
Change almost never fails because it's too early. It almost always fails because it's too late.

— Seth Godin

FROM THE EDITOR

Medical regulation will be facing significant challenges with evolving policy development impacted by rapid medical technology advances, health care disparities, and fair and consistent disciplinary actions for professional practice misconduct. This issue of *JMR* provides insights into approaching these challenges with regulatory policies.

The rapid evolution of technology is causing a significant impact on the approach and delivery of health care practice and services. This rapid change in health care delivery provides significant challenges, but also opportunities for medical regulation. In the article, “Regulating in a Digital Age: Insights from a Mixed-method Study,” (page 28) Tracy Adams and Kathleen Leslie describe a mixed-method research analysis on the impact of rapid technological change on current regulatory activities and practices. The article identifies challenges as well as opportunities for medical regulation. Collaboration at both the domestic and international level may be essential for effective and evidence based future regulation.

There is a concerning and inconsistent disciplinary landscape among state medical boards across the US for egregious wrongdoing by providers. In the study “Empowering Change: Evaluating a Policy Implementation Workshop for State Medical Boards to Protect the Public,” (page 6) Tristan McIntosh and colleagues discuss this important regulatory topic. The purpose of the study was to design and conduct a policy implementation workshop for board members and staff at the 2024 FSMB Annual Meeting. Their study determined that there are several actionable steps that state medical boards can take to cultivate policy changes within their boards. Key policy steps include

establishing and strengthening relationships with relevant stakeholders and forming a dedicated medical board implementation team for policy change. Community relations and engagement are important for medical boards.

The United Kingdom’s Medical Practitioners Tribunal Service (MPT) evaluates doctors’ fitness to practice. In the article, “The Interaction Between Punitive and Protective Suspension Orders for UK Doctors,” (page 42) Cathal Gallagher and co-authors identify inconsistencies between UK tribunals and scrutinize a recent UK appeal case.

Indigenous Peoples in Canada have been subjected to centuries of colonial policies that have significantly impacted their communities and important access to services. The College of Physicians and Surgeons of British Columbia created a new practice standard, Indigenous Cultural Safety, Cultural Humility, and Anti-Racism, which was published in 2022. In the article, “Developing a Practice Standard to Address Indigenous-Specific Racism in Medical Practice: Process Reflections and Key Learnings,” (page 50) Kelly Newton-Mari and colleagues offer insight into the practice standard development process which provides guidance for medical regulation boards. The article provides key insights into a comprehensive engagement process that was undertaken with this initiative.

Mark A. Bechtel, MD
Editor-in-Chief