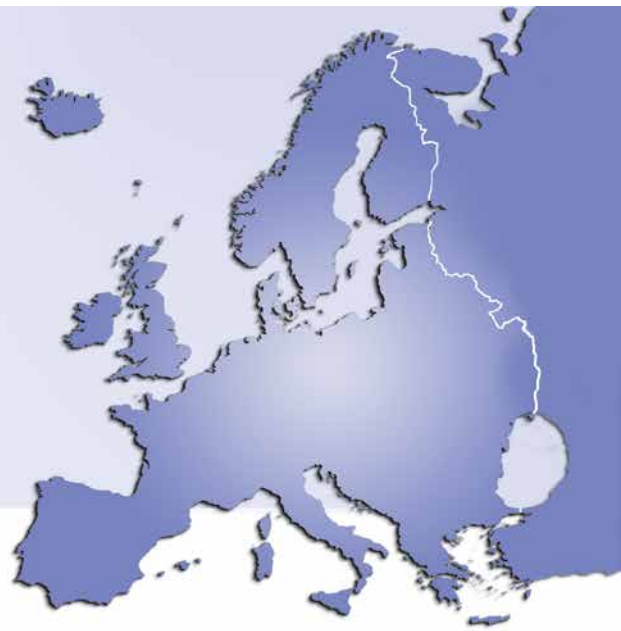


# HPCB | Healthcare Professionals Crossing Borders

## Crossing Borders Update



Welcome to the 47th edition of the Healthcare Professionals Crossing Borders (HPCB) Update. In this edition we take a look at the health profiles of 30 European countries and the shift toward prevention and primary care, we explore the latest Brexit developments, the European Commission White Paper on AI in healthcare and the updated annex on the mutual recognition of professional qualifications Directive.

We also explore health education with CPME, CED-FEDCAR and Spark Legal, explore the state of medical education and practice in the UK, the Ireland Workforce Intelligence report, update on the latest developments in Pakistan, take a look at the new look HPCB website and celebrate the year of the nurse and midwife. We hope you enjoy the newsletter. As ever, if you have any articles to contribute to future editions, please contact the secretariat.

### Healthcare professionals and competent authorities respond to COVID-19

As this edition of the HPCB Update went to press, healthcare professionals and competent authorities across Europe have been responding to the COVID-19 pandemic. The work of doctors, nurses, pharmacists, physiotherapists and all other health professionals has been crucial in caring for patients and helping to combat the virus.

Competent authorities across Europe have responded to the crisis in many different ways, including:

- Mobilising doctors and nurses who have recently stopped practising to re-join the register and return to work
- Asking medical and nursing students to pause their studies and work in hospitals and other healthcare settings

- Closing universities and postponing exams
- Updating advice and guidance on the use of telemedicine
- Amending rules around prescribing
- Suspending CPD and revalidation rules

We plan to have a spotlight in the next edition of the HPCB Update focussing on the actions taken by healthcare professionals and competent authorities in relation to COVID-19.

The edition will be published in late summer. Please contact the [HPCB secretariat](#) over the next few months if you would be interested in contributing and highlighting the important work that you are doing.

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## State of health in the EU – shift to prevention and primary care



The European Commission has published profiles of health systems in 30 European countries. The profiles look at the health of the population and important risk factors, as well as examining the effectiveness, accessibility and resilience of health systems in each country. The profiles highlight

a number of shared trends across Europe including vaccine hesitancy, digital transformation and the increasing use of skills mix between professions.

A companion report published alongside the profiles identifies some of the biggest trends in the transformation of European health systems. They include:

- Vaccine hesitancy is a major public health threat all across Europe, which can be tackled by improving health

literacy, countering disinformation and actively involving health workers

- The digital transformation of health promotion and disease prevention can result in winners and losers. People who would most benefit from mobile health and other such digital tools may be the least likely to have easy access to it
- Gaps in health care accessibility are still very much a reality in the EU. Both the clinical needs and socioeconomic characteristics of patients need to be accounted for when measuring access to health care and its many barriers
- Skill mix innovations among the health workforce show great potential for increasing the resilience of health systems. Promising examples of skills mix among health workers are found across the EU, particularly when it comes to enhancing the role of nurses and pharmacists
- The product life cycle of medicines reveals ample scope for member state cooperation in ensuring safe, effective and affordable therapies, including everything from rational spending to responsible prescribing

The country profiles and the companion report can be read [here](#).

## EU institutional developments

### Impact of Brexit on professional mobility

On 31 January, the UK officially left the European Union. As the UK and European Parliaments adopted a Withdrawal Agreement, the UK entered an 11-month transition period during which the status quo in terms of the application of the EU legal framework remains in place in the UK.

For the mobility of healthcare professionals, the transition period means that nothing changes during 2020. UK competent authorities will keep the same registration systems for EEA professionals, and the same data protection rules until 31 December 2020. The UK will retain access to the Internal Market Information (IMI) system, which allows European competent authorities to share details about restrictions or prohibitions placed on professional's practice and facilitates communication between competent authorities.

Throughout 2020, the EU and UK will enter into negotiations on a new relationship. In their negotiating

mandates, both sides have highlighted the recognition of professional qualifications as an important priority in the talks.

Message from the UK General Medical Council

“The GMC has been clear all along that EEA doctors are a vital part of the UK medical workforce. There are over 22,000 EEA doctors on the UK medical register, and just over 2,000 join the medical register for the first time every year.

European doctors make a vital contribution to the UK health service and we're focused on ensuring they aren't deterred from practising in the UK, whatever the final settlement with the EU.

It's essential that we maintain excellent relationships with our European regulatory counterparts, and we look forward to continuing to work closely with you in the future.”

## Brexit negotiating mandates

The European Council has adopted a decision authorising the opening of negotiations for a new partnership with the UK and has published its [mandate](#) for the negotiations. With regards to the mutual recognition of professional qualifications, the Council mandate states that:

*“The envisaged partnership should also include a framework for negotiations on the conditions for the competent domestic authorities to recognise professional qualifications necessary to the pursuit of specific regulated professions, where in the Union’s interest”*

For its part, the UK Government has also set out its proposed [approach](#) to the negotiations with the EU about the future relationship. The document states that:

*“The Agreement should provide a pathway for the mutual recognition of UK and EU qualifications, underpinned by regulatory cooperation, so that qualification requirements do not become an unnecessary barrier to trade”*

Talks began at the start of March and are likely to continue until at least October. Any new agreement would need to be ratified and implemented in time for 1 January 2021.

## EC publishes update to Annex V – automatic recognition rights

The European Commission has published an updated version of Annex V of the mutual recognition of professional qualifications Directive. The Annex lists the evidence of formal qualifications and titles of training courses that grant automatic recognition across the EEA. The updated Annex can be read [here](#).

## European medical organisations outline Brexit priorities

In the framework of the post-Brexit negotiations between the EU and the UK, the European medical organisations sent a joint letter to Michel Barnier, the former EU Chief Negotiator and current Head of Task Force for Relations with the UK. The letter outlined the interests of the medical profession post-Brexit, including the need to cooperate on the recognition of professional qualifications, research and health security, and arrangements for cross-border health services in Ireland.



## EC publishes 2020 work programme

The European Commission has published its [2020 work programme](#). Of interest to HPCB, the work programme outlines plans to publish a White Paper on Artificial Intelligence which was subsequently published in February. The EC will also publish a report on the application of the General Data Protection Regulation over the summer.

The EC also plans to address demographic change, with a report on the impact of demographic change planned for early in the year and a Green Paper on Ageing at the end of the year.



## Updated HPCB website

The Healthcare Professionals Crossing Borders website has been updated to provide a more user-friendly interface to help healthcare professionals, competent authorities and the public to learn about the work of the HPCB initiative and to access past issues of the HPCB newsletter. The new-look website can be accessed at [www.hpcb.eu](http://www.hpcb.eu)



## EU minimum harmonised training for general care nurses – time for an update?

Spark Legal Network is currently carrying out a study on *Mapping and assessment of developments for one of the sectoral professions under Directive 2005/36/EC – nurse responsible for general care*, commissioned by the European Commission last year.

At the end of 2019, stakeholders from all over Europe convened in Brussels to discuss the main scientific and technical advancements affecting the nursing profession, and the knowledge, skills and training subjects listed under Directive 2005/36/EC.

Article 31, in combination with Annex V of the Directive, sets out the minimum training requirements for nurses responsible for general care in areas such as minimum training times, the ratio of clinical to theoretical training, and the minimum competences that nurses should be able to apply in their work.

As part of the study, research is being undertaken to assess whether there are grounds to adapt the knowledge, skills and training subjects required for nurses responsible for general care under the Directive. Member state competent authorities have contributed to the study via questionnaires and face-to-face workshops. The final results of the study will be published later this year but the preliminary results suggest that it seems appropriate to update the Directive, in particular by including references to additional knowledge, skills and training including:

- Ability to provide individualised nursing care and to empower patients and relatives in relation to self-care and leading a healthy lifestyle
- Ability to demonstrate a range of skills and strategies for effective verbal and written communication with colleagues, patients and their families
- Ability to develop an effective leadership approach; decision-making skills
- Knowledge and skills in Information and Communications Technology (ICT) and technical innovation related to nursing care

A discussion paper and a video of the recent workshop can be viewed on the Spark [website](#).



## Development of artificial intelligence in healthcare

The European Commission has published a White Paper on Artificial Intelligence (AI) which sets out its proposed strategies for the development of AI in sectors such as healthcare. The paper states that for high-risk sectors such as health, AI systems should be transparent, traceable and guarantee human

oversight. Authorities should be able to test and certify the data used by algorithms and to ensure respect of fundamental rights, in particular non-discrimination. The paper is open for public consultation until 19 May and can be read [here](#).

1

### Cross-border healthcare reimbursement delays

Billy Kelleher MEP (Ireland) has questioned the EC on delays that patients have experienced when applying for the reimbursement of [cross-border healthcare costs](#). According to the MEP, Irish citizens have been waiting up to five months to receive reimbursement for medical procedures carried out in another EU member state.

In response, the EC confirmed that article 9(5) of the cross-border patients' rights Directive requires member states to reimburse patients 'without undue delay'. As part of its monitoring role, the Commission carries out an annual data collection exercise regarding the application of the Directive. According to the 2017 data, Ireland normally processes requests within 30 days, however, the Irish National Contact Point has recently announced a delay of more than 3 months in processing applications and claims under the Directive. This is due to a large number of reimbursement claims and current available staff numbers.

2

### Health profession regulation in Italy

Nicola Danti MEP (Italy) has questioned the European Commission on the compatibility with EU legislation of recent measures concerning [regulation of health professions in Italy](#). He queried whether the introduction of new limits on advertisements providing information in the health field, and new rules making it mandatory for private health facilities to employ a medical director registered on the rolls of the relevant medical council in the region in which they operate, comply with the principles of non-discrimination and transparency.

In response, the EC stated that restrictions on the exercise of a profession may be justified in the light of overriding reasons of public interest, such as public health and patient safety, but that member states must justify the measure. The EC confirmed that limitations on advertisements providing information in the health field have been explicitly identified by the Court of Justice as a restriction of the fundamental freedom of establishment. Moreover, a requirement from private health facilities to employ a medical director registered on the rolls of the relevant medical council of the region constitutes a restriction to the freedom of establishment.

3

### Improving the cross-border healthcare system

Tomislav Sokol MEP (Croatia) has questioned the EC about the reluctance of national competent authorities to implement the provisions of Directive 2011/24/EU on [cross-border patients' rights](#), in particular the issue of arbitrary or unjustified decisions of refusal to grant prior authorisation to patients. In response, the EC stated it is concerned that challenges remain for patients to benefit from their rights to seek treatment in another member state. It will continue to hold structured dialogues with member states, in particular as regards the use of prior authorisation and simplification of reimbursement conditions. The next triennial report on the implementation of the Directive is due by October 2021. Furthermore, the Commission will carry out an evaluation of the Directive's performance by the end of 2023.



### CED-FEDCAR position on quality control in dental education

Cédric Grolleau, Federation of European Dental Competent Authorities and Regulators

The Council of European Dentists (CED) and the Federation of Dental Regulators (FEDCAR) have called on the European Commission to recognise the need to foster mutual confidence in the quality of dental education.

In light of 2005/36 Directive which obliges member states to automatically recognise dental qualifications from within the EU, and the commitment to achieve a European Higher Education Area by 2025, CED and FEDCAR adopted a common position on quality control in education.

Both are calling for additional measures to ensure that the quality of dental education, especially clinical components, are comprehensively evaluated, particularly in regard to the standards and guidelines for quality assurance in the European Higher Education Area. These measures are necessary to enhance mutual confidence and to ensure the proper functioning of the single market.

CED and FEDCAR have called on the EC to ensure these measures include:

- The possibility for member states to remove recognition for the purposes of professional registration from institutions falling seriously short of the standards required to train dental students to practice safely on graduation
- The amendment of Directive 2005/36 in order to set up a mandatory system across Europe of public, regular and

independent assessments of all institutions providing qualifications in dentistry

A future report on the implementation of EU Directive 2005/36/EC on the recognition of professional qualifications is expected this year.



#### About CED

The Council of European Dentists (CED) represents over 340,000 dentists across Europe and is composed of 32 national dental associations from 30 European countries.

#### About FEDCAR

The European Federation of Dental Competent Authorities and Regulators (FEDCAR) represents 22 European orders and bodies responsible for the regulation, the registration and the supervision of dental practitioners.

For further information please contact: [ced@cedentists.eu](mailto:ced@cedentists.eu) & [info@fedcar.eu](mailto:info@fedcar.eu)



### International Year of the Nurse and Midwife

Welcome to the [International Year of the Nurse and the Midwife](#). As this year is the bicentenary of Florence Nightingale, the founder of modern nursing as we know it, throughout 2020 we will celebrate the contribution nurses make to healthcare, highlight the challenges they face, and advocate for increased workforce funding and leadership opportunities. In combination with the International Confederation of Midwives, International Council of Nurses, World Health Organisation, United Nations and Nursing Now, there is a whole



year of international activities including the launch of *The State of the World's Nursing*

report, the Compassionate Care awards and the International Nursing Conference in Taiwan. The aim of the year is to propel nursing and midwifery into the spotlight, highlighting how we can all improve access to healthcare, promote equality and support economic growth by endorsing the role nurses and midwives do and could continue to play.

## Right time, right place, right touch regulation

The UK General Dental Council (GDC) have published their [2020–2022 Corporate Strategy: Right time, right place, right touch](#). Centred around a fair, proportionate and responsive regulatory framework, the GDC's values and vision for the next three years focuses on fairness, transparency, responsiveness and respect in order to:

- Support safe and effective care
- Endorse clinical competence and ethical conduct standards and
- Embody right touch regulation

The Dental Council's strategic aims highlight their approach for the coming years, moving toward upstream regulation (right time), supporting complaint resolution at the appropriate level (right place) and ensuring proportionate regulation (right touch).

“ The programme of work within this strategy shows how the GDC intends to continue to improve its approach to achieving its statutory responsibilities of protecting the public and maintaining public confidence in dental services. Key to this is ensuring that complaints are dealt with in the right place, which is often in the surgery. Over the last few years the GDC has had increasing success cooperating with stakeholders to achieve those aims and this strategy shows how we plan to further develop this approach over the next three years”

**Dr William Moyes, General Dental Council Chair**

The strategy should support the General Dental Council in supporting the health, wellbeing and confidence of the public as set out in the Dentist Act 1984 and the Health and Social Care Act 2015.

## State of medical practice in the UK – 2019 report

Doctors are making deliberate choices to manage their careers and wellbeing a UK General Medical Council (GMC) report has found.

[The State of medical education and practice in the UK 2019](#) highlights changing approaches to work-life balance and career development which impact on UK health services' ability to plan for patient demand.

Against a backdrop of rising workloads and the need to recruit and retain a sustainable medical workforce, the report finds that doctors are moving away from traditional career and training paths. Career choices balancing wellbeing with work have become the norm and may signal a

'new reality'.

Among notable trends is the rise in the number of doctors choosing to spend time working as a locum, practising medicine abroad, or even taking a year out, rather than going straight into specialty or GP training after the completion of their initial training.

Some do so because they're unable to go into the specialty training they want straight away but for many, the pressures of working in stretched services are a major factor. GMC analysis shows that doctors who paused before starting their specialty training were, on average, at less risk of burnout.



## Concerns around protected training times

The Medical Council of Ireland has [published reports](#) following the inspection of ten clinical training sites to assess compliance with standards for medical education and training at intern and specialist level. Ten clinical training sites were inspected as part of the Medical Council's quality assurance role in medical education and training.

As part of the inspection process, the Medical Council Assessor teams met with hospital group management, clinical training site management, trainers, specialist

trainees and interns, and inspected the educational facilities on site.

The reports highlight key concerns around barriers to accessing protected training time for all grades of trainees, as well as excessive working hours. There was no evidence of non-compliance with intern and specialist training standards. Some of the other findings of the inspections included medical and professional development being curtailed as interns were heavily involved in basic medical procedures.

## Implementing a One Health culture in undergraduate education

*The Council of European Dentists (CED), The Standing Committee of European Doctors (CPME), The Federation of Veterinarians of Europe (FVE), The Pharmaceutical Group of European Union (PGEU), The European Dental Students Association (EDSA), The European Medical Students' Association (EMSA), The International Veterinary Students' Association (IVSA), The European Pharmaceutical Students' Association (EPSA)*

Professional and student organisations representing medical doctors, dentists, pharmacists and veterinarians in Europe have called on policy makers, academics and professionals to promote an interdisciplinary exchange under the [One Health](#) approach in education.

The signatories are committed to organising regular roundtables across Europe to debate the need to update current curricula and promote interdisciplinary collaboration in undergraduate education. The aim is to

bring together interested parties in specific country clusters to raise awareness and share experiences.

In December 2019, the Polish Chamber of Physicians and Dentists hosted the second European roundtable in Warsaw, bringing together more than 50 participants from across the Czech Republic, Hungary, Poland and Slovakia.

Representatives of the four countries recognised that the integrated education of all future health professionals is fundamental for tackling current and future health challenges. Attendees agreed on the importance of supporting joint initiatives at national level to further implement the One Health approach, with any changes at university level only possible if educators are committed to encouraging interactions among students of different disciplines.

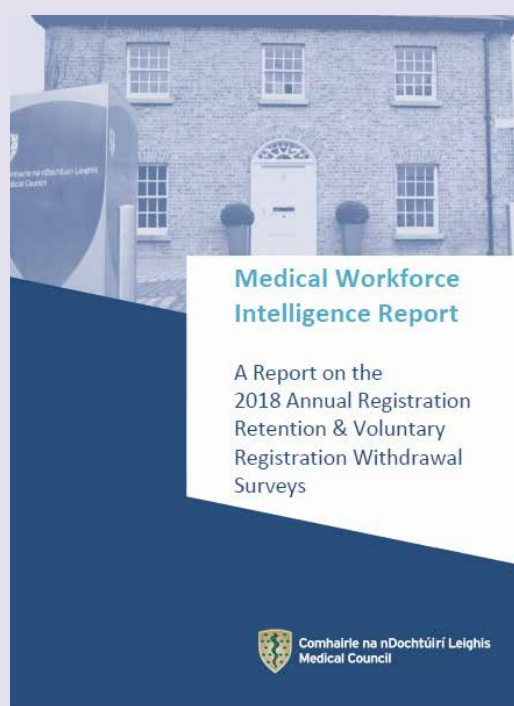
The full report on the open debate can be found [here](#).



## Ireland Workforce Intelligence report

The Medical Council of Ireland has published its [2018 Medical Workforce Intelligence report](#) which takes a deep-dive into the demographics of those doctors remaining on and withdrawing from the register, with a view to informing workforce planning in Ireland. The report shows that there has been a year-on-year decrease in applicants to the register between 2016 and 2018. Simultaneously, the number of those who voluntarily withdrew their registration between 2014 and 2018 increased year-on-year, with a net slowing in growth on the register. Other key statistical findings in the report show that:

- 2,190 doctors registered for the first time in 2018
- The average age of registration was 32.39 years, ranging between 22 and 71 years
- The average age of a working doctor in Ireland in 2018 was 44.5 years
- 82.7% reported working in a full-time capacity
- 42% of registered doctors are female
- 42.8% of the register are international medical graduates
- 72.6% of the register practice exclusively in Ireland
- 1,453 voluntary withdrawals were made in 2018, representing an exit rate of 9.1%





## Advanced nursing: the model adopted in Portugal

*Luís Filipe Cardoso Barreira, Vice-President, Ordem dos Enfermeiros*

The concept of advanced nursing should be adopted both in the spirit of developing the profession and as a scientific discipline. Nursing must be understood as an autonomous scientific discipline, with its own field of practice and autonomy in its professional practice.

This development results from the evolution experienced by nursing in recent decades: either at the level of higher education - from the bachelor's degree, to the doctorate in Nursing and Nursing Sciences - or at the level of the care provided.

Also, in Portugal the fields of activity performed by nurses and specialist nurses in the context of autonomous professional practice and according to their professional qualifications has expanded as a result of the increasing complexity of their interventions.



This extension of the scope of the profession has had, as a consequence, an evolving definition of new fields of action for the autonomous professional practice of specialist nurses.

In this sense, the concept of advanced nursing cannot be separated from nursing as a scientific discipline, resulting both from the advances made in nursing research, as well as contributing to the definition of new fields and areas of research and activity.

The result brings together two consensual aspects: a professional path with recognised specialised practice and postgraduate training (Furlong E, 2005), and the regulator responsible ensuring that the training criteria are correctly and totally fulfilled (Furlong E, 2005). Knowing also that in this dimension, the statutory rules in force in Portugal, constitute a facilitator element, in defining that the Ordem dos Enfermeiros must have a voice in defining the training models and structure of the courses leading to the attribution of professional titles or increased competence.

In this respect, the extension of nursing competencies that has been a feature of progress made so far - through gaining increased competency in management, clinical supervision, Psychotherapy and Stomatherapy, and in which the scope of autonomous interventions has increased, is to be welcomed. The establishment of frameworks for Rehabilitation Nursing, Maternal Health, and Obstetrics Nursing specialties should now be expanded to include the possibility of adding prescribing rights. Now is the time to adapt the current legislation on the reimbursement system for prescribing to nursing.

The development of the model of nursing not only adapts to the health needs of the population and the organisation of the care provider system, whilst recognising its challenges, but also enhances the development of nursing as a profession and as a science.

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## Good practice in online prescribing

UK healthcare organisations including regulators, royal colleges and faculties have issued a set of principles to help protect patient safety and welfare when accessing potentially harmful medication online or over the phone.

The jointly agreed *High level principles for good practice in remote consultations and prescribing* set out the good practice expected of healthcare professionals when prescribing medication online.

The [ten principles](#), underpinned by existing standards and guidance, include that healthcare professionals are expected to:

- Understand how to identify vulnerable patients and take appropriate steps to protect them

- Carry out clinical assessments and medical record checks to ensure medication is safe and appropriate
- Raise concerns when adequate patient safeguards aren't in place

These principles apply to all healthcare professionals involved in providing consultations and medication to patients remotely, including doctors, nurses, pharmacists, dentists and opticians.

The publication follows the release, in September, of a joint statement by healthcare regulators, which included a commitment to work together with partner organisations to develop shared principles on remote consultations and prescribing.

## European doctors raise awareness of violence against health professionals

*Dr Jean-François RAULT, Secretary-General, CEOM*

On March 12 of this year, European Medical Organisations (EMOs) marked the 1st ever European Awareness Day on Violence against Doctors and other Health Professionals. Health workers are increasingly confronted with situations of violence in their daily practice, even outside any context of conflict. This affects everyone. Patient safety and quality of care are endangered if health professionals are confronted with such risks.

European Medical Organisations have issued a [Joint Statement on Violence against Doctors and other Health Professionals](#) calling on governments and stakeholders to act on the urgent need to protect medical personnel in the performance of their missions. As a priority, the enforcement of existing laws to fight violence against professionals in the workplace must be improved. In support of this, EMOs have asked for the establishment of national reporting mechanisms across Europe, for the effective implementation of violence prevention programmes and assistance to victims and to ensure access to quality care for all patients by protecting the freedom and safety of medical personnel and healthcare facilities.

During its Plenary Meeting in Madrid in 2018, the European Council of Medical Orders (CEOM) adopted the [CEOM Statement on Violence against doctors and health professionals](#) and became the leading medical organisation in Europe addressing the issue of violence in healthcare settings. To widen the outreach of their advocacy, European Medical Organisations Presidents reunited in Lisbon in November, concluding on the necessity to create a joint working group under CEOM leadership, to reunite the EMOs efforts to fight all forms of violence against doctors and health professionals in

Europe. This working group aims to issue a joint statement condemning all forms of violence against professionals, to launch a joint investigation on violence against health professionals on a European scale and to launch a social media campaign on the work done by the group. Its members include:

- European Council of Medical Orders ([CEOM](#))
- Standing Committee of European Doctors ([CPME](#))
- European Federation of Salaried Doctors ([FEMS](#))
- European Association of Senior Hospital Physicians ([AEMH](#))
- European Union of Medical Specialists ([UEMS](#))
- European Union of General Practitioners ([UEMO](#))
- European Junior Doctors ([EJD](#))
- European Medical Students' Association ([EMSA](#))
- European working group of practitioners and specialists in free practice ([EANA](#))

**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, authorisation to practice and setting of professional standards. CEOM is the leading medical organisation in Europe addressing the issue of violence in healthcare settings.*

### Joint Commission: patient safety concerns 20 years old

Whilst the 1999 landmark Institute of Medicine report *To Err is Human: Building a Safer Health System* forged improvements in patient safety by raising awareness of and pushing for improvement in medical errors in healthcare, almost two decades later a lot of the same issues remain. Dr Mark Chassin, CEO of the Joint Commission and member of the Institute of Medicine highlights in *Modern Healthcare* that despite our advances, the main opposition to patient

safety are the fundamentals of modern medicine; hand hygiene non-compliance, wrong-site surgery and patient falls with injury. Committing to zero harm, overhauling organisational culture, acknowledging a healthcare safety failure rate of 50% and moving away from a one-size-fits-all approach, will, he believes, help us address and finally improve patient safety. Dr Mark Chassin's article in *Modern Healthcare* can be accessed [here](#).

### Registration opens for international medical regulatory conference

Registration is now open for the 14th International Association of Medical Regulatory Authorities (IAMRA) conference on medical regulation. The conference takes place in Johannesburg on 15–18 September 2020 and will be hosted by the Health Professions Council of South Africa.

The conference will bring together health regulators, academics, health professionals, policy makers and members of the public with the aim of

facilitating an exchange of information and meaningful collaboration. We live in an era where the practice of medicine is changing rapidly, technology is pervasive, and team-based care is the norm. The changing landscape demands a regulatory authority that is responsive and we hope that you will join us as we connect medical and health regulators across the globe and share experience on local and global healthcare trends.



### Medical Council of New Zealand revised consent guidance

The Medical Council of New Zealand [revised their statement on consent](#) toward the end of last year. Replacing the 2011 *Information, choice of treatment and informed consent* publication, the revised statement stipulates that a doctor must obtain permission for every treatment provided to a patient for both stand-alone procedures and for ongoing care and treatment. The statement is clear that the process for obtaining informed consent is the responsibility of the doctor, who should help patients understand their condition, clearly outline possible treatment options including their risks and benefits, help their patient make a choice in line with their cultural and religious needs and their wishes and values and clearly document the process and final decision within the patient record.

The key principles of informed consent state that every patient can make their own decision about their care unless it has been determined they lack capacity and further, that consent is an ongoing process which can be withdrawn at any time. Without informed consent, treatment may be unlawful. Under the guidance there is no minimum age for consent, with the legal framework within the Care of Children Act 2004 viewing anyone 16 or over as an adult and legally capable of making that decision.



Te Kaunihera  
Rata o  
Aotearoa

**Medical  
Council of  
New Zealand**



## World Health Professions Regulation conference 2020

This year will see the [6th biennial World Health Professions Regulation conference](#). Hosted in Geneva, Switzerland, the event will host more than 150 regulators and professional associations from around the world to discuss insights, perspectives and challenges in health regulation and to explore regulatory models, governance and performance. Dr Chaand Nagpaul Chair of the British Medical Association has been confirmed as keynote speaker, with representatives from Africa, Europe and America (Canada, Belgium, Rwanda, France, US, Germany, Portugal and Turkey) focussing on the strengthening of regulatory bodies and the necessity of continued professional development.



## Pakistan Medical and Dental Council dissolution ruled void

Following the dissolution of the Pakistan Medical and Dental Council (PMDC) in October 2019, the [Islamabad High Court has declared the dissolution to be void](#). Last year the Ministry of Health signed the [Pakistan Medical Commission Ordinance 2019](#) into law which sought to outline a new era in health regulation, replacing the PMDC with the Pakistan Medical Commission (PMC), establishing uniform professional standards for training and education, giving greater autonomy to medical colleges, and



seeking to introduce a national admission and exit licensing exam.

However, in February the justice presiding ruled the dissolution of the PMDC and the formation of the Pakistan Medical Commission to be illegal. The justice ordered the dissolution of the newly formed PMC and the reinstatement of the Pakistan Medical and Dental Council and its former staff. The circumstance continues to evolve and at the time of going to press, the situation was unresolved.

## AHPRA and CLEAR podcasts: regulation

AHPRA: new laws on mandatory reporting in Australia that came into effect this year will raise the threshold for impairment, intoxication and breach of professional standards to a *substantial* risk of harm to the public. [In AHPRA's podcast](#) Susan Biggar, Matthew Hardy from the Australian Health Practitioner Regulation Agency, Professor Marie Bismark from the University of Melbourne, Dr Sara

Bird from MDA National and health consumer advocate Kate Griggs discuss how they are working to manage fitness to practise complaints, the effect vexatious complaints have on practitioners and how regulation is adapting and responding.

CLEAR: in 2018, AHPRA were appointed a Collaborating Centre for health workforce regulation who alongside the WHO, Western Pacific Member States and National Boards, will focus on strengthening regulation. [In this CLEAR podcast](#), the World Health Organisation and the Australian Health Practitioner Regulation Agency discuss regulation of the health workforce, the current state of regulation in the Asia-Pacific, and their work as members of the WHO Collaborating Centre.



## New Zealand paramedics formally recognised

The New Zealand government have announced that [paramedics will soon be regulated under the Health Practitioners Competence Assurance Act 2003](#). Regulation, which was due to come into effect in January 2020, will be overseen by the Paramedic Council, who will be responsible for setting standards for training and competency for the country's paramedics. Registration is due to open toward the end of this year with nominations for the Paramedic Council taking place in early 2020.

“ *These long overdue changes will ensure the high professional standard to which they currently work will be maintained and enhanced into the future. Like doctors and nurses, paramedics provide key life preserving services. They act independently in assessing, treating, transporting and referring patients. Putting a similar level of regulation in place to that for other key health professionals gives assurance that paramedics are appropriately qualified and competent to practise. With that assurance in place, paramedics will continue to play a key role in frontline health*



*settings, especially in rural areas where timely decisions and actions can be critical to preserving life”*

**David Clark, Health Minister**

The move comes after more than 25 years of campaigning for national recognition and registration and should ensure professionals meet the criteria for regulation under the Act.

## Kuala Lumpur: jail terms for prescriptions



A [proposed amendment](#) to the Poisons Act 1952 calls for doctors, dentists and veterinarians that refuse to fulfil prescription requests from

patients to serve jail time. Patient prescription rights are currently defined in the Medical Act, the Code of Professional Conduct and the existing Poisons Act, with good practice being to provide requested prescriptions without hesitation. The Malaysian Medical Association (MMA) have criticised the proposal calling the issue one of ethics rather than a criminal offence. The MMA have further highlighted potentially dangerous new provisions

to ePrescriptions under the Act allowing ePrescriptions to be written and fulfilled without the oversight or input of healthcare professionals or the Malaysian Medical Council.

Dr N. Ganabaskaran, President of the MMA has said:

“ *The near absence of such patient safeguarding measures and input by healthcare professionals and in particular the Malaysian Medical Council is of utmost concern...the legalising of ePrescriptions without these regulations in place open up the potential for unethical and dangerous practice whereby patients may be given ePrescriptions without proper examinations”*

The MMA oppose the amendments and have called on the government to step in and halt proceedings so regulatory analysis and appropriate engagement can inform the decision as per the law.



## Kenya to train doctors in Barbados

[The President of Kenya has announced a bilateral agreement](#) allowing Kenyan doctors to train in Barbados and medics from Barbados to train in Kenya. The healthcare cooperation agreement comes following the Africa, Caribbean Pacific Group of States Summit and seeks to strengthen cooperation between the two nations. In a press statement, the move has been called a Memorandum of Understanding on health, “allowing Kenyan universities to enter into a partnership with Barbados in training medical students”. The agreement hopes to bridge the gap between the Caribbean and Africa and to further the relationship between the two nations.

## British Columbia propose medical regulation overhaul

An all-party legislative committee has proposed to [overhaul the current health regulatory system](#) in British Columbia, Canada. Covering over 120,000 providers, proposals include reducing the 20 regulatory colleges to five, ensuring each college board is split equally between professional and public members with a focus on competency and diversity, and introducing a body to oversee and audit all colleges. The move comes following the [Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act](#). Led by Harry Cayton of the UK

Professional Standards Authority, the report highlighted recent difficulties and made recommendations around improved governance and regulatory performance with wider statutory reform of the Health Professions Act. It is hoped the changes will streamline, modernise and increase transparency of the system including the complaints process, with a focus on putting patient safety before professional interests and increasing public accountability.

## Medical Board of Australia propose major changes to CPD

The Royal Australian College of General Practitioners (RACGP) have been asking GPs for their feedback on [proposed changes to continuous professional development](#). Last year the Medical Board of Australia proposed to overhaul the system, imposing a new target of 50 hours a year, replacing the current points-based system allowing CPD to be completed over three years. This increase would see 12.5 hours focussed on measuring outcomes with 12.5 hours on reviewing performance. The proposal also seeks the introduction of dedicated continuous professional development hubs that sit outside of the current structure. The changes have met with concern, with RACGP President Dr Harry Nespolon commenting that the proposed changes could substantially reduce GPs clinical time and could undermine the current CPD structure.

“The inclusion of performance assessment and measurement of outcomes would have a substantial impact and the time requirement is seen as a further unwarranted imposition on GPs’ valuable clinical time... While creating options for GPs as consumers is commendable, the ramifications of a wide choice of CPD homes outweighs the benefits... One of the ramifications is the potential to weaken the overall structure of CPD. The risk of fragmenting responsibility will lead to diminished integrity, control and quality outcomes”

### RACGP President Dr Harry Nespolon

The consultation closed toward the end of January and will inform the formal RACGP response to the proposed changes.



[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](#)

[European Commission DG GROW](#)

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

[European Social Network](#)

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

[French Order of Doctors](#)

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

[CORU \(Ireland\)](#)

[PSI newsletter](#)

