MANAGEMENT COMMITTEE STATEMENT
Research in Regulation

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.

3. This statement addresses the importance of research to assist the global community of medical regulators to evaluate the effects of regulatory processes, activities and actions, and to design education based on that research.

Background

4. In 2018, IAMRA established a Research Working Group. The Working Group's foundational statement is, '*In alignment with IAMRA goals, the Research Working Group aims to promote research and scholarship in support of regulation, in order to enhance the education and training of regulators and regulatory entities worldwide.'*

5. IAMRA does not promote a particular model of medical regulation, recognizing 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, member MRAs have shared objectives: to protect patients by employing effective regulatory tools to manage risk and to ensure that doctors are fit to practice and contribute to the provision of high-quality health care.

6. Effective regulation makes a vital contribution to patient safety. No matter the model, regulation of the medical profession generally involves the following key processes, aimed at ensuring that doctors are fit to practice:

   i. setting and enforcing standards of practice;
   ii. initial licensure – a process during which a doctor's qualifications and experience come under careful scrutiny;
   iii. renewal of licensure – a process requiring consideration of a doctor's continuing competence and fitness to practice;
   iv. managing complaints;
   v. managing impaired practitioners;
   vi. managing poor performance;
   vii. managing unsatisfactory professional conduct/behaviour;
   viii. reinstatement of licensure following a period of voluntary or imposed revocation.

7. For many years, and in most jurisdictions, regulatory processes simply evolved with little attention to the evidence, or lack of evidence, for their efficacy. Increasingly, medical regulatory authorities are turning to research to make evidence-based decisions.

   Research can be differentiated from quality assurance and evaluation, as creative and systematic work undertaken to increase the stock of knowledge and use this knowledge to devise new applications[1].

Benefits of research

8. The benefits of research in medical regulation include:
   i. robust evaluation and redesign of the MRA's work;
   ii. assisting with resource allocation to effective processes;
   iii. understanding risks and potential harms, including causation;
   iv. deciding which regulatory interventions facilitate, support or hinder good medical practice;
   v. information sharing across the global community of medical regulators, encouraging evidence-based regulation.

Research policy

9. Research may be conducted 'in house' or by external parties. In either case, the MRA should have a research framework that addresses issues including, but not limited to:
   i. a statement of the MRA's commitment to research;
   ii. a statement of the MRA's commitment to a research code of conduct;
   iii. how research priorities will be identified by the MRA;
   iv. how research may be funded;
   v. requirements for approval by an ethics committee (or similar);
   vi. potential conflicts of interest;
   vii. the use of sensitive, personal, health and/or patient information;
   viii. identification of the body/committee that can approve research proposals;
   ix. the criteria against which proposed research will be approved or rejected;
   x. conduct of researchers;
   xi. dissemination of research outputs e.g. by publication or presentation. If appropriate, open access publication ensures that research is readily available to the profession, other MRAs and people interested in medical regulation. IAMRA provides a Members-only repository for research in medical regulation.

10. MRAs have a variety of structures, sizes and levels of sophistication. Because of this, each MRA will have to assign its own importance to research and establish its own research priorities. In some jurisdictions, resources may be limited such that research is viewed as aspirational, but it could also be viewed as an important part of the governance of the MRA and assist with evidence-based resource allocation.

[1] *OECD (2015). Frascati Manual. The Measurement of Scientific, Technological and Innovation Activities. doi:10.1787/9789264239012-en. ISBN 978-9264238800.*

Statement

IAMRA considers research and scholarship to be vital to support best practice, innovation, collaboration and knowledge sharing in medical regulation, in the interest of public safety and in support of the medical profession.

POLICY STATUS:	***Research in Regulation***
Governing Authority	Management Committee
Approval Authority	Management Committee
Responsible Officer	Executive Director
Approval Date	October 2020
Effective Date	October 2020
Review Date*	Approval date + 4 years (maximum)
Date of Last Revision	
Related Policies	

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