INTERNATIONAL ASSOCIATION OF MEDICAL REGULATORY AUTHORITIES

STATEMENT
Regulation During a Serious Event such as a Disaster, Epidemic or Pandemic

Purpose

1. IAMRA's Purpose is to promote effective medical regulation worldwide by supporting best practice, innovation, collaboration and knowledge sharing in the interest of public safety and in support of the medical profession.

2. One of IAMRA's strategic goals is, *'creating a global community of medical regulators by expanding IAMRA's membership, partnerships and impact, and increasing value to members.'* In support of this goal, IAMRA develops policy statements which may be of assistance to members as they navigate the challenges and competing priorities of regulating the medical profession in their own jurisdiction.

Background

3. IAMRA does not promote a particular model of medical regulation, recognising that models are influenced by the structure of the health care system, the legal framework in which regulatory authorities operate and the resources available. Nevertheless, Medical Regulatory Authorities (MRAs) have a shared objective: to protect patients by employing effective regulatory tools to manage risk, to ensure that doctors are fit to practice and to contribute to the provision of high-quality health care.

4. This statement encourages MRAs to prepare for and assist other MRAs during serious events, such a disaster or a serious epidemic or pandemic.

5. The World Health Organization (WHO) defines **disaster** as '*an occurrence disrupting the normal conditions of existence and causing a level of suffering that exceeds the capacity of adjustment of the affected community'*. A disaster may be natural (e.g. hurricane, flood, fire) or man-made (e.g. war, social unrest, terrorist attack).

   The WHO defines **epidemic** as '*the occurrence in a community or region of cases of an illness, specific health-related behaviour, or other health-related events clearly in excess of normal expectancy'* and **pandemic** as *'an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people'*. These definitions do not address issues such as population immunity or disease severity, so seasonal influenza may be classed as an epidemic or even a pandemic, but have minimal impact on the healthcare system or MRAs.

6. For the purpose of this statement, a serious event is one where there is significant impact on the capacity of the healthcare system, and physicians in particular, to manage the healthcare needs of the general population or those directly affected by the event. The event may also have a direct impact on the MRA itself.

Regulation during a serious event

7. MRAs are encouraged to develop a protocol that addresses the key issues and priorities in response to a serious event. Ideally, such a protocol would be developed in collaboration with other agencies such as the Ministry of Health, Civil Defence, Police, neighbouring MRAs etc., so as to be part of a broader management plan.

Guidelines for the development of a Serious Event Protocol

8. The details will vary from MRA to MRA, but a Serious Event Protocol could address:

   a. Invoking and revoking application of the protocol:
      i. the power to invoke the protocol, e.g. a decision of a quorum of Board/Council members;
      ii. the circumstances in which the protocol may be invoked, e.g. declaration of a state of emergency or epidemic lockdown due to the event's impact on the provision of effective healthcare;
      iii. a strategy for communicating with stakeholders, including other MRAs, that the protocol has been invoked;
      iv. the circumstances in which the Board/Council may revoke the application of the protocol.

   b. Registration/licensure decisions:
      Medical regulation involves a number of processes aimed at ensuring that doctors are fit to practice. Of particular relevance during serious events is the process whereby registration/licensure is granted to physicians. MRAs may be required to facilitate the expeditious registration/licensure of physicians who are recruited or volunteer to assist, but do not hold registration/licensure with the MRA. In addition, MRAs outside the area of a serious event may be called upon to facilitate the registration/licensure of physicians within the event zone by prioritizing confirmation of the good standing for physicians wishing to assist in the affected area.

      A protocol could address:
      i. delegation of authority to grant registration/licensure;
      ii. prioritization of applications directly related to the event, and the target timeframe from receipt of a complete application to registration/licensure;
      iii. a list of pre-recognized international aid organizations likely to bring physicians to the event zone;
      iv. registration/licensure criteria* (see below);
      v. category and terms of registration/licensure** (see below);
      vi. prioritization of requests for certification of good standing from other MRAs affected by the event. (Registration/licensure generally requires that the physician requests a Certificate of Good Standing or equivalent from the MRA/s whether they are, or have been, registered/licensed. MRAs may wish to expedite the provision of this certification when a serious event arises in another jurisdiction);
      vii. maintenance/enhancement of the medical workforce, e.g. registration/ licensure of recently retired physicians or senior medical students co-opted to provide assistance;
      viii. arrangements for certification of training for students/trainees whose training and assessment may be disrupted by the event.

   c. Standards of practice:
      A protocol could address:
      i. systems for the dissemination or rapid development of guidance on practice issues arising from the event, e.g. the ethics of prioritization and resource allocation;

standards or protocols for testing, diagnosis and treatment; use of new technologies, practices, experimental treatments; self-care under pressure;

ii. standards of care, i.e. how the usual standards of care expected of physicians can be adjusted and communicated in response to the serious event;

iii. waiver or deferral of certain requirements for renewal of registration/licensure, e.g. annual continued competency/CPD requirements.

d. Business continuity arrangements:

In anticipation of circumstances where the MRA itself is impacted by office closure or staff shortages, a protocol could address:

i. governance arrangements and delegations. This may include delegation of some or all functions to another MRA;

ii. priority services when there is insufficient capacity to maintain all usual services;

iii. working from home (WFH) arrangements, including invoking WFH, staff communication systems, information technology requirements including hardware, software, system support and security;

iv. staff wellbeing;

v. stakeholder communication regarding new business arrangements;

vi. return to office criteria and logistics.

10. *Registration/licensure criteria

In developing criteria and the processes for ensuring that these criteria are met, the MRA should aim to work quickly and flexibly to facilitate the provision of effective healthcare services, but at the same time, ensure that patient safety is not put at risk by allowing emergency health care to be provided by physicians with inadequate expertise, or by physicians that are not in good standing with other MRAs.

MRAs may wish to consider criteria that include requirements for the physician seeking registration/licensure:

a. to be already registered/licensed by a pre-recognized, competent MRA, and be in good standing with that MRA;

b. to be invited or supported by a competent authority, e.g. a government hospital, or a pre-approved, international aid organization;

c. to provide evidence of any insurance that may be required to be held by physicians practicing in the MRA's jurisdiction unless arrangements are in place to indemnify physicians licensed/registered for the purpose of the serious event;

d. to provide a certified copy of their primary medical qualification, specialist qualification, details of their current registration/licensure and a declaration that they are not subject to any outstanding fitness to practice concerns;

e. to have a defined role that is directly relevant to managing the serious event. This includes physicians taking over the roles of other physicians to enable them to manage the serious event.

8. **Category and terms of registration/licensure

a. MRAs may consider granting registration/licensure in a special event-related category, e.g. temporary, special purpose, provisional intern;

b. MRAs may consider requiring registered/licensed physicians in any event-related category to practice under explicit conditions e.g.

i. working only within a defined clinical setting and/or for an approved international aid organisation;

ii. working with a defined scope of practice;

iii. working only as part of a multi-disciplinary team

iv. working under the direction of an approved supervisor;

v. time-limited registration/licensure.

Statement

Medical Regulatory Authorities are encouraged to develop a protocol to assist in the event of a natural or man-made disaster, or a serious epidemic or pandemic affecting the provision of healthcare within their jurisdiction or in other jurisdictions.

The aim of such a protocol should be to enable the MRA to achieve business continuity, maximise efficiency, work quickly to support physicians, and facilitate the provision of responsive, safe, and effective health services.

POLICY STATUS: ***Regulation in Serious Events***

Governing Authority	IAMRA Board of Directors
Approval Authority	Members General Assembly
Responsible Officer	Executive Director
Approval Date	October 26, 2021
Effective Date	October 26, 2021
Review Date†	Approval date + 4 years (maximum)
Date of Last Revision	October 26, 2021

Related Policies

† Unless otherwise indicated, this policy will still apply beyond the review date.