

.....
Australia

Medical Board of Australia releases sexual boundaries guidelines

The Medical Board of Australia has released guidelines for doctors on sexual boundaries.

The sexual boundaries guidelines are consistent with the advice published in “Good Medical Practice: A Code of Conduct for Doctors in Australia” and are published on the Board’s website.

The guidelines confirm that good medical practice relies on trust between doctors and patients and their families. They confirm that it is always unethical

THE GUIDELINES PROVIDE NATIONALLY CONSISTENT ADVICE TO MEDICAL PRACTITIONERS, REPLACING THE STATE-BY-STATE ADVICE ISSUED BY PREVIOUS REGULATORY AUTHORITIES.

and unprofessional for a doctor to breach this trust by entering into a sexual relationship with a patient, regardless of whether the patient has consented to the relationship.

The guidelines provide nationally consistent advice to medical practitioners, replacing the state-by-state advice issued by previous regulatory authorities.

“In general, the national guidelines do not change the bar from what was previously expected, but they do make explicit the Board’s expectations on this important issue,” said Dr. Joanna Flynn, chair of the Medical Board of Australia.

The guidelines confirm that it may also be unethical and unprofessional for a doctor to enter into a sexual relationship with a former patient or a close relative of an existing patient if this breaches the trust the patient placed in the doctor.

The Board has announced that it will investigate any medical practitioner who is alleged to have

breached the guidelines and, if the allegations are substantiated, the Board will take necessary action under Australian law.

For more information, visit www.medicalboard.gov.au. ■

Source: Medical Board of Australia News Release, October 28, 2011

.....
Canada

Canada Medical Council and Partners Continue Work on New License Application System

Canada is moving forward with plans to launch a comprehensive process for physicians who are applying for medical licenses. Human Resources and Skills Development Canada, the Federation of Medical Regulatory Authorities of Canada (FMRAC) and the Medical Council of Canada are collaborating to develop the new system, called the Application for Medical Registration in Canada (AMRC). The new system is expected to be complete and launched in 2013.

In Canada, each province and territory sets standards that candidates must meet to qualify for a medical license. Physicians who apply to

WHEN THE APPLICATION FOR MEDICAL REGISTRATION SYSTEM LAUNCHES, PHYSICIANS WILL BE ABLE TO APPLY TO MULTIPLE MEDICAL REGULATORY AUTHORITIES AT THE SAME TIME THROUGH A SINGLE PORTAL.

more than one jurisdiction have to use different systems and meet different sets of requirements. Foreign-trained physicians often apply to several jurisdictions when they arrive in Canada. When the Application for Medical Registration system launches, physicians will be able to apply to multiple



medical regulatory authorities at the same time through a single portal.

Canada's 13 medical regulatory authorities, through the FMRAC Registration Working Group, have been defining new standards for medical registration in Canada. Candidates applying for licensure for the first time who meet all the criteria of the Canadian Standard are eligible for a full, independent medical license.

The new application process will be built on the infrastructure of the Medical Council of Canada's Physician Credentials Repository. The Repository allows physicians to open a centralized account to store their authenticated credential documents. Physicians can then share their credentials with medical regulatory authorities and other medical organizations. While currently only available to international medical graduates, the Repository will eventually be available to all Canadian physicians through the new application system.

For more information about Canada's AMRC initiative, visit www.mcc.ca/en/. ■

Source: Medical Council of Canada website, January 2012

Global Organizations

IAMRA Announces dates for 2012 Conference on Best Practices

The International Association of Medical Regulatory Authorities (IAMRA) will host its 2012 International Conference on Medical Regulation at the Ottawa Convention Centre in Ottawa, Ontario, Canada October 2–5, 2012.

The IAMRA Institute will take place on the afternoon of Tuesday, October 2 and the IAMRA Members General Assembly will take place on the afternoon of Friday, October 5.

The theme for the Conference will be "Improving Medical Regulation: Bringing Evidence to Bear."

IAMRA is a membership organization whose purpose is to encourage best practices among medical regulatory authorities worldwide in the achievement of their mandate—to protect, promote and maintain the health and safety of the public by ensuring proper standards for the profession of medicine.

IAMRA took the first step toward the establishment of a set of best practices in medical regulation during the group's most recent Biennial Conference on Medical Regulation, held in the United States in September 2010.

More than 200 participants, representing 90 organizations from 32 countries, worked together in interactive, small-group sessions to identify issues and principles related to global best practices in medical regulation during the meeting, held in Philadelphia, Pa.

The Educational Commission for Foreign Medical Graduates, the National Board of Medical Examiners and the FSMB were co-hosts of the IAMRA 2010 Conference.

Small-group sessions allowed participants to share their own experiences and stories related to specific issues in medical regulation and licensure. The groups narrowed the wide-ranging discussions to

IAMRA TOOK THE FIRST STEP TOWARD THE ESTABLISHMENT OF A SET OF BEST PRACTICES IN MEDICAL REGULATION DURING THE GROUP'S MOST RECENT BIENNIAL CONFERENCE ON MEDICAL REGULATION, HELD IN THE UNITED STATES IN SEPTEMBER 2010.

identify 153 basic principles for further development. The IAMRA Management Committee has been working to further shape the principles since the Pennsylvania meeting.

IAMRA also announced that its 11th International Conference on Medical Regulation will be held in September 2014 in London, England, at a time and specific location to be announced later.

IAMRA Announces New Members

The International Association of Medical Regulatory Authorities has announced its newest members. The Lesotho Medical, Dental and Pharmacy Council has joined IAMRA as a Member Organization, and Isra University in Pakistan has joined as a Partner Organization. IAMRA has 72 members from 35 countries. For a complete listing, please visit the IAMRA website at www.IAMRA.com. ■

Source: www.iamra.com, January 2012

.....
United Kingdom

GMC’s Steering Group on Remediation Publishes Report on ‘Clinical Competence and Capability’ Issues

The United Kingdom’s Department of Health has published a report on how best to address issues of “physician competence and capability” — a concept it

‘...IT IS EXPECTED THAT THE NEW SYSTEM WILL, OVER TIME, HELP TO RAISE THE QUALITY OF THE MEDICAL WORKFORCE, BY SUPPORTING DOCTORS IN CONTINUALLY UPDATING THEIR PROFESSIONAL SKILLS TO DELIVER A SERVICE TO PATIENTS.’

calls Remediation. The report comes as the UK continues its movement towards Revalidation—the term it uses for its new maintenance of licensure process.

As it continues to evolve its system for licensure, the UK’s General Medical Council (GMC) has been studying various components of the regulatory system. Its Steering Group on Remediation has been studying the process used to address “small minority of doctors” who have “caused concern about their health, conduct, clinical competence and capability, or a combination of these.”

“Health and conduct issues are usually appropriately dealt with locally and when required by the regulator,” the new report notes. “Clinical competence and

...REMEDICATION IS STILL AN AREA THAT MANY EMPLOYERS AND CONTRACTING ORGANIZATIONS IN THE UK HAVE DIFFICULTY MANAGING.

capability issues are similarly the responsibility of the employer, the practice and the regulator. However, these have proved far more difficult to resolve, particularly for doctors no longer in training.”

The UK’s Revalidation system will provide a positive affirmation that licensed physicians remain up to date and capable of practicing throughout their careers. As part of the UK’s annual appraisal process, physicians will need to demonstrate how they are meeting the principles and values set out in its new Good Medical Practice (GMP) guidelines, which form the core of its Revalidation system.

The GMP framework will “demand consistent processes for appraisal, including feedback from patients and colleagues,” according to the report. “As such, it is expected that the new system will, over time, help to raise the quality of the medical workforce, by supporting doctors in continually updating their professional skills to deliver a service to patients. However, the new processes will inevitably identify some doctors whose competence gives cause for concern and for whom, if they are to revalidate, some form of remediation will be needed.”

In its report, the Remediation Steering Group examined the current system of remediation for physicians who display clinical competence and capability issues. The group considered options for “improving the way remediation is managed and delivered, so that physicians can access the support they need when they need it and patient safety can be assured.”

In its report, the group concluded that while “there was much good practice in managing clinical competence and capability concerns,” remediation



is still an area that many employers and contracting organizations in the UK have difficulty managing.

According to the report, “it appeared that ignoring a problem until it became a crisis, sometimes seemed to be the easiest solution.”

The Steering Group developed a set of principles that should be followed when tackling poor physician performance. These include:

- Patient safety should be paramount.
- Concerns about a doctor’s practice must be addressed early, systematically and proactively in all healthcare settings.
- The appropriate competent authority must take action where a concern is raised.

The Steering Group also concluded that there were a number of key problems inherent in the current

ACCORDING TO THE REPORT, ‘IT APPEARED THAT IGNORING A PROBLEM UNTIL IT BECAME A CRISIS, SOMETIMES SEEMED TO BE THE EASIEST SOLUTION.’

remediation system. According to the report, there is a lack of:

- Consistency in how organizations tackle physicians who have performance issues.
- Clarity about where a personal development plan stops and a remediation process starts.
- Clarity as to who has responsibility for the remediation process.
- Capacity to deal with the remediation process.
- Clarity on what constitutes acceptable clinical competence and capability.
- Clarity about when the remediation process is complete and successful.
- Clarity about when the physician’s clinical capability is not “remediable.”

In order to address these problems, the report offers several recommendations:

- Performance problems, including clinical competence and capability issues, should normally be managed locally wherever possible.
- Local processes need to be strengthened to avoid performance problems whenever possible, and to reduce their severity at the point of identification.
- The capacity of staff within organizations to deal with performance concerns needs to be increased with access to necessary external expertise as required.
- A single organization is required to provide advice and, when necessary, to co-ordinate the remediation process and case management so as to improve consistency across the system.
- The medical royal colleges should produce guidance and also provide assessment and specialist input into remediation programs.
- Postgraduate deaneries and all those involved in training and assessment need to assure their assessment processes so that any problems arising during training are fully addressed.

To access the full report, visit www.dh.gov.uk. ■

Source: UK Department of Health website, January 2012