Welcome to the 46th edition of the Healthcare Professional Crossing Borders (HPCB) Update. In this edition we take a look at the recent report published on labour mobility and recognition of professional qualifications, we have an exclusive article on the patient rights in cross-border healthcare Directive and we examine a new study on the role of nursing in European health policy.

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

European Parliament study supports HPCB’s calls to improve IMI system

A new European Parliament-funded study has analysed the perceived barriers for professionals to practise healthcare in another EEA country.

The study, funded by the European Parliament employment and social affairs committee, looks into the EU system of recognition of professional qualifications and the effects of the revised recognition of professional qualifications Directive. The study focuses on the healthcare sector and examines the trends in recognition of qualifications and labour mobility. It then analyses the extent to which the recognition system helps or hinders labour mobility.

The study found that the main problems related to the recognition process itself are the complexity and fragmentation of the process, the length of time it takes and the cost. Added to this, the fact that recognition procedures cannot always be completed online and the lack of access to information on the recognition process can also hinder mobility.

For professionals, the main barriers cited are the language proficiency requirements of the host state, and the total time needed to prepare applications for recognition such as registering with professional authorities.

Further, the study found that the automatic recognition procedure, which is available for professions where the minimum training requirements are harmonised at EU level, works well but that the general recognition system can be slow and very difficult for applicants to navigate. Here, differences in educational and training requirements and difficulties in cooperation between competent authorities across the EU are the main obstacles.

According to the study, the European Professional Card (EPC) has not been widely used, and has only benefited the

Continued on next page >
mountain guide profession. Conversely, the Internal Market Information (IMI) system, used for the exchange of information between member state competent authorities has proved to be an effective tool.

The study concludes by making a number of policy recommendations, many of which have previously been called for by HPCB, including:

- To make national recognition procedures more transparent and to improve guidance for professionals applying via these procedures
- To make the IMI system genuinely effective in reducing the time for recognition of professional qualifications, its functionality should be improved - all competent authorities should be involved in using the IMI system and they should be provided with regular training
- To ensure that professionals with qualifications recently introduced in member states can also benefit from the automatic recognition system, a more regular update of Annex V of the RPQ Directive is required
The new European Commission was unable to take its seat on 1 November following the rejection by MEPs of the Commissioner-designate for DG GROW – the internal market portfolio. The European Parliament’s internal market and industry committees voted in a secret ballot not to approve Sylvie Goulard’s nomination to take on the internal market portfolio. The French nominee and former MEP had faced questions in two confirmation hearings about allegations that she used a European Parliament assistant for domestic political work, and about her work for a US think tank. Following the rejection, France nominated Thierry Breton as the new candidate for European commissioner. MEPs also rejected two other Commissioner-designates and the new candidates will now need to be approved by MEPs before the Commission can begin its five year mandate.

DG GROW Commissioner rejected by MEPs

Brexit update

EU Heads of State and the UK Government have agreed a new Withdrawal Agreement aimed at facilitating a smooth UK exit from the European Union. The new text and Political Declaration amended the ones adopted earlier in the year that were rejected by the UK Parliament. Under the terms of the new Agreement, provisions for the recognition of professional qualifications remain untouched but the plans for the border between Ireland and Northern Ireland are changed.

The UK Prime Minister submitted the Agreement to a vote in the UK Parliament but was unable to gain approval. Under the terms of UK law, he then requested an extension to the UK’s departure date. EU leaders have now agreed that the UK will leave the EU on 31 January 2020.
EU Directive 2011/24/EU: Patient rights in cross-border healthcare

Caroline Hager, Team Leader, Cross-Border Healthcare Directive, Directorate-General for Health and Food Safety, European Commission

How does the Directive ensure patient rights?
Most patients prefer to receive healthcare where they live, close to their family. Yet, cross-border healthcare can offer a lifeline to patients in situations where the most appropriate treatment or the nearest hospital is in another EU country. The EU Directive on the application of patient rights in cross-border healthcare (2011/24/EU) clarifies citizens’ rights to cross-border healthcare stemming from the case law of the European Court of Justice and it complements the separate EU Regulations coordinating social security systems. Together, patients have more possibilities to seek planned healthcare abroad. They can still claim reimbursement from their national health system or insurance provider too.

Around 200,000 patients a year take advantage of having healthcare abroad thanks to the systems put in place under this Directive (in contrast to two million citizens claiming reimbursement using the European Health Insurance Card). Unsurprisingly, the majority of patient flows are between neighbouring countries sharing borders and language, for example France-Belgium, Luxembourg-Germany, Czech Republic-Slovakia and the UK-Ireland. Cross-border healthcare is particularly important in border regions which are home to 30% or 150 million EU citizens.

EU actions support patient rights in the EU
The European Commission monitors national measures to implement the Directive to ensure they comply with the rule. In 2018, an assessment by the Commission concluded that a number of countries continue to make it difficult for patients to use their rights to access healthcare abroad. Excessive use of prior approval for treatment in another country or lengthy administrative procedures are some of the barriers. The EU is therefore working with national authorities to find solutions to reduce the red tape and to increase the Directive’s impact, making it easier for patients to access healthcare across borders.

Improving information to patients
Given that fewer than 20% of people feel well informed about their rights to healthcare abroad, there is a clear need for better information and better explanations of patient rights. Within this context, national Contact Points can provide a manual and a toolbox for patients, translated in all EU languages, to support member states in promoting the benefits of the Directive.

Information to patients: the key role of health professionals
It is standard practice for healthcare providers to provide information to patients. Of course, the Directive extends this practice to citizens from another EU country seeking healthcare in your country. It requires healthcare providers to adhere to the requirements covering clear invoices, clear prices, their registration or authorisation status and professional liability insurance.

Health professionals are invited to consult their National Contact Point for Cross-Border Healthcare for information on the Directive’s application in their country or check our website.
Strengthening the voice of nursing in policy-making

The European Observatory on Health Systems and Policies has published a new study exploring the variations in structure and organisation of the nursing workforce across the different countries of Europe. The book is part of a two-volume study on the contributions that nurses make to strengthening health systems. This publication focuses on case studies from 14 countries across Europe, a second book will be published later this year and will provide thematic analysis of important policy issues such as quality of care, workforce planning, education and training, regulation and migration. The aim of the studies is to raise the profile of nursing within health policy and draw the attention of decision-makers.

Dr Anne Marie Rafferty, co-editor of the study, believes the need for nursing’s voice within policy is finally starting to gain traction. Historically overlooked from the subordination of nursing to medicine within EU countries, the growth of high profile research and trends of nurses challenging the status quo have started to change this.

Dr Anne Marie Rafferty said:

“Nursing reflects broader societal trends and is an important barometer of those trends. For instance, nursing has been hard hit by austerity and the financial crisis in Europe and this is reflected in the workloads of nurses in Greece, Poland and Spain; England, meanwhile, has among the highest levels of burnout, lowest levels of job satisfaction and most diluted skill mix”

According to the study, nursing has long been bypassed as a priority within Europe which has meant, among other things, a lack of investment in salary. The tide is starting to change however; salary benchmarking across the EU is helping to lobby for better salary and conditions, the need to maintain skill mix and to invest in upskilling within advance practice levels is also being recognised with investment made to retain the current workforce. These changes should bring about better patient outcomes and work toward improving the nursing landscape.

The European Observatory on Health Systems and Policies publication can be accessed here.
Health champions wanted!
In October, nine EU umbrella health organisations held a debate in the European Parliament entitled EU 2019-2024: Health Champions Wanted. The debate was hosted by Dr Peter Liese MEP and Dr Sara Cerdas MEP and focused on the health policy challenges facing the European Union in the coming years. The event aimed to raise awareness of the main public health priorities, including:

- Universal access to high quality and sustainable healthcare
- Disease prevention
- The fight against cross-border healthcare threats and health inequities
- Maintaining the supply of medicines for EU citizens

The EU health community believes that, when working together, member states can add genuine value to national efforts to improve the effectiveness of health systems and deliver patient-centred-care to their communities.

Whistleblowing Directive adopted
The EU has formally adopted new rules on whistleblower protection, requiring the creation of safe channels for reporting to public authorities and within organisations, and the training of public officials on how to deal with whistleblowing.

Currently with only 10 EU countries having comprehensive laws to protect whistleblowers, the Directive aims to provide a high level of protection against retaliation, and covers sectors from financial services to public health, public procurement, money laundering, product & transport safety, nuclear safety, consumer and data protection.

It is estimated that an annual loss to the EU within public procurement alone stands between €5.8 - 9.6 billion due to the current lack of whistleblower protection.

Member states have two years to implement the rules into national law which will come into force at the end of 2021. Failing after any Brexit transition period, the UK Government will need to decide whether to implement the law within the UK.

The Directive legislation can be accessed here.

EC calls on Greece to improve its RPQ process
The European Commission sent an official warning to Greece over the summer as its national legislation and administrative practice did not comply with EU rules on recognition of professional qualifications. EU rules set a four-month deadline for the RPQ process. However, it takes between 11 to 18 months for Greek authorities to recognise diplomas from other EU countries.

Letter of formal notice to Belgium
The European Commission has sent complementary letters of formal notice to Belgium regarding the conformity of its national legislation and practice with EU rules on the recognition of professional qualifications. Specifically, the notice regards the compliance of Belgium’s training programmes for general care nurses with EU rules. Belgium now has two months to reply to the arguments put forward by the Commission; otherwise the Commission may decide to follow up with the sending of a reasoned opinion.
European Parliament questions

**IT system for GPs in Romania**

Daniel Buda MEP (Romania) has questioned the European Commission about best practices with regard to national electronic health records. This follows problems reported with the IT systems that doctors use to communicate with the Romanian National Health Insurance Agency. According to the MEP, the system is poorly designed and often crashes meaning that doctors have to enter their patients’ data on public databases outside normal working hours, mostly at night when the system is less busy.

The EC responded that the organisation of healthcare is a national competence but that it is committed to supporting the work of member states in this area. It stated that Romania intends to apply for EU funding in 2019 to build the necessary national infrastructure to exchange data cross-border and that the country aims to start the cross-border exchange of eHealth data in 2022.

**Training for nursing staff**

Pascal Arimont MEP (Belgium) has questioned the European Commission on the process undertaken by the Belgian authorities to assess foreign nursing qualifications. This follows the case of a Belgian nurse with a German nursing qualification who was denied access to additional training in psychiatry on the grounds that he had obtained only a ‘second level’ qualification. Such a distinction between qualifications is not made in Germany.

In response, the EC stated that the recognition of qualifications by the host member state should allow beneficiaries to gain access to the same profession as that for which they are qualified in the home member state. General care nurses, fully qualified in another member state, should have their requests to access further training in the host member state assessed individually based on their merits, while respecting the general principle of non-discrimination. The citizen referred to in the parliamentary question was advised to take the case to the SOLVIT network.

**Exchanges of European health records**

Pascal Arimont MEP (Belgium) has asked the EC to give details of progress made in the field of European health records and the potential for cross-border exchanges of these records.

In response, the EC stated that the Commission Recommendation 2019/243 on a European Electronic Health Record Exchange Format aims to allow EU citizens to access their health records across member states easily and securely in compliance with data protection rules. It stated that good progress is being made with steps already taken to make some health records interoperable, such as patient summaries and ePrescriptions. Twenty-two member states have agreed to exchange patient summaries and ePrescriptions between health professionals across borders. Five member states (Finland, Estonia, Croatia, Czechia and Luxembourg) are already operating cross-border exchanges. In total, 4200 ePrescriptions have been exchanged across borders to date.
European Observatory on Violence against Doctors

Dr Jean-François RAULT, Secretary General, European Council of Medical Orders

In June 2017, during the bi-annual plenary meeting of the European Council of Medical Orders (CEOM) in Modena, the European Observatory on Violence against Doctors was created at the initiative of CEOM President Dr José Santos (Portugal).

The European Observatory on Violence against Doctors aims to gather objective data about cases of violence (location, type of practice, type of violence, aggressor profile, etc.) in order to achieve a correct evaluation of needs, followed by effective proposals for action. It also aims to conduct a thorough mapping of existing national mechanisms to address violence against doctors. Within the framework of CEOM’s European Observatory on Violence, priority is given to an exchange of preventive tools between CEOM members, thereby opening the way to a sharing of experiences and of best practices. Since its creation, the Observatory has taken concrete measures with the adoption of an official position statement aimed at health professionals, the public and the authorities. During the CEOM plenary meeting in Madrid in November 2018, CEOM members unanimously adopted the CEOM Declaration on Violence against Doctors and Health Professionals.

In the framework of the Observatory’s actions and of cooperation between the European Medical Organisations, a working group has been created, chaired by CEOM 1st Vice-President Dr Roland Kerzmann (Belgium) along with Dr Konstantinos Koumakis (Greece), Vice-President of the European Association of Senior Hospital Doctors (AEMH). This working group will take forward actions in the field of preventing violence against doctors.

About CEOM:

The purpose of the CEOM is to promote within the European Union and the European Free Trade Association the practice of high quality medicine respectful of patients’ needs. CEOM brings together the Medical Councils and the independent medical regulatory authorities of European Union Member States and the European Free Trade Association responsible for either, ethics and professional conduct, registration or licensing procedures, disciplinary matters regarding physicians, recognition of qualifications and levels of specialty, authorization to practice and setting of professional standards.
European regulation updates

Pharmacy regulator in Great Britain begins publishing pharmacy inspection reports

The General Pharmaceutical Council (GPhC) is publishing pharmacy inspection reports for the first time after obtaining the legal powers to do so and consulting with patients, public and the pharmacy sector.

The publication of inspection reports on a new website will not only help to inform and assure the public about the standards they can expect from pharmacies but also drive improvement in pharmacy services.

Members of the public will now be able to find out for the first time if a pharmacy inspected by the regulator has met all of the required standards. Where a pharmacy has not met all the standards, an improvement action plan will also be published.

The site will feature an online ‘knowledge hub’ for the pharmacy team, with anonymised short examples of excellent, good and poor practice identified through pharmacy inspections. This knowledge hub was developed in response to feedback from the pharmacy sector about how useful they found examples of notable practice shared by the inspectors.

It has been designed so pharmacy owners and pharmacy teams can quickly find examples relevant for them at any time which they can use to learn from and to improve outcomes for patients and the public using their services.

The website currently holds reports of inspections since April 2019 and is updated on a daily basis. Upon launching this website the GPhC also published a report sharing what has been learnt from carrying out over 14,000 inspections covering every registered pharmacy in Great Britain since 2013.

This analysis shows that the vast majority of pharmacies (over 85%) met all of the standards set by the regulator. The analysis also identified some key themes, patterns and trends which every pharmacy and pharmacy team can use to improve.
EEA doctors working in the UK

The General Medical Council (UK) has published its annual data on the number of doctors with a European primary medical qualification who are practising in the UK. The report contains information on:

- The total number of graduates from the European Economic Area (EEA) who are licensed to practise in the UK
- The number who joined and left the register each year
- The characteristics of licensed EEA graduates by UK country – for example their gender, ethnicity and average age and their areas of practice
- Those specialties which are particularly dependent on EEA graduate doctors – at a UK level as well as by each country

In the UK, 9% of all licensed doctors in 2019 were EEA graduates but this figure was 14% for specialist doctors and was higher still for some specific specialties. The number of licensed EEA graduates has remained fairly constant over the last four years and the data shows that fewer EEA graduates left the profession in 2018 than in any year since 2012.

There are currently just over 22,000 EEA qualified doctors on the UK medical register, and just over 2,000 join the register for the first time every year. The top five EEA nationalities on the medical register continue to be Republic of Ireland, Greece, Romania, Italy and Germany.

Medical Council of Ireland publish new strategy

The Medical Council of Ireland has published their Statement of Strategy for 2019 to 2023. Focussed on a review of international best practice and stakeholder engagement, the strategy seeks to:

- Protect the public and practitioners
- Provide consistency across education and training
- Deliver efficient proportionate regulation
- Improve understanding of the Council’s role
- Review and recommend legislative change in regulation
- Promote an engaged, effective and empowered organisation

Dr Rita Doyle, President of the Medical Council said:

“Guarding patient safety and supporting the medical profession in a transparent, respectful and fair manner are cornerstones of the strategy. It is important in a rapidly evolving healthcare environment that the strategy is robust, so the Council will monitor the sector to ensure that the strategy will remain relevant throughout the coming five years”

The full strategy is available here.
Specialists in general practice

The General Medical Council (GMC) has given its support to calls from the Royal College of General Practitioners (RCGP) and the British Medical Association (BMA) for General Practitioners (GPs) to be recognised as specialists.

Currently there are two separate medical registers in the UK – one for GPs and one for consultant specialists. There is concern that this separation doesn’t acknowledge the rigorous and lengthy process GPs also have to go through to practice, and the huge contribution they make to patient care across the UK.

To practice as a GP, UK graduates must complete a minimum of three years General Practitioner Specialty Training (GPST) on a GMC approved programme, pass the Membership of the Royal College of General Practitioners (MRCGP) assessments and gain a Certificate of Completion of Training (CCT). Assurance processes are in place to ensure doctors who move to the UK from abroad, or demonstrate equivalent knowledge, skills and experience, also meet these high standards.

Most countries within Europe already legally recognise general practice as a specialty. Creating a single advanced medical register in the UK by expanding the Specialist Register to include general practice requires the UK Parliament to amend the Medical Act – the decision to make such a change rests with the four UK governments.

Whistleblowing disclosures report

In September eight UK healthcare professional regulators published the 2019 Whistleblowing Disclosures Report. The second of its kind, the report aims to highlight their coordinated effort in response to the legal duty introduced in the UK in April 2017 requiring prescribed bodies to publish annual reports on whistleblowing disclosures.

Covering April 2018 to March 2019, the report shows that of the 190 disclosures made during this period:

- General Dental Council received 75 and took regulatory action on 56
- General Medical Council received 35 taking regulatory action on 26
- General Optical Council received 19 taking regulatory action on 10
- General Osteopathic Council received 2 and took regulatory action on both
- General Pharmaceutical Council received 16 taking regulatory action on 5
- Health and Care Professions Council received 9 taking regulatory action on 1
- Nursing and Midwifery Council received 34 taking regulatory action on 18
- General Chiropractic Council received no disclosures

The report can be accessed here
Regulation of physician associates in the UK

The UK Government has announced that the General Medical Council will undertake the regulation of physician and anaesthesia associates. All four UK governments have agreed that regulation should fall under the purview of the current medical regulator. Last year the Government said it would push forward with legislation to regulate the new roles. Physician associates currently work under the supervision of doctors and are unable to prescribe or refer patients for scans - but it is believed that regulation could lead to them being able to prescribe.

Although in its early stages, the GMC is working with the Government to establish costs and timescales for bringing physician and anaesthesia associates under regulation.

Nursing and Midwifery Council (UK) launches new process for registration of internationally trained nurses, midwives and nursing associates

Simon Grier, Programme Communications Manager
Alex Urquhart, Senior Communications and Engagement Officer

Nurses and midwives applying to join the Nursing and Midwifery Council (NMC) register from overseas will now find the process quicker and more accessible than ever before.

As part of the NMC’s commitment to improving its approach to overseas registration, the new process offers a more efficient and streamlined experience and helps to ensure qualified nursing and midwifery professionals can get into practice where they are needed.

Applicants can now apply through an online system, rather than paper, which will provide them with a personal account to track their progress instantly.

Other key improvements include streamlined requirements to confirm a candidate’s competence. For example, instead of asking for training transcripts, the NMC will confirm they hold the qualification that would lead to registration in their home country.

As part of the new process we will be emailing international regulators for verification about candidate’s good standing or registration, rather than by post, this will help reduce delays to the application process.

Unnecessary delays in registration can mean applicants aren’t able to practice in their chosen profession and it can put them at risk of losing work or, sometimes, having to return home.

The NMC has made these changes to ensure that highly-skilled nursing and midwifery professionals can join the UK workforce as quickly as possible in order to carry out their role of delivering better, safer care for people using health and care services.

Emma Broadbent, Director of Registration and Revalidation at the NMC, said:

“We have listened to people’s feedback and I’m pleased to announce that nurses, midwives and nursing associates from abroad will now benefit from this improved process.

We want to make sure that those who meet our requirements are able to join our register as quickly and efficiently as possible. We are hopeful that by simplifying the application process, we will continue to make the UK an attractive option for those coming from abroad.

This is another example of how the NMC is committed to positively addressing nursing and midwifery shortages that exist in health services, adult social care services and within local communities across the UK.”

A link to information about our new process can be found here.
The Medical Council of Ireland (MCI) has published its 2018 Annual Report and Financial Statements giving an overview of the Council’s work across the last year.

Beginning their first term in June of last year, 2018 saw the election of six new medical members to the Council who sat before the Oireachtas Committee on Health to discuss ethical guidelines for doctors, open disclosure and consultants not on the specialist register. 2018 also marked the start of the consultation process to update the Professional Conduct & Ethics for Registered Medical Practitioners guide following a referendum on the 8th amendment, removing the ban on abortion in Ireland.

Within the medical register, 2018 saw an increase of 347 doctors from 2017, totalling 22,998, with males making up 58% of those registered and 42% female. 58% of doctors currently on the register received their primary medical qualification in Ireland; 14% from another EEA member state; and 28% from outside the EU or EEA. 35% of registered doctors are aged 35 or under. Across 2018, the MCI received 396 complaints with the largest category of complaints received (19%) being in relation to communication issues, in keeping with the pattern of recent years.

The 2018 Annual Report and Financial Statements can be accessed here.

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Nursing and Midwifery Council (UK) launches new midwifery standards

Josh Stephens, Senior Communications and Engagement Officer

Midwifery is a unique, rewarding and dynamic profession and midwives are highly skilled, knowledgeable professionals. Every birth is touched by a midwife and that is an incredibly special privilege.

We have worked hard over the past two and a half years to develop new midwife standards in partnership with midwives, student midwives, women, their families and other health and care professionals across all four countries of the UK. The standards are in two parts: standards for pre-registration midwifery education programmes and standards of proficiency for midwives.

We are incredibly proud of the new standards, which will enable midwives of the future to provide the best and safest care to women, their babies and families. Our Council approved the standards at its October 2019 meeting, they will begin to take effect in September 2020 and will be fully implemented by September 2021, launching publicly in early 2020.

One area which has a greater emphasis is perinatal mental health. Mental health problems during this crucial time affect up to 20% of women, and, if untreated, can have a serious impact. The new standards are outcomes focused, emphasising that midwives have the right knowledge and skills to identify the individual mental health needs of women as early as possible, and to work in collaboration with multidisciplinary teams to provide evidence-based, compassionate and appropriate person-centred care.

There is also an increased focus on midwives providing continuity of care, whether working in the community, a midwifery-led unit or hospital. The new standards recognise the midwife’s central role in ensuring the needs, preferences and decisions of women and babies are heard, understood and met. Midwives will continue to provide this continuity of midwifery care when complications arise, working alongside other professionals.

Multidisciplinary team working is vital to ensuring the best and safest care for women and their babies, particularly when complexities arise. So, we have used these standards to set out the importance of effective communication and team work between midwives and colleagues from other health and social care professions.

The standards also recognise the important role midwives have in improving public health. Whether through supporting women with giving up smoking, counselling on reproductive health after birth and supporting women with infant feeding, the standards will help future midwives make a valuable contribution to public health, health promotion and health protection.

You can find out more about the work that has gone into our new standards and the impact they will have here.

The new standards can be viewed here.

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Medical Council of Ireland annual report

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Around the globe

CLEAR podcast: Lessons from cases involving intentional harm to patients

When healthcare professionals intentionally harm or kill patients in their care, it shatters the public trust in the healthcare system, healthcare professionals, and their regulators. In this podcast, Lara Kinkartz from Weirfoulds LLP, Christine Braithwaite from the Professional Standards Authority in the UK, and David Benton from the National Council of State Boards of Nursing discuss the impacts of such cases, processes and strategies regulators can put in place to help minimise the chances of intentional harm, and ways regulators can navigate the increased public scrutiny that results from such cases.

Social Inequalities in Health and Health Systems

The Organisation for Economic Cooperation and Development (OECD) has released a report analysing health inequality across OECD and EU countries. ‘Health for Everyone? Social Inequalities in Health and Health Systems’ assesses the socio-economic differences in health outcomes and risk factors and the inequalities in health care utilisation, unmet needs and affordability of health care services.

Of the 33 OECD and EU countries, the report found:

- Unmet healthcare needs due to cost are concentrated within lower income groups with 26% of low income households compared to 8% high income households not accessing necessary health care
- Those less educated are more likely to smoke and be overweight with women at greater risk for being overweight and men being more likely to smoke
- Preventative healthcare services are concentrated amongst higher income groups
- Those less educated view their health poorer than their more educated counterparts (44% vs. 23%)
- 30% of people below the poverty line struggle to afford healthcare compared to 17% of households within EU countries

The report highlights changes within policy that could help address these inequalities to ensure economic prosperity is shared by the entire population. For more information or to read the report please click here.
India - Controversial National Medical Commission Bill passed

The National Medical Commission Bill 2019 was passed by the Indian Parliament over the summer amidst protests from thousands of doctors across the country. The bill replaces the Medical Council of India with the National Medical Commission to develop and regulate all aspects of medical education, profession and institutions. Medical services across the country were affected by striking doctors opposing the proposals on the exit examination for license to practise, the authorisation for community health professionals to practise medicine, and capping of fees in only 50% of the private medical colleges in India.

Shortening trainee doctor hours hasn’t harmed patients

A US study has found no difference in hospital deaths, readmissions or costs when comparing results from doctors trained before and after caps limiting duties to 80 hours per week took effect from 2006. Researchers compared cases from two six-year time periods: before and after 2006, when the first new doctors who were fully affected by the reforms had finished their residencies. The study compared the new doctors — some affected by reforms and some not — to trends among veteran doctors with 10 years’ experience and all trained under the old rules. They found no difference in patient deaths, readmissions or costs.

Pakistan - Pakistan Medical and Dental Council dissolved

The President of Pakistan has passed a law dissolving the Pakistan Medical and Dental Council (PMDC) and paving the way for the establishment of a new organisation named the Pakistan Medical Commission (PMC). The PMC will be run by a nine-member body with a president. At the same time, the Ministry of National Health Services (NHS) and the police took over possession of the PMDC building and instructed 220 employees that the office would remain shut for one week. The Pakistan Medical Association (PMA), has called the decision undemocratic and appealed to political parties to reject the presidential ordinance.
Upcoming events

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
European Council of Medical Orders (CEOM) meeting
Lisbon, Portugal

20 February 2020
European Specialist Nurses Organisation congress
Brussels, Belgium

16-17 April 2020
European Federation of Nurses Associations (EFN)
General Assembly
Brussels, Belgium

4-5 May 2020
Global Forum on Vaccination
Vatican City

12 May 2020
International Nursing Day

15-16 October 2020
European Federation of Nurses Associations (EFN)
General Assembly
Estonia

21-24 October 2020
World Medical Association (WMA)
General Assembly
Cordoba, Spain

Newsletters 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
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

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