IAMRA

International Medical Regulatory Leaders Meet in London for 11th IAMRA Conference

Medical regulators from around the world convened in London recently for the 11th International Conference on Medical Regulation, an event hosted every two years by the International Association of Medical Regulatory Authorities (IAMRA). The theme was “Medical Regulation—Evaluating Risk and Reducing Harm to Patients.”

Participants at the meeting, held Sept. 9–12, shared information on a wide variety of topics, ranging from the role public citizens should play in the regulation of physicians to best practices in continuing medical education. The United Kingdom’s (UK) General Medical Council (GMC) acted as local host for the 2014 conference, working with IAMRA.

More than 400 participants from more than 40 countries gathered for the meeting, which organizers say has become a key forum to explore the changes and challenges of professional medical regulation and an important vehicle for promoting learning and spreading good practice.

Keynote speakers included Sir Robert Francis of the UK’s Care Quality Commission, Margaret Mungherera, President of the World Medical Association, and Malcolm Sparrow of the Harvard Kennedy School of Government.

Among sessions during the conference were meetings devoted to the development and growth of new systems for ensuring the ongoing competency of physicians—known as “revalidation” in the UK and Maintenance of Licensure in the United States. Also covered were a range of communication-related topics, including trends impacting communications between patients and physicians. A variety of special sessions were also devoted to global impacts of the accreditation of medical education.

In a statement posted at its website, the GMC said the conference serves a vital purpose in helping regulators from disparate health systems find commonalities that can be leveraged to benefit all patients—regardless of geography:

“Although the way we operate and the political and legal frameworks differ, we are all grappling with similar issues. How we can work with the profession and others to raise standards, how we should assess doctors’ competence, and how we manage risks to patients are all challenges faced by every country.”

According to the GMC, the need for meetings such as IAMRA’s periodic conference is growing as increasing numbers of physicians work in countries other than where they received their medical training.

“Understanding the implications of this and making sure that regulators—both in countries where doctors are coming from and those they are going to—are co-operating effectively with each other will be critical for the safety of patients,” it said.

The 12th IAMRA conference will be held in Melbourne, Australia Sept. 20–23, 2016. The conference will be presented by the Medical Board of Australia and the Australian Health Practitioner Regulation Agency.

IAMRA provides an international forum for medical regulators to share best practices in achieving their mandate to protect, promote and maintain the health and safety of the public by ensuring proper standards for the profession of medicine. The organization has 77 members in 37 countries. For more information, please visit www.iamra.com.

Source: GMC and IAMRA websites, Sept. 26, 2014
GMC’s Dickson is New Chair of IAMRA; FSMB CEO Humayun Chaudhry is Chair-elect

Niall Dickson, Chief Executive and Registrar of the United Kingdom’s General Medical Council, was installed as Chair of IAMRA during its recent biennial conference in London. Humayun Chaudhry, DO, MACP, President and CEO of the Federation of State Medical Boards, was named Chair-elect.

Dickson’s term will extend until 2016. Dr. Chaudhry, who joined the FSMB in 2009, will serve a two-year term as Chair-elect followed by a two-year term as Chair beginning in 2016.

“While there are many differences between the nations represented in IAMRA—different health care provisions, different systems of medical education and different cultures—what we do share is a commitment to raise medical standards and improve patient safety,” Dickson said. “I’m looking forward to working together with Dr. Chaudhry in the coming years to advance IAMRA’s mission.”

“I look forward to working more closely with Niall in the years ahead to help advance IAMRA’s ability to better support medical regulatory authorities in their mission to protect the public globally,” Dr. Chaudhry said. “This is consistent with FSMB’s desire to share best practices and excellence in medical regulation with our colleagues around the world.”

“As was clearly demonstrated at the IAMRA meeting in London, there is a great deal that can be accomplished when the world’s medical regulatory community gets together to share ideas and best practices with one another. The FSMB looks forward to continuing to work with the global medical regulatory community to advance our common mission of public protection,” Donald Polk, DO, Chair of the FSMB, said.

The IAMRA Members General Assembly also elected two Members at Large to the organization’s Management Committee: Dr. Leticia Moja, Chair, Medical and Dental Professions Board, Health Professions Council of South Africa; and Valencia van Dyk, Registration Manager, Medical Council of New Zealand.

For more information, please visit www.iamra.com.

Source: FSMB news release, Sept. 17, 2014

New Resource Provides Information about Global Assessment Practices in Medical Regulation

A comprehensive index with comparative information about the assessment requirements and practices of medical regulatory authorities from around the world is now available from IAMRA.

The IAMRA Assessment Resource, available online, contains recent information on the assessment requirements for medical practice from many of the healthcare regulatory systems that participate as members of IAMRA.

Information included at the site is primarily intended for those with day-to-day responsibilities in medical regulation and is updated periodically, according to IAMRA. Users of the site are cautioned that for the most up-to-date information, they should contact the regulatory authorities in specific countries directly.

The site provides information on the assessment requirements for graduates of:

• Domestic Medical Schools. Referred to as Domestic Medical Graduates or DMGs, these are individuals seeking to practice in the same country where they received their primary medical education.
The Medical Council of Canada (MCC) has published an updated “blueprint” of the competencies necessary for physicians in Canada to enter into residency and to begin independent practice. The document, titled “BLUEPRINT PROJECT: Qualifying Examinations Blueprint and Content Specifications,” will serve as the basic foundation for its assessment processes as the Council provides examinations for more than 12,000 medical students and graduates each year.

In completing the new competencies, the MCC undertook a strategic review of its processes, addressing current trends in medical education, regulation and assessment. The review also took into account the role and purpose of MCC examinations in meeting the current and future needs of medical regulatory authorities (MRAs) in Canada, the public and other stakeholders.

The new system’s competency framework reflects the overall knowledge, skills and behaviors required of a professional and guides the development of assessments, requiring these elements to be represented on examinations and other forms of assessment of physicians.

The MCC Blueprint is organized along two dimensions, representing (1) a continuum of care and (2) activities that physicians perform on a daily basis, outlining what the MCC calls “fundamental core competencies required of physicians practicing in Canada at various points along their careers, regardless of specialty.”

To learn more about the new Canadian Blueprint, please visit www.mcc.ca/wp-content/uploads/Blueprint-Report.pdf.

Source: Medical Council of Canada website, Sept. 29, 2014