6th International Conference on Medical Regulation

The 6th International Conference on Medical Regulation, hosted by the Medical Council of Ireland, is scheduled for April 21-24, 2004 at the Burlington Hotel in Dublin. An ambitious program for the conference is in the process of being finalized by the Irish Organizing Committee and the working group charged with planning the conference. The meeting will open with a civic reception and will be interspersed with workshops and parallel sessions on a large number of topics, presentations by keynote speakers, a gala dinner, and a poster session that will provide information about work in progress by regulatory authorities in attendance. Additionally, IAMRA’s second Members General Meeting will take place on the second day of the conference and will include the election of a new Management Committee.

The conference program will include reports by IAMRA’s Working Group on the International Exchange of Information on Physicians and the Working Group on Medical Passports with continuing sessions designed to explore these issues in more depth, generate discussion, and foster new ideas and collaboration. The program will also include sessions on multiple issues that were proposed as a result of a questionnaire previously circulated to medical regulatory authorities worldwide by Professor Gerard Bury, chair of the working group planning the conference and president of the Medical Council of Ireland. It is IAMRA’s goal that the 2004 conference be an important source of education for all participants. Registration and other detailed information about the conference will be provided in future editions of the IAMRA News Update and posted on IAMRA’s Web site at www.IAMRA.com and the Web site of the Medical Council of Ireland at www.medicalcouncil.ie.

Current Membership

Forty-eight organizations from 22 countries have joined IAMRA to date and include:

- Albania – Order of Physicians of Albania
- Australia –
  - Australian Medical Council
  - Medical Board of the Australian Capital Territory
Medical Board of Queensland
Medical Board of South Australia
Medical Board of Western Australia
Medical Council of Tasmania
Medical Practitioners Board of Victoria
New South Wales Medical Board
Belgium – National Council of the Order of Physicians
Canada –
College des Médecins du Québec
College of Physicians and Surgeons of Alberta
College of Physicians and Surgeons of British Columbia
College of Physicians and Surgeons of Manitoba
College of Physicians and Surgeons of Nova Scotia
College of Physicians and Surgeons of Ontario
College of Physicians and Surgeons of Saskatchewan
Federation of Medical Licensing Authorities of Canada
Medical Council of Canada
Newfoundland Medical Board
Croatia – Croatian Medical Chamber
Denmark – Danish National Board of Health
Egypt – Egyptian Medical Syndicate
India –
Delhi Medical Council
Goa Medical Council
Maharashtra Medical Council
Ireland – Medical Council of Ireland
Mauritius – Medical Council of Mauritius
Namibia – Medical Board of Namibia
Netherlands – Department of Postgraduate Training and Registration of the Royal Dutch Medical Association
New Zealand – Medical Council of New Zealand
Nigeria – Medical and Dental Council of Nigeria
Norway – Norwegian Registration Authority for Health Personnel
Pakistan – Pakistan Medical and Dental Council
Sierra Leone – Sierra Leone Medical and Dental Council
South Africa – Medical and Dental Professions Board of the Health Professions
Council of South Africa
Sweden – National Board of Health and Welfare
Switzerland – Swiss Medical Association
United Kingdom – General Medical Council
United States –
Educational Commission for Foreign Medical Graduates
Federation of State Medical Board of the United States
Massachusetts Board of Registration in Medicine
Medical Board of California
Michigan Department of Consumer and Industry Services, Bureau of Health Services
National Board of Medical Examiners
Nevada State Board of Medical Examiners
Oklahoma State Board of Medical Licensure and Supervision
Oregon Board of Medical Examiners

It is hopeful that each member organization will be represented at the April 2004 Members General Meeting in Dublin. Preparations for the meeting will begin in August with a call for amendments to the Constitution and Bylaws.

Working Group on the International Exchange of Information on Physicians (IEIP)

The Working Group on IEIP is making progress towards implementing two models of information exchange: (1) the provision of certificates of good standing (CGSs) or similar information in response to requests by regulatory authorities when a physician applies for registration/licensure; and (2) the routine transmission of information on fitness to practice outcomes to alert regulatory authorities of physicians who may be problematic. Additionally, efforts to develop unique physician identifiers are being studied to assure proper identification of physicians on whom information is transmitted.

The General Medical Council in the UK and the Medical Council of New Zealand are currently piloting Model #1. Upon request, each authority is providing the other with CGS information via email. The pilot project will continue for another month, after which an evaluation of the benefits and/or problems associated with this type of exchange will take place. In the meantime, the Working Group is developing a glossary of CGS elements to provide authorities guidance as to what a CGS from any country might mean (or not mean). In this way, the recipient of the CGS will be able to analyze the data provided and decide what level of confidence can be placed on the professional status of the physician in question. Model #2 involves the design of a system for electronically transmitting fitness to practice information about well-identified physicians to a single portal in a participating country. The portal will serve as a gateway from which the information will be forwarded to all jurisdictions in that country. Each jurisdiction will then use its own mechanisms to scan and match the data to the right doctor. The information originally transmitted will be just enough to alert authorities of potentially problematic physicians. The recipient organizations will be able to contact the information source directly for additional data, should they choose to do so. Appropriate technology for implementing such a system is currently in development in Australia and will be adapted by the Working Group for use in a pilot program.

Working Group on Medical Passports

The Working Group on Medical Passports is developing an action plan for establishing a medical passport system that authorities can use to ease the migration of doctors into their countries. A tremendous amount of research is in progress and many issues are being addressed in preparation for implementation of a pilot project including: (1) determining and defining the elements of a medical passport system (i.e., certificate of good standing) that will be necessary for a doctor to gain passage into another jurisdiction to practice medicine; (2) analyzing the standards used for those elements by different jurisdictions; (3) determining the technical requirements for transmitting the appropriate information from one authority to another; (4) addressing privacy issues and
establishing specific protocols for exchanging confidential information on physicians; and (5) identifying protocols for evaluating medical graduates who are international refugees and whose information is more difficult to obtain. Additionally, the Working Group is keeping apprised of the work being undertaken by the Working Group on IEIP relating to unique physician identifiers and proper identification of physicians.

The Working Group on Medical Passports is in the process of developing questionnaires that will soon be circulated worldwide to aid in their research.

Update on Official Relationship with the World Health Organization (WHO)

IAMRA’s Management Committee is continuing its efforts to assist the association in establishing an official relationship with WHO. Progress was temporarily stalled due to the recent review of WHO’s current policy providing for the admission of non-governmental organizations (NGOs) into official relations with the organization. The review resulted in a proposal to change the policy. Accordingly, a revised policy was considered by WHO’s 56th World Health Assembly on May 28, 2003, which voted to send the new policy to WHO’s Executive Board for further review and to report back with its recommendations at the 57th World Health Assembly meeting next year. Until such time as a new policy is adopted, the current policy remains valid. Current policy states that a mutually agreed work plan between WHO and the NGO be developed and implemented, the results of which will be assessed when considering the NGO for official relations. IAMRA is continuing to pursue the development of working relations with WHO, as outlined in the current policy, through communications with Dr. Mario Dal Poz, Human Resources for Health Coordinator with WHO’s Department of Health Service Provision. The Management Committee is also seeking involvement by WHO at the 2004 International Conference.

IAMRA Web Site

IAMRA’s Web site can now be found at www.IAMRA.com. New links have been added and it is now possible for organizations to file membership applications online. Additionally, current members will be assigned a member identification number (to be provided soon by IAMRA’s Secretariat) so that they may have access to the Members Only section (in development) or send in updated information for the international directory. The Web site will be continually improved and updated; therefore, your comments and suggestions are always welcome.

IAMRA Member News

To assist our members in the distribution of important news, a section has been added to this newsletter for sharing information about significant projects being undertaken by IAMRA members that could have an impact on medical regulatory authorities worldwide or on which feedback is desired.

General Medical Council (UK)

The General Medical Council (GMC) is in the process of conducting a fundamental review of its registration and licensing system. The goal of the GMC is to develop a
system which is simple, effective, easy to understand, and founded on the principle of equal treatment for all doctors, regardless of where they have been qualified. Proposals for a new system have been summarized in a consultation document. As the proposals would have significant implications for non-UK qualified physicians wishing to practice medicine in the UK, the GMC is eager to obtain views on the proposals from as wide an audience as possible. The consultation paper with a link for submitting comments online can be found on the GMC’s Web site at www.gmc-uk.org. On the home page, simply click on Consultation: New Arrangements for Registration and Licensure.

PLEASE COPY AND SHARE THIS AND FUTURE UPDATES WITH OTHERS IN YOUR ORGANIZATION AND JURISDICTION.

PLEASE FORWARD ANY COMMENTS OR QUESTIONS RELATING TO THIS NEWSLETTER OR TO MATTERS ABOUT IAMRA TO:

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