective practitioner – which outlines the processes and advantages of being a good reflective practitioner for individuals and teams.

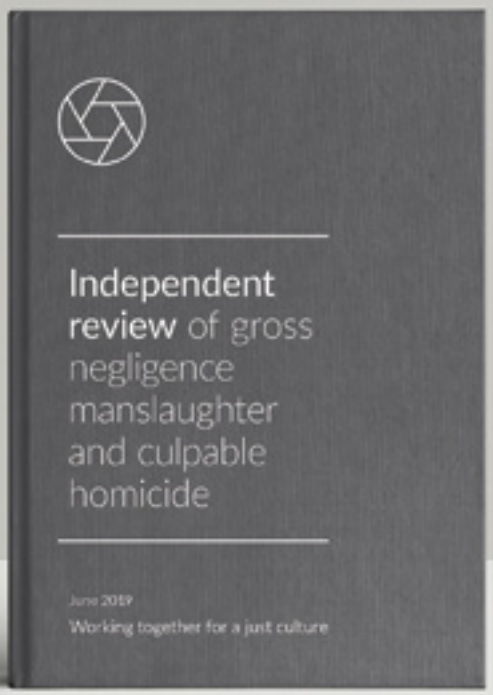
Reflection is the process whereby healthcare professionals assess their professional experiences – both positive and where improvements may be needed – recording and documenting insight to aid their learning and identify opportunities to improve. It allows an individual to continually improve the quality of care they provide and gives multi-disciplinary teams the opportunity to reflect and discuss openly and honestly.

The statement makes clear that teams should be encouraged to make time for reflection, as a way of aiding development, improving wellbeing and deepening professional commitment.

Chief executives of nine regulators – the General Chiropractic Council, General Dental Council, General Medical Council, General Optical Council, General Osteopathic Council, General Pharmaceutical Council, Health and Care Professions Council, the Nursing and Midwifery Council and the Pharmaceutical Society of Northern Ireland – have all signed the statement.

It states that reflection plays an important role in healthcare work, and brings benefits to patients, by:

- Fostering improvements in practices and services
- Assuring the public that health and care professionals are continuously learning and seeking to improve



Review into gross negligence manslaughter

General Medical Council, UK

Last year, the UK General Medical Council (GMC) commissioned an independent review to thoroughly consider how the laws of gross negligence manslaughter and culpable homicide are applied to medicine. The report was published in June and includes 29 recommendations for a range of organisations, including the GMC. All recommendations are focused on creating a just culture in healthcare and improving consistency across local, coronial, criminal and regulatory processes.

Charlie Massey, Chief Executive of the General Medical Council, said *"The report highlights the new evidence that the public are acutely aware of the pressures facing UK heath systems, and that this can affect their confidence in the care doctors are able to provide. This reinforces why we must all do what we can to make sure doctors are training and working in safe environments, for the benefit of patients, and why the GMC must work with the system to effect change."*

Supporting disabled learners in medical education and training

The UK General Medical Council (GMC) has published new guidance to help organisations best support doctors in training and medical students with disabilities. The GMC recommends that training organisations provide occupational health assessments for each doctors or trainee, with a view to forming an action plan on how they will be supported.

Steps tailored to meet the needs of both undergraduate and postgraduate doctors include forming support groups, allocating specific people as contacts, agreeing confidentiality arrangements and creating strategies to help doctors meet the demands of their courses or training.

Medical school data suggests that there are 3,727 medical students with a declared disability in the UK, roughly 9% of the medical student population. Meanwhile, 9% of doctors registered between January 2016 and July 2017 declared a disability and nearly 10% of people applying for provisional registration in 2017 declared a health condition in their application.

Development of nursing education

Luís Filipe Barreira, Vice-President of the Ordem dos Enfermeiros.

To discuss nursing development, we must first discuss nurse training as it is structurally and intrinsically connected to the profession's evolution. Therefore, it's inevitable to reflect on nurse training and its contributions or constraints when introducing an improved development strategy and support of the profession in Portugal.

One of the attributions and competencies of the Ordem dos Enfermeiros is *"the development of training and research in nursing, opining on the training models and the general structure of nursing courses"*. The Ordem views higher education, specifically nurse training, with real concern. So, we've been making contact with the Government to underlinine the need to urgently analyse and modify the nurse training system in Portugal.

Nurse training is included in the Portuguese higher education system, which is a binary system with two sub-systems: university and polytechnic, with different organisation and dimensions.

The further development of nursing in Portugal and the undeniable quality of its internationally recognised training, justifies a change in the paradigm of nursing.

Nevertheless, the OE considers that the above-mentioned binary system, is a paradoxical example. Law-Decree 353/99 allows the 2nd and 3rd education cycles in the university sub-system, but Law-Decree 480/88, keeps the restriction of the 1st cycle exclusively in the polytechnic system, without considering the development of the nursing profession. This is a unique situation in the context of research and training in Portugal.

Institutions and educators in Portugal accept nursing as a subject with the main goal of producing knowledge that can only be achieved with a university education. As a result, there's been a continuous increase in its quality. Currently we've 46 Master's and in 2016/17, 450 students completed their Master's and 22 their PhD.

It's of fundamental importance to modify nurse training to allow a greater coherence and to maximise results. This can only be obtained within the three cycles of the higher education system – Degree, Master and PhD in the two subsystems, allowing nursing candidates to choose the best solution for them. This will bring more coherence and centralised knowledge capable to produce scientific evidence and clinical practices, promoting the development of nursing as a subject and profession, and consequently leading to health gains.

ECFMG 2023 medical school accreditation requirement

Medical students and graduates wishing to train or practice in the United States from 2023 will need to meet a new set of requirements.

The 2023 Medical School Accreditation Requirement was established by the Educational Commission for Foreign Medical Graduates (ECFMG) in 2010 to stimulate international accreditation efforts and enhance the quality of medical education worldwide. The requirement is intended to encourage the development and implementation of standards for evaluating undergraduate medical education, and to provide greater assurance to both medical students and the public that they will be appropriately trained.

From 2023, individuals applying for ECFMG Certification to work in the US must be a student or graduate of a medical school that is appropriately accredited. More specifically, the school must be accredited by an accrediting agency that is officially recognised by the World Federation for Medical Education (WFME). Thus, beginning in 2023, medical schools will need to be accredited by a WFME-recognised accrediting agency if they wish to ensure their students and graduates are eligible for ECFMG Certification.

"Harmonising medical school accreditation standards through the 2023 Accreditation Requirement will improve the quality of medical education and health care worldwide," said ECFMG President and CEO William W. Pinsky, MD.

Further information can be found on the ECFMG website.

AHPRA's 'Let's talk about it campaign'

The Australian Health Practitioner Regulation Agency (AHPRA) has launched a series of new videos to support the public and registered health practitioners as they go through the complaints process. The video series called 'Let's talk about it' explains what happens when concerns are raised with the regulator, provides easy to follow information about the complaints process and addresses common questions from the public and practitioners.

AHPRA received more than 7,000 complaints in 2018 and the videos are a way of ensuring that all Australians have better access to information to help them engage with AHPRA, whose main aim is protecting the public.

AHPRA Chief Executive Officer Mr Martin Fletcher noted, *"It's important that the public and health practitioners are clear about what happens when we receive a notification"*. For more information, please follow this link.

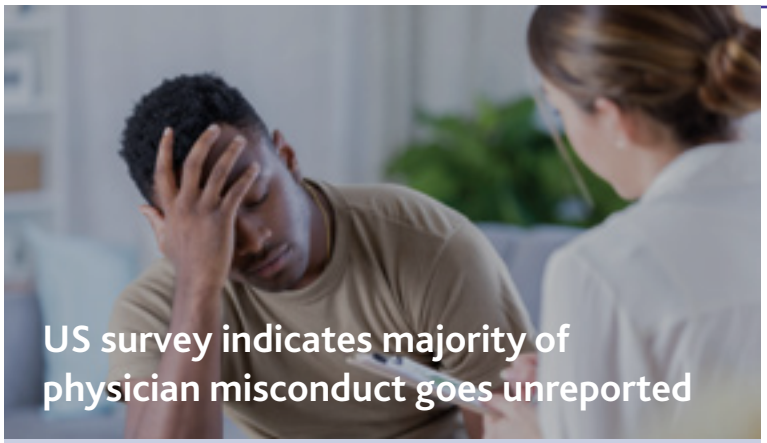
WHO releases first guideline on digital health interventions

The World Health Organisation (WHO) has released new recommendations on 10 ways that countries can use digital health technology, accessible via mobile phones, tablets and computers to improve people's health and essential services.

Over the past two years, WHO has systematically reviewed evidence on digital technologies and consulted with experts from around the world to produce the recommendations on some key ways such tools may be used for maximum impact. The guidelines urge readers to recognise that digital health interventions are not a substitute for functioning health systems, and that there are significant limitations to what digital health is able to address.

The recommendations include:

1. Birth notification via mobile devices
2. Death notification via mobile devices
3. Stock notification and commodity management via mobile devices
4. Client-to-provider telemedicine
5. Provider-to-provider telemedicine
6. Targeted client communication via mobile devices
7. Health worker decision support via mobile devices
8. Digital tracking of clients' health status and services (digital tracking) combined with decision support
9. Digital tracking combined with:
   - **a** Decision and support
   - **b** Targeted client communication
10. Digital provision of training and educational content to health workers via mobile devices/mobile learning



US survey indicates majority of physician misconduct goes unreported

While many Americans believe they have experienced physician misconduct, relatively few report the misconduct or file a complaint.

The Federation of State Medical Boards (FSMB) has released the results of a survey showing that, out of over 2,000 US adults, nearly one in five (18%) have had an interaction with a physician who they believe was acting unethically, unprofessionally, or providing substandard care – but only one-third of those who believe they experienced such care reported the misconduct or filed a complaint.

And among those who filed a complaint, only 34% took their complaint to a state medical board – the entity responsible for licensing and disciplining physicians. Nearly 7 in 10 Americans (69%) do not know that a state medical board is the best resource to contact first if they have a complaint about a physician's competence or conduct.

The survey has highlighted a need to better educate patients about the role that state medical boards play in protecting patients from physician misconduct.

Health Foundation releases paper on international mobility of health workers

The Health Foundation has released its working paper, *Labour market change and the international mobility of health workers*. The paper explores the migration and mobility of health workers, summarises the international health care labour market, and discusses policy options to respond to a growing need for health workers.

Most high-income countries are facing the social, health and economic challenges of an ageing population, including noncommunicable diseases (NCDs). Member states of the WHO European region met in April 2018 to determine how best to respond to the challenge of NCDs. They concluded that it will have major implications for how health systems train, recruit, deploy and manage the health workforce. The need for a future health workforce that is 'fit for purpose' to meet the challenge of NCDs will require new workforce roles and new workers who are trained in the correct skills and competences, based on relevant curricula, and scaled-up production capacity of educational institutions.

The paper summarises the situation with regards to various elements of these problems. It focusses on:

- The current trends in global population health
- The health labour market backdrop
- Policy responses to tackle skill shortages and a sustainable workforce
- Sustainable and ethical recruitment

Upcoming events

23 September 2019
UN High-Level Meeting on Universal Health Coverage
New York, USA

27-28 September 2019
26th Symposium of the Medical Chambers of Central and Eastern European Countries (ZEVA)
Budapest, Hungary

18-19 October 2019
European Union of Medical Specialists (UMES) Council meeting
London, UK

23-26 October
World Medical Association General Assembly
Tbilisi, Georgia

15-16 November
Standing Committee of European Doctors General Assembly
Helsinki, Finland

22 November 2019
European Network for Medical Competent Authorities (ENMCA) meeting
Copenhagen, Denmark

29 November 2019
CEOM meeting
Lisbon, Portugal

20 February 2020
European Specialist Nurses Organisation congress
Brussels, Belgium

12 May 2020
International Nursing Day

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Newsletter and Updates

Health and Care Professions Council (UK)
Nursing and Midwifery Council (UK)
European Federation of Nurses
Federation of European Dental Competent Authorities and Regulators eNews
General Dental Council (UK)
General Chiropractic Council (UK)
European Commission DG GROW
EU-insider
International Association of Medical Regulatory Authorities
European Parliament internal market committee
Professional Standards Authority (UK)
General Pharmaceutical Council (UK)
European Social Network
Association for Dental Education in Europe (ADEE)
General Medical Council (UK)
European Specialist Nurses Organisation

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