KINGSTON, AUSTRALIA
AMC GIVES THE ACRRM INITIAL ACCREDITATION

The Australian Medical Council (AMC) has given Initial Accreditation to the Australian College of Rural and Remote Medicine (ACRRM) to provide general practice training. This form of accreditation admits the College to the AMC accreditation process. It will enable ACRRM to work towards a full assessment by an AMC accreditation team in the future, subject to ACRRM providing the AMC with satisfactory annual reports on its training, assessment and continuing professional development programs in the meantime.

The AMC assesses and accredits training programs in the recognized medical specialties. Rural and remote medicine is not a recognized medical specialty, and the Australian College of Rural and Remote Medicine provides training within Australian General Practice Training, so the Initial Accreditation relates to ACRRM as a standards body and provider of specific training and professional development programs for the specialty of general practice.

The AMC's Specialist Education Accreditation Committee considered the ACRRM accreditation application in detail, after a separate AMC Advisory Group assisted ACRRM to complete its accreditation application by advising on AMC requirements. The full Council of the AMC granted the Initial Accreditation to ACRRM. As is usual for AMC accreditation decisions, the Council has identified specific areas that future reports to the AMC will need to address. These include:

- The process and outcomes of the ACRRM review of the curriculum statements, and the review of ACRRM's goals, structure and duration of training against comparable countries and training programs, including those of the Royal Australian College of General Practitioners
- Evidence of the College's capacity and educational expertise to develop, manage and sustain education, training, assessment and continuing professional development activities of high quality
- Outcomes of the assessment pilots, and review and refinement resulting from these pilots
- ACRRM's review of standards, documentation and processes related to accreditation of teaching posts and practices and the proposed National Workshop for Regional Training Providers
- Success in filling the Rural Medical Advisor posts in Regional Training Providers, alternate sources of support for registrars where these posts are unfilled, and the training of Advisors to meet ACRRM standards
- The outcomes of the review of ACRRM's existing selection goals, position statements, processes and procedures
- The development of more specific assessment processes to assist in determining the quality and relevance of prior qualifications and experience of overseas-trained doctors.

Reprinted from the Australian Medical Council website.

ONTARIO, CANADA
PROPOSED REGULATION AND BYLAW WOULD MAKE CPD MANDATORY FOR PHYSICIANS

Council has introduced proposed regulation and bylaw amendments that would require physicians to participate in continuing professional development (CPD) programs. The vast majority of the profession and the public expect physicians to regularly participate in continuing professional development. This was confirmed during the revalidation consultation, in which a majority of physicians and major medical organizations supported the introduction of a regulation to require mandatory CPD.

During the next several months, the College of Physicians and Surgeons of Ontario (College) will embark on a consultation on the draft bylaw and regulation. It is anticipated that Council will review the feedback from the consultation in the spring.

If the proposed bylaw and regulation are approved, the systems of CPD administered by the Royal College of

Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC) will be considered acceptable. The Council will maintain discretion to approve other programs of CPD as acceptable alternatives to the CPD systems of the RCPSC and CFPC.

The bylaw would allow the College to request and receive from physicians a list of their continuing professional development programs. It does not mean, however, that the College will request such a list from every physician. In the long term, it is envisioned that the College will receive, for the majority of physicians, a regular notification from the RCPSC or the CFPC that the physician has successfully participated in, and completed, a CPD program.

Several other colleges have used a substantially similar approach to mandatory continuing professional development for members of their profession.

Reprinted from the College of Physicians and Surgeons of Ontario website.

SASKATCHEWAN, CANADA
FROM THE 2006 LEGAL REPORT

Prescription Review Program

The program, previously known as the Triplicate Prescription Program, was significantly changed. Benzodiazepines, amphetamines, barbiturates, chloral hydrate and anabolic steroids were added to the program. There is no longer a requirement to write prescriptions on a special prescription pad. The bylaw requires physicians to put specific information on each prescription for a drug covered by the program.

Physicians must ensure that the script contains the following information:

i) A statement that the prescription is only valid for three days;
ii) The patient's date of birth;
iii) The patient's address;
iv) The total quantity of medication prescribed, both numerically and in written form;
v) the patient's health services number; and,
vi) the prescriber's name and address.

At the most recent Council meeting, the bylaw was amended to remove the requirement that the prescription state that it is valid for only three days. That change has not yet been approved by the Minister of Health and consequently is not yet in effect. There continue to be problems between pharmacists and physicians where physicians write scripts that do not follow the requirements of the program. This is creating tension between doctors and pharmacists, as well as creating some problems for patient care.

Licensing Bylaws

Licensing requirements for physicians received a great deal of Council attention during the past year. The registration bylaws were thoroughly reviewed. Among the changes were:

i) A change to allow a physician, who had failed Royal College examinations, to receive an extension of his/her licence for a limited period longer than one year. Before such an extension can be granted, there must be extraordinary circumstances, and other conditions must be met. This provision was used once during the past year, to deal with a physician who had been unable to find additional training to meet the Royal College's requirements in 2006, but had been accepted for training in 2007;
ii) A change to more clearly define failure to complete a commitment given as a condition of obtaining a special or provisional licence as unprofessional conduct. A physician who has been refused permission to relocate by the Council can defend a charge of unprofessional conduct on the basis that the College's refusal to grant permission to relocate was unreasonable.
iii) Other changes, primarily of a grammatical nature, or to more clearly reflect established practice.

The Health Information Protection Act

The primary purpose of *The Health Information Protection Act* (*HIPA*) is to protect the privacy of patient information. In 2005, the College and the SMA worked together to prepare a physician toolkit (available on both the College and the SMA websites) to assist physicians to comply with the legislation. Working with this legislation, and assisting physicians to comply with the legislation, has required a great deal of College staff time over the past year. There continue to be physicians who are unaware of the requirements, or who do not follow the requirements, of the legislation. One issue the College previously addressed, and that now has the attention of the privacy commissioner, is the failure of some physicians' offices to have information available for patients about their rights under the legislation. This can be done in a number of ways, including posters,

pamphlets and acknowledgements that patients are required to sign. Sample posters and pamphlets are available in the privacy toolkit. A physician's office that does not provide this information to patients breaches the legislation and could be subject to prosecution under *HIPA*. Physicians should be aware of this legislation, and the privacy toolkit, as there are a number of things physicians must do to comply with the legislation. Among the more important provisions for physicians are the following:

a) Physicians should not disclose patient information to others unless with patient consent or authorized by the legislation;
b) Physicians must provide patients access to their medical record unless there is a compelling reason to deny access. There is also a requirement that if the patient requests a copy of their file, the physician must generally provide a copy within 30 days;
c) Physicians must advise patients of the expected use of their information and the circumstances in which they may disclose that information. This can be done with posters and/or brochures in the physician's office;
d) Physicians must establish policies and procedures to advise patients of their rights under *HIPA* and to advise patients of their right to access their information. This can be done with posters and/or brochures in the physician's office;
e) Physicians must establish policies and procedures to protect against loss of patient information and unauthorized access to patient information;
f) Physicians must limit which employees can access patient records or other personal health information. Only employees who need to know patient information for patient care, or who need to know such information for some other purpose authorized by the Act (such as billing) can have access to that information;
g) Physicians cannot use a file storage facility, nor can physicians use an organization to destroy files, unless there is a written agreement in place that protects the information and governs access to and use, disclosure and destruction of the information; and
h) Physicians who uses another person or organization to provide information technology services respecting records that contain patient information (this includes MSP information) must have a written agreement in place governing the use, disclosure and destruction of that information.

Reprinted from the College of Physicians and Surgeons of Saskatchewan website.

BELFAST, NORTHERN IRELAND
NEW GUIDANCE FOR NORTHERN IRELAND'S 6,000 DOCTORS AS GMC OPENS FIRST LOCAL OFFICE

The General Medical Council (GMC) launched, Oct. 30, 2006, the establishment of an office in Northern Ireland alongside a key poster campaign to highlight updated standards that it expects from local doctors.

The GMC's Northern Ireland office has been established to allow the organization to respond effectively to devolution and engage directly with local audiences ensuring that the Northern Ireland voice is taken into account in the development of GMC policy and wider UK health regulation.

Professor Sir Graeme Catto, President of the General Medical Council, said, "By opening an office in Northern Ireland, and appointing Alan Walker as Head of Northern Ireland Affairs, the GMC will be able to better engage with local audiences including patients and the public. The GMC will also be able to ensure regulation of doctors in Northern Ireland will be appropriate and dovetail with the many changes proposed in healthcare structures locally."

Commenting on the launch of the poster campaign to highlight the new standards that the GMC expects from doctors, Sir Graeme added, "By encouraging all GP surgeries, hospitals and clinics in Northern Ireland to put up a poster explaining what patients can expect of doctors, we hope the critical partnership between patients and their doctors will be enhanced for the benefit of good clinical care."

The revised guidance, *Good Medical Practice*, which the poster campaign promotes, has been sent to more than 6,000 doctors in Northern Ireland who are on the GMC's register. It followed the GMC's most extensive ever consultation exercise in its 148-year history with doctors, patients, the public and other health stakeholders on the standards that should be expected of doctors in a modern era.

Dr. Michael McBride, Chief Medical Officer, said, "I warmly welcome both the opening of the new office and the launch of updated guidance, which affirms the duties and responsibilities of doctors in Northern Ireland for the well-being and dignity of their patients. I urge all general practices, clinics and hospitals to display the poster

prominently so that patients are made aware of doctors' commitment to a partnership with them in relation to their care."

Richard Dixon, Chief Officer, Eastern Health and Social Services Council, said, "The Eastern Health and Social Services Council supports this move by the General Medical Council to promote *Good Medical Practice* beyond doctors to patients and the public. I would encourage everyone to familiarize themselves with the guidance which clearly states the importance of communication between doctors and their patients."

At the heart of the revised guidance is a renewed commitment to partnership with patients when deciding diagnosis and treatment. The GMC's consultation confirms that the overwhelming majority of doctors want to work with patients to allow them to make informed decisions about their treatment.

All doctors registered in the United Kingdom must abide by *Good Medical Practice*, which forms an integral part of the curriculum for medical students across the country. Serious or persistent failures to meet the standards outlined in the guidance will put doctors' registration with the GMC at risk.

The launch coincides with the publication of an enhanced online version of *Good Medical Practice*. The new version, available on the GMC's website www.gmc-uk.org, is easier to use for both medical practitioners as well as members of the public who wish to understand more about specific doctor-patient relationship issues.

Reprinted from the General Medical Council website.

CARDIFF, WALES
GMC CONSULTS ON NEW GUIDANCE FOR DOCTORS

In November 2006, the General Medical Council (GMC) launched a three-month consultation on its draft, *Children's Guidance*. The views of children and young people are key to developing the guidance so that when it is issued to all UK doctors in 2007; their concerns and expectations are properly reflected.

This is the first time that doctors' specific duties in this area have been outlined by the GMC, and more than 2000 groups and individuals representing the interests and views of children and young people, parents and families, patients and the profession will be contacted asking for their feedback on the draft.

The guidance reminds all doctors that they must safeguard and protect the health and well being of children and young people. It will also help doctors who treat children to work with them and their parents to make decisions that are in their best interests and that are ethical and lawful. The document will also be useful for social workers, teachers and everyone with an interest in children's welfare

Reprinted from the General Medical Council website.

LET US HEAR FROM YOU

Would you like for information from your board to be considered for publication in the *Journal*? If so, e-mail your articles and news releases to Edward Pittman at editor@journalonline.org or send via fax to (817) 868-4098.