6th International Conference on Medical Regulation

Conference organizers for IAMRA’s 6th International Conference on Medical Regulation continue to work hard toward finalizing the event’s program, which will be held April 21-24, 2004 in Dublin, Ireland. Participants can now register for the conference online and view a draft program by accessing the Web site of the Medical Council of Ireland at www.medicalcouncil.ie. Registration materials will also be mailed and emailed to all organizations/individuals receiving this News Update as well as other individuals within the next few weeks. The conference aims to illustrate the benefits of international cooperation and explore ways to build on existing links. A broad range of topics will include: medical mobility and the international exchange of information; the dysfunctional physician; professional standards, teamwork and interdisciplinary roles; education, training, performance assessment, reaccreditation and competence assurance; protecting patients/the public and disciplinary structures; ethical and societal issues; and, new approaches to patient care and complementary therapies. The conference will address these topics with presentations by distinguished speakers, workshops on IAMRA’s current projects, and contributions from participants. Participants may contribute with free-standing presentations, poster presentations and a small number of 90-minute workshops. A call for presentation abstracts was sent out in September and the deadline has since been extended to December 12. Those interested in submitting an abstract for consideration can download an Abstract Submission Form from the Council’s Web site (see link above), or may request the form from the IAMRA Secretariat (see contact information on page 5).

2004 Members General Meeting

IAMRA’s 2004 Members General Meeting will be held in conjunction with the Dublin conference on Friday, April 23. A call for voting and participating delegates along with a Delegates Response Form was sent to member organizations last month and must be returned to the Secretariat by February 27. It is important to note that delegates attending the Members General Meeting will also need to complete the conference registration form and submit it to the conference organizers. Also due by February 27 are nominations of individuals who wish be elected to the Management Committee. Instructions for nominating candidates were also forwarded to member organizations in October and will be distributed again on December 1, along with a 2nd call for delegates.
A draft agenda for the Members General Meeting will be posted in the Members Only Section of IAMRA’s Web site at [www.IAMRA.com](http://www.IAMRA.com) by December 1 and will be mailed to member organizations that do not have Internet capability. Other meeting materials will be posted in the Members Only Section and mailed as it becomes available, such as information on individuals being nominated for the Management Committee, the report of the Working Group on the Constitution and Bylaws, and more. Members will need their Member ID numbers to access the Members Only Section and should periodically check the Web site for updates. Member ID numbers have been distributed but can be requested again by contacting the IAMRA Secretariat.

**New Members**

IAMRA membership currently includes 52 member organizations from 24 countries. Organizations that have joined IAMRA since the beginning of the current fiscal year include:

- **Canada**  
  College of Physicians and Surgeons of Ontario

- **India**  
  Delhi Medical Council  
  Goa Medical Council

- **Korea**  
  National Health Personnel Licensing Examination Board

- **Netherlands**  
  Royal Dutch Medical Association, Department of Postgraduate Training and Registration

- **Portugal**  
  Ordem dos Médicos

- **United Kingdom**  
  Royal College of Physicians of Edinburgh  
  Royal College of Physicians of London

- **United States**  
  Massachusetts Board of Registration in Medicine

**Update on Working Group Projects**

Detailed reports on the progress of the following projects will be presented at the Dublin conference.

*International Exchange of Information on Physicians (IEIP) – Certificates of Good Standing*

The General Medical Council (GMC) and the Medical Council of New Zealand (MCNZ) initiated a pilot program for the electronic exchange of certificate of good standing (CGS) information between their organizations. The pilot ran for a three-month period from May 1 to
July 31, 2003. The primary objective of the pilot was to test whether the electronic exchange of CGS information can be used to ensure CGS information is received quickly and comes directly from the source. In overall terms, the GMC and the MCNZ believe the pilot proved to be a success. In particular, it allowed 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 ensured that information about a doctor came 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 were benefits in building a relationship between the two regulators. The pilot was not entirely problem free, however. The GMC and the MCNZ operate slightly different administrative systems, but they believe they were able to make the pilot work despite the administrative differences. The two organizations have since extended the project and invited regulatory authorities represented on the Working Group on IEIP and the Working Group on Medical Passports to participate.

IEIP – Fitness to Practice Information

The GMC is preparing to lead a second pilot to electronically exchange information on adverse fitness to practice, or disciplinary, findings with other organizations who will act as portals for their member organizations. The aim of the project is to: encourage reciprocity; improve simplicity in the exchange of information in an agreed common format; find out if the proposed minimum data set is adequate; find out what each organization does with the information; and, develop a system which is proportionate and effective in encouraging best practice. For this pilot, a certain set of data on specific physicians will be transmitted via email. The receiving authorities will then search their own databases for a match. Authorities participating in this bilateral agreement with the GMC can choose to send and receive information, or just receive information but not send. The timeframe for the project will be January 1 to April 1, 2004. The Health Professions Council of South Africa (HPCSA) has been asked to serve as the portal for the members of the Association of Medical Councils of Southern Africa (AMCOSA), The Federation of State Medical Boards of the United States (FSMB) and the Australian Medical Council (AMC) have been invited to serve as portals for their respective members.

International Medical Passport System

The Working Group on Medical Passports has continued its work in developing a system to increase ease of movement of competent medical practitioners (doctors in training or doctors who are not working toward specialization); that is, to develop a fast track method to process applications for medical practitioners who meet or exceed “gold standard” practice requirements of the international passport (to be determined). All other applicants will have to obtain registration via each country’s traditional application pathway. At this stage, the passport will not include assessments relating to postgraduate qualifications for the specialist level. The Working Group has developed a business plan/timeline for developing the medical passport project, with the objective being to pilot the project by the end of 2005 or the beginning of 2006. The Working Group is aiming to develop a mechanism with the highest standards possible to ensure that doctors who fulfill the medical passport requirements are likely not to be a problem. To allow this to happen, jurisdictions will need to know that: the individual is a bone fide medical practitioner (i.e., the medical practitioner has a unique identifier and base medical degree, and his/her work history is verifiable); the medical practitioner’s knowledge is still
current (i.e., the medical practitioner has passed an agreed upon international screening examination or one of a basket of agreed upon national exams within the last year); and, this medical practitioner is fit to practice (i.e., the medical practitioner has no current discipline or health issues or pending actions). It is anticipated that only a limited number of practitioners will meet the high standard of an international passport, that is, medical practitioners about whom regulatory authorities have no concerns. Additionally, registering bodies may still require some assessment once the medical practitioner is in place, such as cultural competence, or a probationary period or period of supervised practice to ensure safety.

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

Mr. Hugo Mercer, a scientist with WHO’s Human Resources for Health section of the Department of Health Service Provision, met with the Management Committee via teleconference on October 29. Mr. Mercer offered to serve as WHO’s liaison with the Management Committee to develop a collaborative plan of work, with the objective of publishing a paper or a book, which will serve as the basis for submitting a proposal to be a non-governmental organization (NGO) in official relations with WHO as required under WHO’s current policy. The entire process, culminating in IAMRA’s NGO status, will take approximately two years. The Management Committee welcomed Mr. Mercer’s assistance and enthusiastically agreed to work with him on this project so that a long-term mutual engagement with WHO can be achieved. The publication will provide a regulatory framework of medical practice around the world, including main trends, institutions, conditions, and regulatory applications and procedures. IAMRA members will be encouraged to take part in this activity. A report on the terms of reference (action plan) and a projected timeline for this project will be presented at the 2004 Members General Meeting.

**7th and 8th International Conferences on Medical Regulation**

It is the goal of the Management Committee to have the location of the next two international conferences determined for announcement at the 2004 Members General Meeting. Member organizations interested in hosting a conference in 2006 or 2008 should contact the IAMRA Secretariat. Specific questions regarding the processes, costs and external funding for hosting a conference should be directed to Gerard Bury, president of the Medical Council of Ireland and chair of the Working Group on the 6th International Conference, at:

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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 matter about IAMRA to:

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