AUSTRALIA

GOOD MEDICAL PRACTICE: A CODE OF CONDUCT FOR DOCTORS IN AUSTRALIA

The Board has adopted a code of conduct for doctors in Australia that defines clear, nationally consistent standards of medical practice. *Good Medical Practice: A Code of Conduct for Doctors in Australia* replaces the Victorian *Good Medical Practice* issued by the Board in 2006. The Australian Medical Council (AMC) developed this code on behalf of all state and territory medical boards. The AMC will recommend the code to the Medical Board of Australia when it is established.

Subject to legislative arrangements in place in each Australian state and territory, individual medical boards will now consider adopting the code, or endorsing it in principle, ahead of the introduction of national medical registration. The code was developed by an expert working group established by the AMC and chaired by former Victorian Board President Dr. Joanna Flynn. This group included strong clinical representation (including junior doctors and medical students), medical regulators and educators, medical and health administrators, the AMA, rural and indigenous practitioners, together with consumers and community groups. The code was developed through an extensive national consultation process implemented during 2008 and 2009, which was supported financially by the Commonwealth Department of Health and Ageing. The final code has received widespread support from the community and the profession.

The Board will now apply this code as the standard against which professional conduct in Victoria will be measured, at least until national medical registration is introduced in July 2010. The Board expects all doctors registered to practice medicine in Victoria to be familiar with the contents of the code. The code is available electronically on the Board's website at www.medicalboardvic.org.au. If you would like a hard copy, please contact the Board by e-mail at info@medicalboardvic.org.au and include the postal address to which you would like your copy sent, or make your request by telephone on (03) 9655 0500.

Reprinted from the Medical Practitioners Board of Victoria *Bulletin*, September 2009

CANADA

GOOD MEDICAL PRACTICE CANADA

The Medical Council of Canada and the Federation of Medical Regulatory Authorities of Canada (FMRAC) are launching a new initiative to develop a *Good Medical Practice* manual. The Good Medical Practice Steering Committee and Working Group will produce a document that describes how physicians demonstrate their continuing professional competence to the public. This type of work has already been completed in the United States, United Kingdom, Australia and New Zealand.

Dr. Jeffrey Turnbull, chief of staff for the Ottawa Hospital, and Sister Elizabeth Davis will lead the initiative as co-chairs of the Good Medical Practice Steering Committee. Other Steering Committee members include Dr. Bryan Ward (FMRAC), Dr. Fleur-Ange Lefebvre (FMRAC), Dr. Ian Bowmer (Medical Council of Canada), Dr. Rocco Gerace (Medical Council of Canada) and Dr. Yves Robert (FMRAC).

The Working Group will be comprised of Dr. Nick Busing (Association of Faculties of Medicine of Canada), Dr. Harleena Gulati (Canadian Association of Internes and Residents), Dr. Sarah Kredentser (College of Family Physicians of Canada), Dr. James Sproule (Canadian Medical Protective Association), Dr. John Wootton (Society of Rural Physicians of Canada), Dr. Jeff Blackmer (Canadian Medical Association), Dr. Ken Harris (Royal College of Physicians and Surgeons of Canada), as well as Dr. Bowmer and Dr. Turnbull.

The *Good Medical Practice* manual will utilize many of the concepts expressed in the CanMED roles framework. This framework, developed by the Royal College of Physicians and Surgeons of Canada, looks at the qualities required of physicians and uses this information as building blocks for the development of medical curriculum. In contrast, the *Good Medical Practice* includes public consultation to find out what qualities are required of physicians and how the physician population should exhibit professionalism.

This information will be translated into a comprehensive guide for physicians in practice. In addition to building on the CanMED roles framework, the *Good Medical Practice* manual will build on the Canadian Medical Association's Code of Ethics, the Collège des médecins du Québec's Code of Ethics of Physicians, as well as work already undertaken by the College of Family Physicians of Canada.

Dr. Ian Bowmer, executive director of the Medical Council of Canada, explained the rationale for developing the *Good Medical Practice* manual: "The relationship between physician and patient is one of extraordinary trust. As a profession, we must continually demonstrate that trust, and be worthy of that trust."

Dr. Bowmer also described how he believes a *Good Medical Practice* manual will be used by practicing physicians. "This is supposed to be a comprehensive, practical guide that I hope will be a source of inspiration for physicians. When physicians read this guide, what they read should reflect their aspirations for the medical profession, how they want to be perceived as physicians and how we can reaffirm the dialogue and expectations between physicians and the Canadian public."

The Good Medical Practice Steering Committee first met on July 2, 2009. The Steering Committee discussed setting up a timeline for the initiative and developed an agenda for the Working Group. The Steering Committee also decided that each organization on the Working Group would nominate a public member to sit on the Steering Committee to provide a public perspective on the elaboration of the *Good Medical Practice* manual. The Steering Committee will be responsible for creating the first draft of the manual based on current available materials.

The Steering Committee also discussed the purpose of the document, and decided that it would be used as a general principle document, directed to the public, that will assist in engendering public trust in physician competence. The document, it was decided, would not be a licensing/regulatory document.

UPDATE ON THE NATIONAL ASSESSMENT COLLABORATION

Members of the National Assessment Collaboration (NAC) met on June 29, 2009, in Ottawa for an update on the initiative's progress. The purpose of the NAC is to create a more streamlined process for the assessment of international medical graduates (IMGs) wishing to enter the Canadian medical system. The NAC is provided continued funding through Health Canada. The NAC has decided to focus its efforts first on developing a national clinical examination targeted to international medical graduates applying for postgraduate training.

The June session also included a review of the governance structure of the National Assessment Collaboration Central Coordinating Committee (NAC3). This group will report to the Medical Council of Canada (MCC) and will be responsible for the national clinical examination. Later this summer, the MCC will facilitate a teleconference among the program directors of the international medical graduate programs. The teleconference will result in this group selecting their representatives for the NAC3. As per the terms of reference of the NAC3, three representatives from this group will sit on the committee.

After this teleconference and once the membership of the NAC3 has been finalized, it will approve the membership of the clinical examination test committee, called the NAC OSCE test committee. It is named as such since the specific type of clinical examination is an Objective Structured Clinical Examination. The NAC OSCE test committee's responsibilities will include creating the blueprint for the examination, developing and validating the content and overseeing the proof of concept examination for the NAC OSCE.

Each IMG program that wants to provide the initial version (proof of concept) of the clinical examination in 2010 will have the opportunity to do so. Those who will offer the proof of concept will be required to use a common examination format. The MCC will assist with the training of standardized patients for the clinical examination, as well as with the development of clinical stations and with psychometric analysis.

In September 2009, the Medical Council of Canada will be hosting a workshop for Royal College specialty program directors. This workshop will be held during the Royal College of Physicians and Surgeons of Canada's International Conference on Residency Education in Victoria, B.C.

While the NAC will continue to develop the NAC OSCE in the coming months, ongoing attention will also be provided on the development of an assessment for physicians seeking entry into medical practice. This assessment will be for individuals who were successful at the NAC clinical ex-

amination and will feature an observed clinical practice.

Reprinted from the Medical Council of Canada *Newsletter*, September 2009

NEW ZEALAND

During May, Council members and staff took as many opportunities as possible to speak to doctors about two major initiatives: periodic assessment of performance and new supervision arrangements. We have had very valuable feedback from the profession and appreciate the good number of doctors who have turned out for the road show meetings, often on some pretty chilly evenings.

ENHANCING DOCTORS' CLINICAL PRACTICE

The Council is proposing that a periodic assessment of performance be incorporated into the continuing professional development programs of medical colleges and branch advisory bodies. This would be a supportive and collegial review of a doctor's practice by two peers. The primary purposes of the visits would be to enhance the clinical practice of most of us and also to help identify and remedy situations where a colleague's practice has become unsafe.

SUPPORTING DOCTORS NEW TO NEW ZEALAND

We also are trying to establish simpler supervision arrangements to support doctors new to New Zealand and provide them with the information needed to adjust to a new country and health service. Under the Health Practitioners' Competence Assurance Act 2003, the Council is required to have in place supervision arrangements that, as far as possible, ensure safe practice. After the discussions from the first round of consultation, we are proposing another method of supervision as an alternative to the one-on-one supervision available now. In this new option, a service would be accredited for supervision. The Council would recognize that the doctor was working in an accredited service and would receive periodic reports from the service. The service may be a clinical practice group within a DHB, across two or more DHBs, or a general practice-organized group.

NEXT STEPS

The meetings around the country have given us valuable feedback and insights into the proposals. For the periodic assessment of performance to progress we need the involvement of all colleges. It still requires considerable ongoing work and the constructive comments we received have been very useful in shaping the proposal further. So where to next? At the time of writing, submissions on the two initiatives have just closed and are about to be fully analyzed. The Council will discuss feedback from all the consultation, as well as written submissions, at its August meeting. We are meeting with the colleges and branch advisory bodies in August and also wish to meet with professional groups such as the New Zealand Medical Association, the Association of Salaried Medical Specialists, and the Resident Doctors Association. To make progress with the periodic assessment of performance proposal, we need all the colleges to be involved, volunteers who are willing to assess and to be assessed, and robust qualitative research on the process and its effects. We also need to work closely with those colleges and associations already involved in practice assessments to make best use of their experience.

Reprinted from the Medical Council of New Zealand *Medical Council News*, August 2009

UNITED STATES

2010 IAMRA CONFERENCE ON MEDICAL REGULATION

IAMRA's 9th conference on medical regulation will take place Sept. 26-29, 2010, in Philadelphia, Pa., U.S.A. IAMRA is partnering with the Federation of State Medical Boards, the National Board of Medical Examiners and the Educational Commission for Foreign Medical Graduates to offer a very exciting and innovative program on "Best Practices in Medical Licensure." The conference will include interactive programs on registration and licensure, currency of competence and revalidation/maintenance of licensure, ethical guidance, and complaints and resolutions. A pre-conference workshop for those newer to medical regulation is planned for Sunday, Sept. 26. Additional information will be available in the coming weeks. Please reserve these dates on your calendar if you are interested in attending the conference. For more information, please visit www.iamra.com.