

IAMRA



**INTERNATIONAL CO-OPERATION
IN MEDICAL REGULATION**

IAMRA NEWS UPDATE JUNE 2004

6th International Conference on Medical Regulation

IAMRA's 6th International Conference on Medical Regulation was held at the Burlington Hotel in Dublin, Ireland on April 21-24, 2004 and was a huge success. The conference was hosted by the Medical Council of Ireland in cooperation with the Irish Society for Quality in Healthcare, and 320 participants from 39 countries were in attendance. The conference served as a forum for facilitating exchange of information and viewpoints at many levels. In addition to the plenary sessions, keynote addresses and a poster session, the program included almost 50 freestanding presentations representing numerous countries and health care systems throughout the world. The quality of these contributions was outstanding and an indicator of the wealth of innovation, research and development participants wished to share. A broad range of topics were addressed including: IAMRA's current projects on medical passports and the international exchange of information on physicians; continuing professional development; governance and quality in healthcare; licensure and revalidation; sexual boundaries; impaired physicians; clinical audits; competence assurance; disciplinary mechanisms; unique identification numbers for medical registration; and much more. In its entirety, the conference illustrated the benefits of international cooperation, provided participants a rare opportunity for developing relationships with international colleagues, and explored ways to build on existing links. It also afforded IAMRA's leadership the opportunity to gather and consider substantial feedback from the Association's membership regarding their views on the future focus and operation of IAMRA.

The Secretariat's office is currently working with the conference organizers to post the speaker's abstracts and Powerpoint presentations on IAMRA's Web site (www.IAMRA.com). An announcement will be forwarded to you when this information becomes available for viewing. Additionally, arrangements are already in motion to hold the 2006 International Conference in Wellington, New Zealand, to be hosted by the Medical Council of New Zealand. The Egyptian Medical Syndicate has offered to host the 2008 Conference in Cairo.

2004 Members General Meeting

IAMRA members met on the second day of the conference in a general assembly and approved the Association's draft Articles of Incorporation and revised Bylaws. Approval of the Articles authorizes IAMRA to pursue its incorporation and non-profit status. By incorporating IAMRA, the Association will be legally recognized as a separate organization from the Federation of State Medical Boards of the United States (FSMB), the organization providing IAMRA's

Secretariat services, and as a functioning organization actively working to fulfill its responsibilities in relation to its goals. Incorporation will also provide IAMRA the means to pursue a non-profit status with the US Internal Revenue Service (IRS), which will exempt IAMRA from income taxes and allow potential donors to report their financial contributions as charitable gifts. It will also protect FSMB's non-profit status.

The Bylaws were revised to include important changes such as: clarification of eligibility requirements for full and associate membership; staggering terms of office for Management Committee members; establishing a Nominating Committee process to develop a slate of candidates for election to the Management Committee; and limiting consecutive terms for officers and members of the Committee. The Articles of Incorporation and Bylaws can be accessed on IAMRA's Web site and are included with this Update.

In other business, IAMRA members elected a new Management Committee. Officers include: Prof. Thanyani Mariba, president of the Health Professions Council of South Africa, as IAMRA Chair; and Dale Austin, senior vice president and chief operating officer of the Federation of State Medical Boards of the United States, as Deputy Chair. Committee members are: Dr. John Hillery, president of the Medical Council of Ireland; Sue Ineson, chief executive officer of the Medical Council of New Zealand; Dr. Sunil Khattri, registrar and secretary of the Delhi Medical Council in India; Dr. Ossama Rasslan, secretary general of the Egyptian Medical Syndicate; and Finlay Scott, chief executive officer and registrar of the General Medical Council in the United Kingdom. To initiate the staggering terms as outlined in the Bylaws, Sue Ineson, Ossama Rasslan and Finlay Scott will serve on the Committee for four years. Contact information and photos of the Committee are located on IAMRA's Web site. A copy of their contact information is also included with this Update.

New Members

Twenty-seven (27) organizations joined IAMRA during its last fiscal year and were officially welcomed at the Members General Meeting. IAMRA's new members represent Canada, Cape Verde, India, Korea (South), Netherlands, Norway, Pakistan, Portugal, Sierra Leone, Sudan, United Kingdom, and the United States. Most recently, the Official Medical College of Barcelona became an Associate Member, giving IAMRA a total membership of 64 organizations from 28 countries. A membership roster is included with this Update and is posted on our Web site.

Continuing Initiatives

International Exchange of Information on Physicians (IEIP)

Finlay Scott is the chair of the Working Group on IEIP, which will continue its work toward developing a coordinated system for the electronic exchange of important information on physicians. This information will be transported via two models: the routine provision of information on fitness to practice outcomes; and, the provision of information in response to a request for data regarding an individual doctor seeking registration/licensure.

1) Routine Provision of Information:

Due to the sizable amount of information that some countries would have to routinely provide, the Working Group determined that a system would need to be developed for transmitting a

minimum amount of data to alert regulatory authorities that a doctor may be problematic. Upon being alerted, the authorities could then request further information about that doctor if desired. Although there are challenges to overcome related to technology, terminology and interpretation, the General Medical Council (GMC) is leading a modest pilot system to test this project on a bilateral basis. Other participants include: the Australian Medical Council, Egyptian Medical Syndicate, and the Federation of State Medical Boards of the United States, all of whom will eventually serve as portals for their member organizations; and the Health Professions Council of South Africa (HPCSA), serving as the portal for the members of the Association of Medical Councils of Southern Africa (AMCOSA).

For this pilot, a certain set of data on specific physicians is being transmitted electronically into a shared database. The data has been refined down to a core list of 'identifiers' (such as a doctor's name, medical qualification and date of birth), and a brief description of the disciplinary decision. Participating authorities can then peruse the database, which shows which participant posted the information, and when, and search their own databases for a match. They can then request more detailed information from each other, if necessary. The Working Group will evaluate the progress of the project against its aims over the next few months, and if the results are encouraging, will look to invite other authorities to participate.

2) Provision of Information in Response to a Request for Data:

The GMC and the Medical Council of New Zealand have maintained a pilot that they implemented in 2003 to test the electronic exchange of Certificates of Good Standing (CGSs) between their organizations. Amanda Watson, GMC's Director of Registration, and Sue Ineson are leading this project and agreed that it would be beneficial to combine their work with that of IAMRA's Working Group on IEIP, using their pilot as the basis for developing a system to provide information on request to medical regulators. In overall terms, the GMC and the MCNZ believe their pilot has proved to be a success. In particular, it allows both organizations to receive up-to-date information about a doctor's standing at the point of registration, an improvement over the previous paper-based systems whereby CGS information could be up to three months old at the date of receipt. The system also ensures that information about a doctor comes directly from the issuing authority. The previous postal-based systems could not ensure that documentation was not forged or altered between issue and delivery to the appropriate regulator. Additionally, there have been benefits in building a relationship between the two regulators. The pilot is not entirely problem free, however. The GMC and the MCNZ operate slightly different administrative systems, but they are making the pilot work despite these differences. In collaboration with the Working Group on IEIP, they will work to expand the pilot to include as many other interested IAMRA member organizations as will be practical. They also aim to include additional information, which will serve as the forerunner of the International Medical Passport System (as described below) and assist in the speed by which international licensing/registration applications are processed.

International Medical Passport System

The Working Group on Medical Passports, chaired by Sue Ineson, is continuing its work on the development of this project, which aims to increase ease of movement of competent medical practitioners from one country to another by speeding up the method by which their applications are processed. In response to extensive research undertaken throughout the past two years by the Working Group, a business plan was produced, with the objective being to pilot the project by the end of 2005 or the beginning of 2006. The Working Group envisions that the medical

passport system will function electronically, with core elements of the passport (i.e., a license for practicing medicine in the medical practitioner's home country; a gold standard Certificate of Good Standing from all jurisdictions worked in throughout an entire career; etc), being "pulled" and examined by the jurisdiction wanting to register/license a doctor from another jurisdiction. Security measures will be in place to ensure privacy of information.

Although much has been accomplished since the establishment of the Working Group, many objectives still need to be completed to prepare for the launching of a pilot to test the system. Those objectives include:

- agreeing on a process and protocols for allocation of unique identifiers;
- developing a world coding system for medical schools so it is easier to transfer selected information accurately;
- defining protocols for a gold standard credentials verification system;
- expanding the current trial between the MCNZ and the GMC for the electronic exchange of information;
- developing and delivering electronically an evaluating or screening exam of knowledge and skill;
- agreeing on standards acceptable for current exams from English-speaking countries;
- determining how to utilize a system for registering refugees, and,
- developing and maintaining a Web-based directory for storing and updating information pertinent to each jurisdiction that is collected by the Working Group so the data is readily available.

In preparation for the continuation of the IEIP and Medical Passport projects, the Management Committee will combine the overlapping efforts of both groups and reassign tasks to current members of the Working Groups and/or representatives of other member organizations.

Official Relationship with the World Health Organization (WHO)

The Management Committee is continuing its efforts to admit IAMRA into official relations with WHO as a nongovernmental organization (NGO) in order to facilitate effective collaboration, information exchange and dialogue between the two organizations. Current WHO policy states that a mutually agreed work plan between WHO and the NGO be developed and implemented, the results of which will be assessed by WHO's Executive Board when considering the NGO for official relations. Mr. Hugo Mercer, a scientist with WHO's Human Resources for Health Department, is serving as WHO's liaison in the development of this work plan. A proposal has been drafted and approved by all appropriate parties outlining a joint project that will be developed during 2004-2005 for assessing medical regulatory systems worldwide. The project has two objectives: to produce an updated review of the regulatory practices in countries, looking at the production, recruitment, maintenance and migration of medical graduates; and to identify existing gaps in the regulation and management of medical graduates as part of the health workforce of each country. A copy of the proposal is included with this Update.

International Continuing Medical Education (CME)/Continuing Professional Development (CPE) Accreditation and Credit System

A group of professionals representing accreditation organizations in various parts of the world have joined together to pursue the development of an international CME/CPD

accreditation/credit system. Their mission is to identify and reach consensus on common values relating to CME/CPD in an effort to achieve international harmonization of standards. The group will affiliate itself with IAMRA as a Working Group to analyze and discuss individual experiences within IAMRA's membership, make proposals for improvement in each country, strive for international reciprocity of credits, and help other health care structures establish a working CME/CPD system. The Working Group's progress with this initiative will be reported in future IAMRA News Updates.

Other International Affiliations

IAMRA will continue to liaise and build relationships with other international groups such as the International Physician Assessment Coalition (IPAC), the World Federation for Medical Education (WFME), the Association of Medical Councils of Southern Africa (AMCOSA), and the Conference Europeene des Ordres de Medecins (CEOM). As the Management Committee develops its work plan over the next few months, it will examine mutually beneficial means by which IAMRA and these global organizations can affiliate with each other.

Please copy and share this and future Updates with others in your organization and jurisdiction.

You may forward any comments or questions relating to this newsletter or to matters about IAMRA to:

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