



# **IAMRA 2012** **OTTAWA**

**10th International Conference  
on Medical Regulation**

## **Medical Regulation in the Real World: Bringing Evidence to Bear**

October 2 – 5, 2012

Ottawa Convention Centre  
Ottawa, Ontario, Canada

## Conference Steering Committee

**Co-Chair: Dr. Ian Bowmer, Medical Council of Canada**

**Co-Chair: Ms. Fleur-Ange Lefebvre, Federation of Medical Regulatory Authorities of Canada**

Ms. Kim MacDonald, Federation of Medical Regulatory Authorities of Canada

Ms. Susan McHarg, Medical Council of Canada

Ms. Karen Meades, Medical Council of Canada

## Program Planning Committee

**Chair: Dr. André Jacques, Collège des médecins du Québec**

Dr. Ian Bowmer, Medical Council of Canada

Dr. Craig Campbell, Royal College of Physicians and Surgeons of Canada

Ms. Phillippa Hentsch, General Medical Council

Ms. Fleur-Ange Lefebvre, Federation of Medical Regulatory Authorities of Canada and IAMRA

Dr. Michael Marrin, McMaster University

Dr. Jamie Meuser, College of Family Physicians of Canada

Dr. Ossama Rasslan, IAMRA Management Committee

Mr. Stephen Seeling, Educational Commission for Foreign Medical Graduates

Dr. Trevor Theman, College of Physicians & Surgeons of Alberta

## Accreditation Statements

### **Royal College of Physicians and Surgeons of Canada**

*The Division of Continuous Professional Learning at the University of Ottawa has approved this as an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada. Participants are eligible to claim up to 14.5 credits.*

### **College of Family Physicians of Canada**

*This program meets the accreditation criteria of the College of Family Physicians of Canada and has been accredited by the Ontario College of Family Physicians for up to 14.5 Mainpro-M1 credits.*

## Conference Secretariat



# BUKSA

BUKSA Strategic Conference Services

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Welcome  
Program Planning  
Committee

Join my colleagues in welcoming you to this conference. As you know, the overarching theme is *Medical Regulation in the Real World: Bringing Evidence to Bear*. The Program Planning Committee has designed these next few days to appeal to all kinds of learners, featuring a combination of plenary speakers, presentations (oral and poster) and workshops based on the submission of abstracts and, of course, interactive break-out sessions that are designed to continue the work begun in Philadelphia two years ago. Of course, there are also many opportunities for networking and social interaction.

We were very impressed by the number and caliber of the abstracts that were received from you, the close-knit members of the international medical regulation community. In keeping with the theme of best practices, the program met the stringent planning requirements to be awarded continuing professional education credits from both the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada.

I look forward to meeting you during the conference and to receiving your comments about the program.



André Jacques MD

Chair,  
Program Planning Committee



Welcome

IAMRA



I have the distinct pleasure of welcoming you, my colleagues and fellow delegates, to my home town for the 10th International Conference on Medical Regulation. Ottawa is Canada's capital city, situated at the confluence of three rivers, symbol of the three founding cultures that populated this country: Canada's aboriginal peoples, the French and the English. In more recent years, Canada has become a multicultural nation, welcoming people from all parts of the world, including physicians. Of particular interest to those of us attending this conference is the fact that approximately 25% of physicians practising in Canada did their basic medical training elsewhere.

As Chair of the International Association of Medical Regulatory Authorities, I am proud of our ongoing focus on best practices in medical regulation. At the 2010 conference in Philadelphia, the delegates identified a number of principles to guide IAMRA's members in the application of their mandate. Of those, five were deemed essential by the IAMRA Management Committee: accountability/acceptability, fairness, feasibility/affordability, relevance and transparency/openness. And there were others, including the need for evidence-based medical regulation: this was chosen as the theme for the 2012 conference that is about to begin. We have work to do together, so let's enjoy this productive time in each other's company.

**Fleur-Ange Lefebvre**

*Chair,*

*International Association of Medical Regulatory Authorities*

Welcome  
FMRAC  
>

**T**he Federation of Medical Regulatory Authorities of Canada (FMRAC) welcomes you to the 10th International Conference on Medical Regulation in our beautiful native land. FMRAC is a lot like IAMRA in that it brings together a group of medical regulatory authorities, in this case those from Canada's ten provinces and three territories. Member-based organizations often have interesting challenges, usually based on the heterogeneity of the membership. This can be illustrated by looking at the IAMRA Principles for Medical Regulation, in particular the principle of feasibility/affordability: the Canadian medical regulatory authorities vary considerably in the number of physicians they license (from fewer than 100 to almost 30,000), in their sheer geographic size and complexity (from 5,700 to over 2,000,000 square kilometers) and, to complicate matters, by the absence of a correlation between the two! So I can only imagine how complex this situation becomes when you add other factors into the mix, like culture and political systems, which is the reality of an international organization like IAMRA.

This leaves me to congratulate IAMRA on its work to develop best practices in medical regulation. Already, here in Canada, we have been influenced by the Principles in Medical Regulation in our efforts to develop an integrated risk management system for FMRAC and its members. Our work to standardize certificates of professional conduct across the country has benefited from the output of the IAMRA Physician Information Exchange Working Group.

I look forward to the next installment that will surely result from the work we are about to do here in Ottawa.



**Heidi Oetter MD**

*President,  
Federation of Medical Regulatory Authorities of Canada*

Welcome

MCC



**O**n behalf of the Medical Council of Canada, I would like to welcome you to the 10th International Conference on Medical Regulation. The Medical Council of Canada is a unique forum that brings together representatives from each of Canada's 13 medical regulatory authorities of Canada and 17 faculties of medicine. Our regulatory Council members are key partners in shaping the direction of the Council's assessment strategies for the benefit of the Canadian public.

The Medical Council of Canada is proud to co-host this year's IAMRA conference *Medical Regulation in the Real World: Bringing Evidence to Bear*. This Conference presents an important occasion for sharing best practices and discussing emerging trends and issues in the field of medical regulation. This Conference also coincides with the Medical Council of Canada's 100th Annual Meeting – a historic milestone in our organization's history.

Thinking back to the first meeting of the Council in 1912, it is extraordinary to think of how far the field of medicine has evolved over the course of the past century. Appropriate regulation of the practice of medicine has made that progress possible and has resulted in safe, compassionate and knowledgeable patient care. We hope that the IAMRA Conference, and the productive and insightful exchanges that emerge from it, will further support and nurture the field of medicine for many years to come.

**Michael Marrin MD**

*President,  
Medical Council of Canada*

**Day 1:**  
**Tuesday,**  
**October 2,**  
**2012**

## **Pre-Conference Workshop:** **IAMRA Institute**

*All events take place at the Ottawa Convention Centre unless otherwise indicated.*

### **Purpose**

The IAMRA Institute will focus on essential practical aspects and challenges for medical regulators, and will be an opportunity for delegates to meet and establish relationships with colleagues in other jurisdictions.

### **Target Audience**

The IAMRA Institute is aimed at:

- a) Newly established medical regulatory authorities; and
- b) Medical regulatory authorities that are looking to consolidate and improve their current activities.

### **Format**

The IAMRA Institute will focus on practical examples and experiences to enable medical regulatory authorities to better fulfill their mandate.

The half-day will consist of three (3) workshops on specific topics selected by Institute registrants and led by experts in other medical regulatory jurisdictions.

### **Objectives**

At the end of the afternoon, IAMRA Institute participants will:

1. Have acquired practical tools, including appropriate policies, procedures and infrastructure, in three of the following areas:
  - a) How to develop a more fraud-proof registration system.
  - b) How to handle complaints in fair and transparent ways for the public, the complainant and the physician.
  - c) How to manage performance or conduct concerns about doctors.
  - d) How to develop the most suitable information technology system to support an effective and efficient registration system.
  - e) How to engage stakeholders in the development of professional standards to ensure they remain relevant and up to date.
  - f) How to develop effective corporate strategies, including business and operational plans.
2. Be given the opportunity to establish relationships with colleagues in other medical regulatory authorities that will support them in the implementation of possible changes to their own systems.

1200

## **Registration Opens** IAMRA Institute Salon 205

1330-1430

**Topic One:**

### **How to Develop a More Fraud-Proof Registration System**

#### **Source Verification of Credentials**

Mr. Stephen Seeling, Vice-President, Operations, Educational Commission for Foreign Medical Graduates (United States of America)

#### **Language Proficiency Testing**

Dr. Heidi Oetter, Registrar, College of Physicians & Surgeons of British Columbia (Canada)

#### **Verification of Personal Identification**

Mr. Niall Dickson, Registrar and CEO, General Medical Council (United Kingdom)

1430-1530

**Topic Two:**

### **How to Handle Complaints in Fair and Transparent Ways for the Public, the Complainant and the Physician**

-and-

### **How to Manage Performance or Conduct Concerns About Doctors**

#### **Applying the Key Principles**

Mr. Philip Pigou, Chief Executive, Medical Council of New Zealand

#### **Complaints Assessment and Performance Management**

Mrs. Josephine Mwakutuya, Registrar, Medical and Dental Practitioners Council of Zimbabwe

#### **Complaint Resolution after Due Process**

Dr. Ahmad Nadeem Akbar, Registrar, Pakistan Medical & Dental Council

1530-1600

1600-1700

**Topic Three:**

### **Refreshment Break**

### **How to Engage Stakeholders in the Development of Professional Standards to Ensure They Remain Relevant and Up to Date**

#### **Recent Strategic Plan**

Dr. Trevor Theman, Registrar, College of Physicians & Surgeons of Alberta (Canada)

#### **Introduction of Continuing Professional Development**

Dr. Eli Atikpui, Registrar, Medical and Dental Council of Ghana

#### **Proactive Engagement Mechanisms**

Ms. Caroline Spillane, Chief Executive Officer, Medical Council of Ireland



# Medical Regulation in the Real World: Bringing Evidence to Bear

## Conference Objectives

Delegates from all over the world will meet to affirm their commitment to best practices in medical regulation and, of course, to form and renew their network of colleagues and friends in the medical regulatory field.

The IAMRA 2012 International Conference on Medical Regulation builds on the significant body of work done by the delegates at the 2010 conference in Philadelphia, USA.

At the end of the 2012 Conference, participants will:

1. Be able to define evidence-based decision making
2. Know what constitutes evidence for medical regulatory authorities and the role that evidence can and must play in the application of their mandate
3. Have contributed to the identification of the evidence and research that are required
4. Have critically assessed research papers and trends in medical regulation
5. Have participated in workshops on emerging issues in medical regulation
6. Have identified issues and approaches that could be implemented in (or adapted to) their particular circumstances

1730-1800

### > Opening Ceremony & Greetings

Ottawa Salon

**Ms. Fleur-Ange Lefebvre**

*Chair, International Association of Medical Regulatory Authorities*

**Dr. Michael Marrin**

*President, Medical Council of Canada*

**Dr. Heidi Oetter**

*President, Federation of Medical Regulatory Authorities of Canada*

**Mr. Eli El-Chantiry**

*Deputy Mayor, City of Ottawa*

1800-1830

### > Entertainment

Performance by the Governor General's Foot Guards Regimental Band

1830-1930

### > Reception

**Day 2:**  
**Wednesday,**  
**October 3,**  
**2012**

**0800 Registration**

Rideau Canal Atrium

**0800-0900 Breakfast**

Ottawa Salon

**0900-0915 Opening Remarks**

Ottawa Salon

*Dr. André Jacques, Chair, Program Planning Committee; Directeur, Direction de l'amélioration de l'exercice, Collège des médecins du Québec*

**0915-1015 Keynote: What is Evidence in Medical Regulation?**

Ottawa Salon

*Mr. Ron J. Paterson, Professor of Health Law and Policy, University of Auckland (New Zealand)*

**> Objectives:**

*At the end of this session, delegates will:*

- 1. Appreciate what constitutes evidence as it pertains to fulfilling the mandate of a medical regulatory authority (in the three broad areas of registration/licensure, complaints/ resolution and quality assurance of a physician's practice)*
- 2. Understand how a medical regulatory authority can identify specific areas requiring evidence, and how to obtain such evidence*
- 3. Learn how a medical regulatory authority would use such evidence to improve how it applies its mandate; and*
- 4. Be able to suggest how a medical regulatory authority would evaluate the application of such evidence and ensure that what it does is in fact best practice*

**1015-1045 Refreshment Break and Poster Viewing**

Rideau Canal Atrium

**1045-1215 Workshops, Oral Presentations, Poster Presentations**

- Poster presentations will be available for viewing in the Rideau Canal Atrium*

**Evolution of Medical Discipline in 20th Century America**

Mr. David Johnson and Dr. Lance Talmage

› **Objectives:**

*At the end of the workshop, participants will:*

1. *Understand the basic regulatory structure of America's state-based system for medical discipline*
2. *Understand the conceptual framework describing four major eras in the evolution of medical discipline in America*
3. *Be able to explain one metric utilized in America to assess medical boards' disciplinary activity to analyze its appropriateness for their own use*
4. *Recognize four broad themes derived from the evolution of America's medical disciplinary system*

**How Old Docs Learn New Tricks: Challenges and Pitfalls Associated with Reentry Programs into Clinical Practice for Physicians**

Dr. François Goulet

› **Objectives:**

*At the end of the workshop, participants will:*

1. *Recognize potential predicting factors of reentry success*
2. *Discuss challenges and pitfalls faced by physicians and their supervisors during clinical educational retraining programs*
3. *Describe different approaches to helping physicians*
4. *Plan their return to clinical practice*
5. *Apply learned concepts to the development or improvement of reentry policies*
6. *Be informed about Quebec data on reentry*

**Eight Ways to Evaluate the Clinical Performance of Physicians**

Dr. Marc Billard

› **Objectives:**

*At the end of the workshop, participants will:*

1. *Summarize the eight approaches to self-regulation used in Canada*
2. *Understand the positive and negative implications and the feasibility, for their particular jurisdiction, of each of the eight methods presented*

Session Chair: Mr. Niall Dickson

› **Objectives:**

*At the end of the session, participants will:*

1. *Describe the roles for medical regulatory authorities in facilitating professionalism*
2. *Discuss common violations of professionalism within virtual contexts*
3. *Explain how professionalism can be embedded within national health care systems*

## Professionalism of Students, Residents and Fellows: The Role of the Medical Regulatory Authority

Dr. Anne-Marie MacLellan

## National Healthcare Standards for Zambia: A Pilot Study

Dr. Mary Zulu

## The Role of the Regulator in Promoting Professionalism: Some Observations from the UK

Dr. Anna van der Gaag

## Physician Violations of Online Professionalism: A Survey of State Medical Boards in the United States

Dr. Aaron Young

### SALON 202

### Oral Presentations 1B: Registration / Licensure

#### › Objectives:

*At the end of the session, participants will:*

#### Session Chair: Mr. Stephen Seeling

1. Discuss common challenges to establishing national registration strategies
2. Describe strategies for how regulatory authorities can be responsive to health system needs
3. Explain the challenges to designing monitoring strategies for physicians who have acquired blood borne pathogens

## Ensuring Public Protection While Responding to Health System Needs: A Case Study

Mr. Philip Brady

## Australia's Level of Reliance on Foreign Medical Graduates – Registration Challenges and Outcomes 2004-2011

Prof. Lesleyanne Hawthorne

## Medical Students, Residents and Fellows with Blood-borne Pathogens: The Québec Follow-Up Program

Dr. Ernest Prigent

## National Regulation Two Years On – What's Happened?

Dr. Joanna Flynn

### SALON 203

### Oral Presentations 1C: Quality Assurance of a Physician's Practice

#### › Objectives:

*At the end of the session, participants will:*

#### Session Chair: Dr. Craig Campbell

1. Discuss approaches to ensuring the continued competence of physicians in practice
2. Identify the impact of participation in continuing professional development on the quality of care

## The Effect of Continuing Professional Development on Performance in Specific Aspects of Care

Dr. Elizabeth Wenghofer

## Doctors' Knowledge and Attitude Towards Statutory Duty to Maintain Professional Competence

Dr. Paul Kavanagh

## College of Osteopathic Medicine (COM) Faculty Credentialing

Mr. Kevin Caldwell

## Developing Local Record Reviews to Quality Assure Performance in Physicians

Dr. Martin Rhodes

1215-1330

### Lunch

Ottawa Salon

1330-1530

### Interactive Case Study Discussions – Breakout Sessions

SALON 205

#### Session A: Registration / Licensure

##### Co-Facilitators:

**Dr. Bill Pope**, Registrar, College of Physicians & Surgeons of Manitoba (Canada)

**Dr. Ossama Rasslan**, Secretary General, Egyptian Medical Syndicate

#### › Objectives:

*Using a facilitated interactive case discussion format, participants will be able to:*

1. Discuss the key principles applicable to the review of all applications requesting registration and licensure
2. Describe the standards that inform an appropriate evaluation of the adequacy of prior training to define qualifications to enter practice
3. List common assessment strategies to evaluate current knowledge, skills and competence
4. Explain approaches to assessing personal health and wellbeing in promoting patient safety

SALON 206

#### Session B: Complaints / Resolution

##### Co-Facilitators:

**Dr. Karen Shaw**, Registrar, College of Physicians and Surgeons of Saskatchewan (Canada)

**Mr. Paul Philip**, Director of Standards and Fitness to Practise, General Medical Council (United Kingdom)

#### › Objectives:

*Using a facilitated interactive case-based format, participants will be able to:*

1. Discuss the evaluation of common standard of care issues
2. Explain how to determine when a breach of privacy has occurred
3. Describe an approach to the assessment of common issues related to professional behavior
4. Define how to identify what type of review or investigation should be completed to resolve specific types of complaints

**Co-Facilitators:**

**Dr. Yves Robert**, Secrétaire, Collège des médecins du Québec (Canada)  
**Prof. Kieran Murphy**, President, Medical Council of Ireland

**› Objectives:**

*Using a facilitated interactive case-based format, participants will be able to:*

1. Identify common patient safety concerns
2. Describe the potential impact of health concerns of physicians on quality of care and patient safety
3. Explain approaches to the assessment of a physician's performance in practice
4. Describe criteria on when to pursue retirement, disciplinary procedures, or withdraw privileges

1530-1600

**Refreshment Break and Poster Viewing**

Rideau Canal Atrium

1600-1700

**Presentation of Selected Oral Abstracts****› Objectives:**

*At the end of this session participants will be able to:*

1. Discuss scholarly developments in medical regulation
2. Identify strategies to translate research findings into their jurisdiction

**Professionalism:****Defining Good Medical Practice: Hearing New Voices on What Makes a Good Doctor**

**Mr. Niall Dickson**, General Medical Council, United Kingdom  
**Dr. John Jenkins**, General Medical Council, United Kingdom

**Registration & Licensure:****The Impact of English Language Testing on Medical Regulation Outcomes in Australia – The Evidence and Outcomes 2006-2011**

**Prof. Lesleyanne Hawthorne**, Australian Health Workforce Institute, University of Melbourne

**Quality Assurance of a Physician's Practice & Complaints/Resolution: The Effect of Continuing Professional Development on the Occurrence and Type of Public Complaints**

**Dr. Elizabeth Wenghofer**, School of Rural and Northern Health, Laurentian University (Canada)

1700

**End of Day**

1800-1900

**Joint Federation of Medical Regulatory Authorities of Canada / Medical Council of Canada Reception**

Panorama Room, National Arts Centre  
 53 Elgin Street, across the Rideau Canal from the Ottawa Convention Centre

**Day 3:**  
**Thursday,**  
**October 4,**  
**2012**

- 0730      **Registration**  
Rideau Canal Atrium
- 0730-0830      **Breakfast**  
Ottawa Salon
- 0830-0845      **Day 2 Recap**  
Ottawa Salon
- Facilitator: **Dr. Humayun (Hank) Chaudhry**, *President & CEO, Federation of State Medical Boards (United States of America)*
- 0845-1015      **Workshops, Oral Presentations, Poster Presentations**

**SALON 205**

➤ **Workshop 4: Registration / Licensure**

**National Regulation – How and Why Would You Do It?**

Dr. Joanna Flynn

➤ **Objectives:**

*At the end of the workshop, participants will be able to:*

1. Explain the arguments for and against moving to a national system of regulation
2. Understand the lessons that can be drawn from Australia's experience with national regulation
3. Understand if and how these lessons might apply to the system of medical regulation in their own jurisdiction

**SALON 206**

➤ **Workshop 5: Complaints / Resolution**

**Queensland's Integrated Regulatory Approach – Perfect Regulation?**

Mr. Andrew Forbes

➤ **Objectives:**

*At the end of the workshop, participants will be able to:*

1. Describe how the adoption of an intelligence-driven investigative model has enabled Queensland Health to address health professionals who inappropriately prescribe and dispense pharmaceutical drugs that are subject to diversion and misuse
2. Explain how quantities of specific pharmaceuticals that are prescribed or dispensed by doctors and pharmacists are profiled and how enforcement decisions were made relying upon this data
3. Describe what enforcement options were taken based upon the profile

### Should There be an Age of Retirement for Doctors or is There a Limit Age for Doctors to Learn from CPD?

Dr. François Goulet

#### › Objectives:

*During the workshop, participants will discuss:*

1. *Challenges, obstacles and facilitating factors faced by older physicians to maintain competency*
2. *Whether there is a limit age for doctors to learn from CPD*
3. *Whether medical authorities should impose an age for retirement*
4. *How medical authorities could help their older physicians*

Session Chair: Dr. Ian Bowmer

#### › Objectives:

*At the end of the session, participants will be able to:*

1. *Discuss strategies to improve credentialing processes*
2. *Describe assessments processes that are relevant to registration and licensure decisions*
3. *Explain key issues in the development of policies related to revalidation programs*

### Improving Registration Processes for Reviewing Credentials to Determine Specialist Status

Mr. Philip Brady

### It's Always Been Eighteen Months Away: Revalidation Policy Leader Interviews – A Discourse Analysis

Dr. Julian Archer

### Medical Registration and Licensure: Keys to Valid Assessment

Mr. Gerard Dillon

### Pan-Canadian Practice Ready Assessment: An Environmental Scan of Thirteen Jurisdictions

Ms. Cindy Streefkerk

Session Chair: Dr. Jamie Meuser

#### › Objectives:

*At the end of the session, participants will be able to:*

1. *Discuss national strategies to the development of a medical complaints resolution process*
2. *Describe the implications based on the analysis of the assessed outcomes of medical complaints*

### Medical Complaint from Receiving to Resolution - Dubai

Dr. Layla Almarzouqi

### The Relationship Between Referral and Assessed Outcome: An Analysis of 100 Cases

Dr. Martin Rhodes



**Complaints/Resolution: A Pakistan Medical and Dental Council Experience**  
Dr. Ahmad Nadeem Akbar

**SALON 203**

**Oral Presentations 2C: Quality Assurance of a Physician's Practice**

**› Objectives:**

*At the end of the session, participants will be able to:*

**Session Chair: Dr. Josephine Mwakutuya**

1. *Discuss the standards and challenges in defining maintenance of professional competence*
2. *Describe key issues in the assessment and remediation of dys-competent physicians*
3. *Explain the key regulatory issues related to the implementation of national revalidation programs*

**The Definition of Insight – A Challenge That Matters for Remediation**

Dr. Nick Brown

**Development Standards for Maintenance of Professional Competence in Ireland**

Dr. Paul Kavanagh

**Targeting Dyscompetent Physicians**

Dr. Marc Billard

**Delivering Medical Revalidation in the UK – The Biggest Change in Regulation in 150 Years?**

Prof. Malcolm Lewis

1015-1045

**Refreshment Break and Poster Viewing**

1045-1215

**Workshops, Oral Presentations, Poster Presentations**

**SALON 206**

**› Workshop 7: Registration / Licensure**

**Primary Source Verification of Physician Credentials: A Best Practice for Medical Regulatory Authorities**

Mr. William Kelly

**› Objectives:**

*At the end of the workshop, participants will be able to:*

1. *Define primary-source verification*
2. *Understand the benefits of primary-source verification as well as the challenges associated with this process*
3. *Provide practical guidance on how an MRA can introduce a primary-source verification requirement to its current evaluation process*

### Regulating Impaired Doctors in Australia: The Rhetoric and Reality of Protecting the Public

Ms. Helen Kiel

#### ➤ Objectives:

*At the end of the workshop, participants will be able to:*

1. Explain the basic elements of Australia's process of regulating impaired doctors
2. Understand the way that Australia defines impaired doctors, and the issues with those definitions
3. Discuss the ways in which regulation in some cases actually protects impaired doctors rather than the public

Session Chair: Dr. Syed Hasnain

#### ➤ Objectives:

*At the end of this session, participants will be able to:*

1. Explain key issues and challenges to the registration of international medical graduates
2. Identify key factors related to practice ready assessment of international medical graduates

#### Physician Mobility: The Québec-France Agreement

Dr. Ernest Prigent

#### The State of Medical Education and Practice in the UK 2012

Mr. Niall Dickson

#### Australia's 2011-12 Parliamentary Inquiry on Medical Registration Processes for Overseas Trained Doctors – Key Issues and Policy Outcomes

Prof. Lesleyanne Hawthorne

#### Practice Ready Assessment Success Factors and One-Year Practice Follow-up of International Medical Graduates

Dr. Anne-Marie MacLellan

Session Chair: Dr. Eli Atikpui

#### ➤ Objectives:

*At the end of this session, participants will be able to:*

1. Explain the role of multi-source feedback as a formative assessment strategy for physicians
2. Identify key issues related to providing and managing feedback to participants

#### The Impact of Assessor Selection in Multisource Feedback as Part of Medical Regulatory Assessment

Dr. Julian Archer

#### The Challenge of Embedding MSF in Doctors' Continuing Practice in Ireland: A Comparison of Participant Reactions in Two National Pilots

Dr. Paul Kavanagh

## The Value of Feedback: Alberta's Experience with PAR Practice Reviews

Mr. John Swiniarski

SALON 203

Oral Presentations 3C: Quality Assurance of a Physician's Practice

### › Objectives:

*At the end of this session, participants will be able to:*

Session Chair: Dr. Trevor Theman

1. Describe strategies to assess the performance among specific specialties
2. Explain strategies to support physicians with learning disabilities
3. Discuss strategies to inform ethical recruitment practices of physicians

### Development of a New Tool to Assess Clinical Performance of Anesthesiologists: The Structured Oral Interview with High Definition Simulator

Dr. Marguerite Dupré

### How to Assess Clinical Performance of Radiologists: The Structured Oral Interview

Dr. François Goulet

### Interactive Website to Support Doctors Treating Patients with Learning Disabilities

Mr. Shane Carmichael

### Ideas and Evidence to Inform Ethical and Sustainable International Health Professional Recruitment to Australia: A Case Study of the Philippines

Prof. Stephanie Short

1215

### Box Lunch Provided

1230-1330

**Regional Meetings:** Africa - Salon 201  
The Americas - Salon 206  
Asia - Salon 210  
Europe - Salon 203  
Western Pacific - Salon 202

1300-1700

**Joint Coalition for Physician Enhancement (CPE) / International Physicians Assessment Coalition (IPAC) Meeting**  
(Separate registration required)  
Salon 205

1830-2200

**IAMRA 2012 Gala Dinner**  
Trillium Ballroom, 4th floor, Ottawa Convention Centre

Day 4:  
Friday,  
October 5,  
2012

- 0700      **Registration**  
Rideau Canal Atrium
- 0700-0800      **Breakfast**  
Ottawa Salon
- 0800-0815      **Day 3 Recap**  
Ottawa Salon  
**Facilitator: Dr. Humayun (Hank) Chaudhry**, President & CEO, Federation of State Medical Boards (United States of America)
- 0815-1015      **Interactive Case Study Discussions**  
**Breakout Sessions**

**SALON 205**

➤ **Breakout Session A: Registration / Licensure**

**Co-Facilitators:**

**Dr. Bill Pope**, Registrar, College of Physicians & Surgeons of Manitoba (Canada)

**Dr. Ossama Rasslan**, Secretary General, Egyptian Medical Syndicate

➤ **Objectives:**

*Using a facilitated interactive case-based format, participants will be able to:*

1. *Discuss the key principles applicable to the review of all applications requesting registration and licensure*
2. *Describe the standards that inform an appropriate evaluation of the adequacy of prior training to define qualifications to enter practice*
3. *List common assessment strategies to evaluate current knowledge, skills and competence*
4. *Explain approaches to assessing personal health and wellbeing in promoting patient safety*

**SALON 202**

➤ **Breakout Session B: Complaints / Resolution**

**Co-Facilitators:**

**Dr. Karen Shaw**, Registrar, College of Physicians and Surgeons of Saskatchewan (Canada)

**Mr. Paul Philip**, Director of Standards and Fitness to Practise, General Medical Council (United Kingdom)

➤ **Objectives:**

*Using a facilitated interactive case-based format, participants will be able to:*

1. *Discuss the evaluation of common standard of care issues*
2. *Explain how to determine when a breach of privacy has occurred*
3. *Describe an approach to the assessment of common issues related to professional behavior*
4. *Define how to identify what type of review or investigation should be completed to resolve specific types of complaints*

**Co-Facilitators:**

**Dr. Yves Robert**, Secrétaire, Collège des médecins du Québec (Canada)  
**Prof. Kieran Murphy**, President, Medical Council of Ireland

**➤ Objectives:**

*Using a facilitated interactive case-based format, participants will be able to:*

1. *Understand that, within a changing society, the public's expectations and the public's articulation of their best interests are radically changing*
2. *Understand that medical regulatory authorities exist to serve in the best interests of the public*
3. *Have an increased awareness of the public's expectations on what such a responsibility entails*
4. *Be able to describe aspects of patient safety and quality health care delivery that hinge on the proper execution of the mandate of medical regulatory authorities*

1015-1045

**Refreshment Break**

Rideau Canal Atrium

1045-1145

**Remember on Whose Behalf Medical Regulatory Authorities Work**

Ottawa Salon

**Sister Elizabeth Davis**, Congregation of the Sisters of Mercy of Newfoundland and Labrador

**Session Chair: Dr. Ian Bowmer**

There is a short story written by Leo Tolstoy which asks the questions, "What is the **best time** to do each thing? Who are the **most important people to work** with? What is the **most important thing to do** at all times?" For those who work within medical regulatory authorities, these questions are both troubling and challenging in this age of ongoing change. Our understanding of health and health care is changing. The mix of acute illnesses and chronic illnesses treated in our health care systems is changing. The nature of interactions between physicians and patients/clients is changing. The expectations of persons in need of health care and the expectations of health care providers are changing. Therefore, it follows that the manner in which medical regulatory authorities carry out their work, the way in which the authorities are structured and the communication between the authorities and those who have a vested interest in their work must also change. In this session, we will use Tolstoy's questions as a guide in our struggle to understand the depth of the change happening and to ensure that the change is not simply change by default but is truly transformative, responding wisely and well to the health needs of persons, families and communities.

- 1145-1215 **Conference Wrap Up and Closing**  
Dr. Heidi Oetter, President, Federation of Medical Regulatory Authorities of Canada  
Mr. Philip Pigou, Chair-Elect, International Association of Medical Regulatory Authorities  
Dr. André Jacques, Chair, Program Planning Committee; Directeur, Direction de l'amélioration de l'exercice, Collège des médecins du Québec
- 1215-1230 **Preview: 2014 International Conference on Medical Regulation, London, UK**
- 1230-1330 **Lunch**  
**End of IAMRA Conference Sessions**
- 1330-1530 **IAMRA Members General Assembly**  
Salon 206/208
- 1300-1600 **Joint Coalition for Physician Enhancement (CPE) / International Physicians Assessment Coalition (IPAC) Meeting**  
(Separate registration required)  
Salon 205

## Bios

### Elizabeth M. Davis

C.M.;  
B.A., B.Ed. (Memorial);  
M.A. (Notre Dame);  
M.H.Sc. (Toronto);  
LL.D. (Memorial);  
LL.D. (Manitoba)

## Keynote Speakers



### Sister Elizabeth Davis,

Leader of the Sisters of Mercy of Newfoundland and Labrador, was Administrator of St. Clare's Mercy Hospital (1986-1994) and President/CEO of the Health Care Corporation of St. John's (1994-

2000). She has been a Board member of CIHI, Association of Canadian Teaching Hospitals, Medical Council of Canada, National Board of Medical Examiners (USA), Royal College of Physicians and Surgeons of Canada, Trudeau Foundation and Dalhousie University's Management Program for Physicians. She has received an honorary Doctor of Laws from Memorial University of Newfoundland and the University of Manitoba, has been appointed as a Member of the Order of Canada, an Honorary Fellow of the Royal College of Physicians and Surgeons of Canada, and Alumna of the Year for Memorial University; has been inducted into the Order of Newfoundland and Labrador and has received the Queen Elizabeth II Diamond Jubilee Medal.

### Ron Paterson

LLB (Hons),  
BCL Oxon



### Professor Ron Paterson

is Professor of Health Law and Policy at the University of Auckland. He was New Zealand Health and Disability Commissioner 2000–2010.

With law degrees from Auckland and Oxford Universities, Ron has held Fulbright and Harkness Fellowships. He has researched and lectured on health law and policy in the UK, the US, Canada and Australia. Ron is co-editor of the textbook Medical Law in New Zealand (2006) and author of The Good Doctor: What Patients Want (2012). He is Chairman of the New Zealand Banking Ombudsman Scheme and a member of the Board of the Royal Australasian College of Physicians.

## Case Studies for Breakout Sessions

### Breakout Session A

## Registration / Licensure

Dr. X is a 55 year old physician who has applied to your regulatory authority requesting to be licensed as a family physician. He has just been accepted by you as a refugee. He graduated from a medical school that was on the WHO acceptable list, but it was destroyed 15 years ago during war in his country. It has not been rebuilt and no records are available. He has managed to keep his medical degree safe, but he has no other educational documentation.

At present he remains in his country where he has undergone significant difficulties:

He is a member of a persecuted religious minority. Five years ago he was accused and convicted of 'civil unrest' and has just been released from prison. His health has been affected and as part of his medical review, he has been diagnosed with Hepatitis A. As a result he has not practised medicine for 2 years.

His application indicates that he spent 6 years in medical school, followed by 2 years of compulsory military service as a physician serving in small communities in his country. He says that his final year of undergraduate training was spent in a teaching hospital and in his country this is the equivalent of an 'internship'. He also spent one year of training in obstetrics following his graduation and military service. The jurisdiction to which he has applied has advertised that they require family physicians for remote rural practice who are able to deliver babies in the community.

What steps should be taken to determine whether the physician is competent to practice medicine in your jurisdiction?



### Complaints / Resolution

The medical regulatory authority receives a complaint from Mary, the mother of a 10-year old child. The complaint states that her daughter, Joan, had complained of abdominal pain for 24 hours. Joan's regular physician was not available so Mary arranged an appointment with Dr. X whom neither of them had previously seen.

The complaint states that Mary and Joan waited for one hour in the waiting room before they were taken to an examination room. Immediately upon entering the examination room, Dr. X asked Mary "What is the problem?" Mary advised Dr. X that Joan had been complaining of a sore stomach for the past 24 hours and was not getting better. Dr. X then asked Mary if Joan had vomited and was told that Joan had not vomited but that she had been complaining that "it hurts to pee." Mary asked Dr. X if the diagnosis could be a bladder infection as Mary had previously experienced similar symptoms and had been diagnosed with a bladder infection. Dr. X. immediately wrote a prescription for an antibiotic, handed it to Mary and stated that Joan was suffering from a bladder infection.

The complaint states that Mary suggested to Dr. X that she should examine Joan before concluding that Joan had a bladder infection. The complaint states that Dr. X quickly ran her hand over Joan's clothed stomach region and stated that she did not need to examine her further as she can "tell" by the history it is a bladder infection. Dr. X then instructed Mary to go and fill the prescription.

The complaint states that Mary asked Dr. X whether she should perform a urine test. Dr. X stated it was not necessary to do so. The complaint states that Mary told Dr. X that she was not comfortable accepting the prescription. She told Dr. X that she expected her to take a history and perform a physical examination, including a urinalysis and perhaps a culture, as that is what happens when her physician sees her for a similar problem. Dr. X told Mary that she and her child "could leave if she was not prepared to accept her professional opinion." Mary responded "what professional opinion?" and left.

The complaint alleges that Dr. X did not meet the standard of care expected of a family physician. The complaint also states that, when she and her daughter were leaving, Dr. X yelled at them, stating that Mary "was a stupid mother and her daughter would get sick if she did not fill the prescription."

Mary alleges this conversation took place in the corridor leading to the waiting room where other patients could hear. Furthermore, she alleges Dr. X did not introduce herself and did not close the door to the examining room. She questions the physician's professionalism as well as her skill and knowledge in managing the presenting symptoms. She also reports her daughter was traumatized by the incident and is now afraid to see another physician.

The College provided the letter of complaint to Dr. X for response. In her response, Dr. X indicates that her recollection of events is different than Mary's. She states that she did introduce herself and reports she always closes the door to the examining rooms and, as this is her practice, she is sure she did so on this occasion.

Dr. X also indicates she took an extensive history, although most of the history was not relevant so she did not record it in her clinical note. She acknowledges she did not examine the patient other than an abdominal exam to rule out constipation. She states it was not necessary to do anything further as the child's vitals were normal, including a normal temperature. She also states that a urine test would not be helpful as little girls of that age (10 years old) always have "stuff" in their urine. She also alleged that Mary called her "a money grubbing foreigner," which offended her as she is a second generation Canadian, and her assessment of Joan was based upon clinical judgment and had nothing to do with money. She believes Mary owes her an apology and asks the medical regulatory authority to facilitate this.

Mary received Dr. X's response and wrote back to the medical regulatory authority, denying that she called Dr. X names and stating that neither Dr. X nor Dr. X's assistant took Joan's temperature.

The medical regulatory authority reviewed the records and noted that a temperature has been recorded. The entry appears to be added into the body of the comments on an angle separated from the other notes and is in slightly different handwriting. The medical regulatory authority questions whether the entry was added after the complaint was received by the physician.

Are all the concerns raised in the complaint by Mary worthy of review; if so why and how should each concern be addressed to achieve resolution for the complainant but also to achieve the overarching goal of "public protection"?



## Breakout Session C

## Quality Assurance of a Physician's Practice

Dr X is a 65 year-old family physician in a rural area working in a diverse practice which includes a combination of home, office and walk-in / out-patient clinic practice. He has worked in this practice for the past 30 years and, although he works with two other younger colleagues in this practice, they do not work as part of a team with each working independently from the two others.

Concerns about repeated low grade prescription errors made by Dr X are brought to the attention of your regulatory body. While a decision is made that no disciplinary action is required, your medical regulatory body requests that a performance assessment of Dr X is carried out by a team of two assessors including an expert in family practice.

Background information is initially obtained from Dr X to plan the assessment. He acknowledges that he has become professionally isolated. While he usually attends his annual association conference each year, he has not attended for the last two years. In addition, although he had cardiac stents inserted two years ago, he reports that he feels physically well although he admits to feeling tired more easily.

A review of the context of Dr X's practice is then performed. During this review, the team of assessors review the practice systems and discover that, while Dr X's two younger colleagues are using predominantly electronic-based systems, Dr X has refused to do this and continues with traditional paper-based systems which appear to be poorly managed. Feedback from Dr X's two younger colleagues is also obtained and it becomes clear that they believe Dr X is not performing as well as previously.

To assess the quality of Dr X's practice, a sample of 20 patients' records is reviewed. It demonstrates poor record keeping with very brief notes of patient consultations, many of which are almost unreadable. For those patients where notes are more extensive, some deficits in treatment plans to be implemented are identified.

## Breakout Session C

## Continued

A direct observation of Dr X's practice by the assessors of 10 interactions with patients reveals that Dr X frequently repeats the same questions his patients and does not always allow sufficient time during the consultation to listen to his patients' concerns. However, no significant patient safety concerns are identified during this assessment.

An assessment of Dr X's reasoning and decision-making about cases arising from the clinical record review and the direct observation of practice is then performed. During this assessment, Dr X frequently asks for questions to be repeated and appears to be unaware of newer treatments for a variety of conditions. However, he has a good knowledge of the more traditional approaches to the treatment of disease.

Based on their findings, the assessment team recommend that Dr X should undergo a 3-month refresher training programme in family practice. Dr X is very unhappy with this recommendation and argues that he has worked as a family physician for 35 years and that no complaints have ever been made about him. He also states that he would not be in a position to fund such a programme. He starts a judicial process of appeal challenging the recommendation of the assessment team.

## Abstract Presenters

- › **Layla Almarzouqi** BSC, MBBCH, MS, EMS  
Dubai Health Authority  
**Medical Complaints from Receiving to Resolution, Dubai**  
*Oral Presentation*
  
- › **Julian Archer** MBChB, PhD  
Peninsula College of Medicine and Dentistry, Plymouth University  
**“It’s Always Been Eighteen Months Away”: Revalidation Policy Leader Interviews: A Discourse Analysis**  
*Oral Presentation*  
  
**The Impact of Assessor Selection in Multisource Feedback as Part of Medical Regulatory Assessment**  
*Oral Presentation*
  
- › **Tracey Bailey** BA, LLB  
Health Law Institute, University of Alberta  
**Physicians with Health Conditions: Law and Policy Reform to Protect the Public and Physician-Patients**  
*Poster Presentation*
  
- › **Marc Billard** MD, FCMF, CMFC  
Collège des médecins du Québec  
**Targeting Discompetent Physicians**  
*Oral Presentation*  
  
**Eight Ways to Evaluate The Clinical Performance of Physicians**  
*Workshop Presentation*
  
- › **Philip Brady**  
Medical Council of Ireland  
**Improving Registration Processes for Reviewing Credentials to Determine Specialist Status**  
*Oral Presentation*  
  
**Ensuring Public Protection While Responding to Health System Needs: A Case Study**  
*Oral Presentation*

- > **Nick Brown** MB, ChB, FRCPsych  
National Clinical Assessment Service (NCAS)  
**The Definition of Insight: A Challenge That Matters for Remediation**  
*Oral Presentation*
  
- > **Kevin Caldwell**  
Federation of State Medical Boards  
**College of Osteopathic Medicine (COM) Faculty Credentialing**  
*Oral Presentation*
  
- > **Shane Carmichael**  
General Medical Council, United Kingdom  
**Interactive Website to Support Doctors Treating Patients with Learning Disabilities**  
*Oral Presentation*
  
- > **Niall Dickson**  
General Medical Council, United Kingdom  
**Defining Good Medical Practice: Hearing New Voices on What Makes a Good Doctor**  
*Plenary Presentation*  
  
**The State of Medical Education and Practice in the UK 2012**  
*Oral Presentation*
  
- > **Gerard Dillon** PhD  
National Board of Medical Examiners  
**Medical Registration and Licensure: Keys to Valid Assessment**  
*Oral Presentation*
  
- > **Marguerite Dupré** MD, FRCPC  
Collège des médecins du Québec  
**Use of Simulation for Assessment in Anesthesiology**  
*Oral Presentation*
  
- > **Joanna Flynn** MBBS, MPH, FRACGP, DRANZCOG  
Medical Board of Australia  
**National Regulation Two Years on: What's Happened?**  
*Oral Presentation*  
  
**National Regulation: How and Why Would You Do It?**  
*Workshop Presentation*
  
- > **Andrew Forbes** Dip T, LLB, LLM,  
DLA Piper  
**Queensland's Integrated Regulatory Approach: Perfect Regulation?**  
*Workshop Presentation*

- > **François Goulet MD, MA**  
 Collège des médecins du Québec  
**Should there be an Age of Retirement for Doctors or is there a Limit Age for Doctors to Learn from CPD?**  
*Workshop Presentation*

**How to Assess Clinical Performance of Radiologists: The Structured Oral Interview**  
*Oral Presentation*

**How Old Docs Learn New Tricks: Challenges and Pitfalls Associated with Re-Entry Programs into Clinical Practice for Physicians**  
*Workshop Presentation*
  
- > **Lesleyanne Hawthorne PhD, MA, BA Hons, Dip Mig Stud, Dip Ed**  
 Australian Health Workforce Institute, University of Melbourne  
**Australia's 2011-12 Parliamentary Inquiry on Medical Registration Processes for Overseas Trained Doctors: Key issues and Policy Outcomes**  
*Oral Presentation*

**Australia's Level of Reliance on Foreign Medical Graduates: Registration Challenges and Outcomes 2004-2011**  
*Oral Presentation*

**The Impact of English Language Testing on Medical Registration Outcomes in Australia - The Evidence and Outcomes 2006-2011**  
*Plenary Presentation*
  
- > **Sun Huh MD**  
 Institute of Medical Education, Hallym University  
**Evaluation of Clinical Skill Test of The Korean Medical Licensing Examination to Improve its System**  
*Poster Presentation*
  
- > **David Johnson MA**  
 Federation of State Medical Boards  
**Evolution of Medical Discipline in 20th Century America**  
*Workshop Presentation*
  
- > **Paul Kavanagh MB**  
 Medical Council of Ireland  
**Doctors' Knowledge and Attitude Towards Statutory Duty to Maintain Professional Competence**  
*Oral Presentation*

**Development Standards for Maintenance of Professional Competence in Ireland**  
*Oral Presentation*

**The Challenge of Embedding MSF in Doctors' Continuing Practice in Ireland: A Comparison of Participant Reactions in Two National Pilots**  
*Oral Presentation*

- **William Kelly MS**  
 Educational Commission for Foreign Medical Graduates (ECFMG)  
**Primary-source Verification of Physician Credentials: A Best Practice for Medical Regulatory Authorities**  
*Workshop Presentation*
- **Helen Kiel LLB, LLM, BA, Dip Soc Studs**  
 University of Technology, Sydney, Australia  
**Regulating Impaired Doctors in Australia: The Rhetoric and Reality of Protecting the Public**  
*Workshop Presentation*
- **Malcolm Lewis LLM, FRCGP**  
 General Medical Council  
**Delivering Medical Revalidation in the UK: The Biggest Change in Regulation in 150 Years?**  
*Oral Presentation*

**Investigating the Prevalence and Causes Of Prescribing Errors in General Practice**  
*Poster Presentation*
- **Anne-Marie MacLellan MD**  
 Collège des médecins du Québec  
**Practice Ready Assessment Success Factors and One-Year Practice Follow-Up of International Medical Graduates**  
*Oral Presentation*

**Professionalism of Students, Residents and Fellows: The Role of the Medical Regulatory Authority**  
*Oral Presentation*
- **William McCauley MD**  
 FMRAC Accreditation and Education Advisory Committee and College of Physicians and Surgeons of Ontario  
**Medical Regulatory Authorities in Canada - Educational Challenges Survey**  
*Poster Presentation*
- **Claire McLaughlan RN LLB MA**  
 National Clinical Assessment Service (NCAS), London, UK  
**Evidencing Change in Practice Following Fitness to Practise (FtP) Conditions on Practice**  
*Poster Presentation*
- **Ahmad Nadeem Akbar**  
 Pakistan Medical & Dental Council  
**Registration and Licensure: A Pakistan Medical and Dental Council Experience**  
*Poster Presentation*



**Complaints / Resolution: A Pakistan Medical and Dental Council Experience**

*Oral Presentation*

➤ **M. Venkatraya Prabhu MD**

Kasturba Medical College, Mangalore

**Improving Research by Undergraduate Medical Students in Medical College**

*Poster Presentation*

➤ **Ernest Prigent MD**

Collège des médecins du Québec

**Physician Mobility: The Québec-France Agreement**

*Oral Presentation*

**Medical Students, Residents and Fellows with Blood-borne Pathogens:  
The Québec Follow-Up Program**

*Oral Presentation*

➤ **Martin Rhodes MA, MB, BS, FRCGP**

National Clinical Assessment Service (NCAS)

**Developing Local Record Reviews to Quality Assure Performance in Physicians**

*Poster Presentation*

**Developing a Database to Determine the Relationship Between Presenting  
Concerns and Outcomes Following NCAS Assessments**

*Oral Presentation*

**The Relationship Between Referral and Assessed Outcome: An analysis of  
100 cases**

*Oral Presentation*

➤ **Stephanie Short PHD, MSc, BA, DPhys**

University of Sydney

**Ideas and Evidence to Inform Ethical and Sustainable International Health  
Professional Recruitment to Australia: A Case Study of the Philippines**

*Oral Presentation*

➤ **Cindy Streefkerk**

Medical Council of Canada

**Pan-Canadian Practice Ready Assessment: An Environmental Scan of Thirteen  
Jurisdictions**

*Oral Presentation*

➤ **John Swiniarski MBA**

College of Physicians & Surgeons of Alberta

**The Value of Feedback: Alberta's Experience with PAR Practice Reviews**

*Oral Presentation*

- **Bhaskaran Unnikrishnan** MBBS, MD  
Kasturba Medical College (Manipal University), Mangalore  
Integrating Research into Medical  
**Undergraduate Curriculum – An Experience from India**  
*Poster Presentation*
  
- **Anna van der Gaag** MSc, PhD  
Health Professions Council  
**The Role of the Regulator in Promoting Professionalism: Some Observations from the UK**  
*Oral Presentation*
  
- **Elizabeth Wenghofer** PhD  
School of Rural and Northern Health, Laurentian University  
**The Effect of Continuing Professional Development on the Occurrence and Type of Public Complaints**  
*Plenary Presentation*  
  
**The Effect of Continuing Professional Development on Performance in Specific Aspects of Care**  
*Oral Presentation*
  
- **Aaron Young** PhD  
Federation of State Medical Boards  
**Physician Violations of Online Professionalism: A Survey of State Medical Boards in the United States**  
*Oral Presentation*
  
- **Mary Zulu** MD  
Health Professional Council of Zambia  
**National Healthcare Standards for Zambia: A Pilot Study**  
*Oral Presentation*

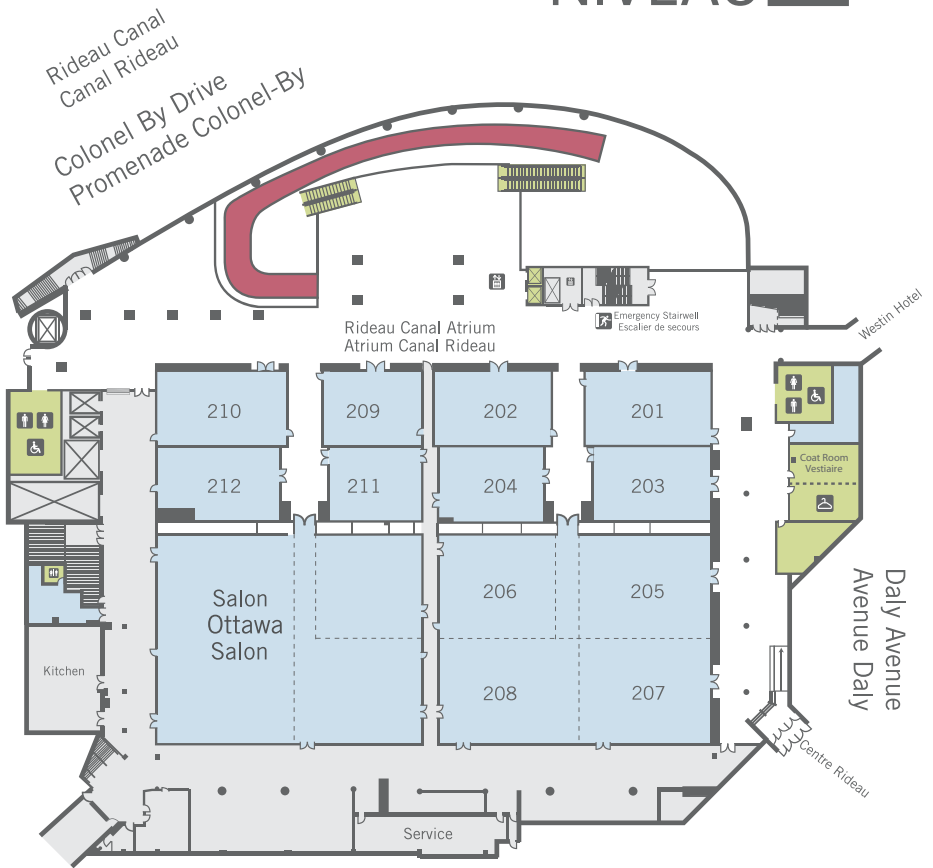
## Poster Presentations

- › **Tracey Bailey** BA, LLB  
Health Law Institute, University of Alberta  
**Physicians with Health Conditions: Law and Policy Reform to Protect the Public and Physician-Patients**
- › **Sun Huh** MD  
Institute of Medical Education, Hallym University  
**Evaluation of Clinical Skill Test of the Korean Medical Licensing Examination to Improve its System**
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National Clinical Assessment Service (NCAS), London, UK  
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Kasturba Medical College, Mangalore  
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- › **Martin Rhodes** MA, MB, FRCGP  
National Clinical Assessment Service (NCAS)  
**Developing a Database to Determine the Relationship Between Presenting Concerns and Outcomes Following NCAS Assessments**
- › **Bhaskaran Unnikrishnan** MBBS, MD  
Kasturba Medical College (Manipal University), Mangalore  
**Integrating Research into Medical Undergraduate Curriculum – An Experience from India**

# Map 1: Ottawa Convention Centre



## LEVEL NIVEAU 2



# Map 2: Downtown Ottawa

### Legend:

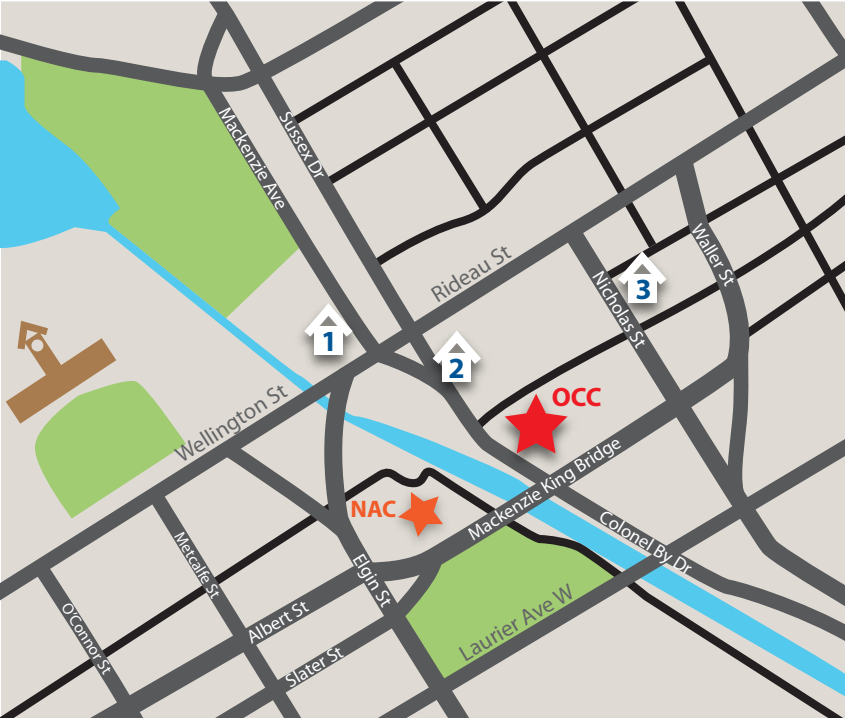
Ottawa Convention Centre (OCC)

National Arts Centre (NAC)

Fairmont Château Laurier 1

The Westin Ottawa 2

Novotel Ottawa 3



Map of downtown Ottawa

# Notes

## > Conference Hosts



Federation of  
Medical Regulatory  
Authorities of Canada

Fédération des  
ordres des médecins  
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# IAMRA 2012 OTTAWA

10th International Conference  
on Medical Regulation

## Schedule at a Glance

### Tuesday, October 2, 2012

1200	Registration Opens <i>Rideau Canal Atrium</i>	1730 – 1830	IAMRA 2012 Conference: Opening Ceremonies/Greetings <i>Ottawa Salon</i>
1330 – 1700	IAMRA Institute: Medical Regulation 101	1830 – 1930	Reception <i>Rideau Canal Atrium</i>

### Wednesday, October 3, 2012

0800 – 0900	Registration <i>Rideau Canal Atrium</i>	1215 – 1330	Lunch <i>Ottawa Salon</i>
0800 – 0900	Breakfast <i>Ottawa Salon</i>	1330 – 1530	Breakout Sessions <i>Various Salons, 2nd Floor</i>
0900 – 1015	Opening Remarks & Keynote Address <i>Ottawa Salon</i>	1530 – 1600	Break / Poster Viewing <i>Rideau Canal Atrium</i>
1015 – 1045	Break / Poster Viewing <i>Rideau Canal Atrium</i>	1600 – 1700	Plenary Session <i>Ottawa Salon</i>
1045 – 1215	Concurrent Sessions <i>Various Salons, 2nd Floor</i>	1800 – 1900	Joint FMRAC/MCC Reception <i>Panorama Room, National Arts Centre</i>

### Thursday, October 4, 2012

0730 – 0830	Registration <i>Rideau Canal Atrium</i>	1045 – 1215	Concurrent Sessions <i>Various Salons, 2nd Floor</i>
0730 – 0830	Breakfast <i>Ottawa Salon</i>	1215	Box Lunch
0830 – 0845	Day 2 Recap <i>Ottawa Salon</i>	1230 – 1330	Regional Meetings
0845 – 1015	Concurrent Sessions <i>Various Salons, 4th Floor</i>	1300 – 1700	Side Meeting <i>Joint CPE-IPAC Meeting (separate registration required)</i>
1015 – 1045	Break / Poster Viewing <i>Rideau Canal Atrium</i>	1830 – 2200	Gala Dinner / Entertainment <i>Trillium Ballroom, 4th Floor, Ottawa Convention Centre</i>

### Friday, October 5, 2012

0700 – 0800	Registration <i>Rideau Canal Atrium</i>	1045 – 1230	Closing Keynote, Conference Wrap-Up and 2014 Preview <i>Ottawa Salon</i>
0700 – 0800	Breakfast <i>Ottawa Salon</i>	1230 – 1330	Lunch
0800 – 0815	Day 3 Recap <i>Ottawa Salon</i>	1330 – 1530	IAMRA Members General Assembly
0815 – 1015	Breakout Sessions <i>Various Salons, 2nd Floor</i>	1300 – 1600	Side Meeting <i>Joint CPE-IPAC Meeting (separate registration required)</i>
1015 – 1045	Break / Poster Viewing <i>Rideau Canal Atrium</i>		