

*To consider*

## Proposed endorsement of IAMRA's Statement of intent on proactive information sharing

### Issue

1. We have been asked to endorse and become a signatory to the International Association of Medical Regulatory Authorities' (IAMRA) *Statement of intent on proactive information sharing*.

### Recommendations

2. The Strategy and Policy Board is asked to:
  - a. Consider IAMRA's Statement of intent on proactive information sharing.
  - b. Agree to us become a signatory to the Statement.

## Issue

3. At its meeting on 5 October 2012, IAMRA's General Assembly adopted a Statement of intent on proactive information sharing (Annex A).

4. We have now been asked to become a signatory to the Statement of intent. By endorsing the document, we express our intent to proactively share information about doctors against whom we have taken fitness to practise action with overseas regulators in the interest of patient safety.

### *Background*

5. The Statement of intent was developed by IAMRA's Physicians Information Exchange working group during 2011 and 2012 to support medical regulatory authorities' commitment to efficiently and effectively exchange information about the doctors they register.

6. It draws on the Memorandum of Understanding on case-by-case and proactive information exchange developed by the Healthcare Professionals Crossing Borders (HPCB) partnership in Europe. This was identified by IAMRA as a model of best practice. We have been a signatory of HPCB's agreement since April 2008.

### *Purpose of the Statement of intent*

7. The Statement of intent represents an agreed framework for cooperation and collaboration between medical regulatory authorities that are members of IAMRA.

8. It covers the proactive sharing of information about medical professionals who have been subject to fitness to practise action by a medical regulatory authority and which will affect an individual's right to practise their profession, either in their country of establishment or another country.

9. The purpose of sharing this information is to:

a. Protect patients and the public from those doctors whose practice may put them at risk.

b. Ensure the public's confidence in medical professionals and their regulation.

10. The Statement of intent does not affect statutory functions or amend any other policies or agreements already in place, nor does it prevent the GMC and other regulators from sharing information more widely than is described in the document.

## Supporting Information

### **How this issue relates to the corporate strategy and business plan**

11. The IAMRA Statement of intent on proactive information sharing relates to strategic aim 6 of the Corporate Strategy and our commitment in the 2013 business plan to work in partnership with key interest groups across the UK, Europe, and internationally, to develop appropriate, more effective relationships that will enhance patient safety.

### **What engagement approach has been used to inform the work (and what further communication and engagement is needed)**

12. The Statement of intent was developed IAMRA's Physicians Information Exchange working group.

**If you have any questions about this paper please contact:**

**Tanja Schubert, Head of European and International Affairs,  
Strategy and Communication, [tschubert@gmc-uk.org](mailto:tschubert@gmc-uk.org), 0207 189 5346**

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## Annex A

### **IAMRA Statement of Intent on proactive information sharing**

1. This Statement of intent on proactive information sharing was adopted by IAMRA’s General Assembly on 5 October 2012.

# IAMRA Statement of Intent on Proactive Information Sharing

## Introduction

1. This document describes the understanding reached by IAMRA on the exchange of disciplinary<sup>1</sup> information about doctors on a proactive basis.
2. This Statement of Intent builds on the [Principles for International Exchange of Physician Information](#) adopted by the IAMRA General Assembly in October 2008 in Cape Town, South Africa.
3. This Statement of Intent draws on the [Memorandum of Understanding on case-by-case and proactive information exchange](#) developed by Healthcare Professionals Crossing Borders partnership and which IAMRA has identified as a model of best practice.

## Purpose

4. The purpose of sharing the information referred to in this Statement of Intent is to protect patients and the public from those physicians whose practice may put them at risk. By sharing this information, we aim to:
  - Ensure a high level of quality in healthcare across the world and the security and protection of patients.
  - Ensure the public's confidence in medical professionals and their regulation.
5. Nothing in this Statement of Intent shall prevent participating medical regulatory authorities from sharing additional information, or sharing it more widely, than is described in this document where that is in the public interest and they are not prohibited from doing so by legislation or other constraints. The Statement of Intent does not replace but should facilitate bilateral agreements between medical regulatory authorities where mobility of physicians is common.
6. Readers of this document should bear in mind that although different countries use different terminology to describe their regulations and practices, that, in case of any confusion, they should be guided by the intent and purpose of this document.

<sup>1</sup> Throughout this Statement of Intent, the terms 'disciplinary' and 'fitness to practice' are used to refer to action taken by a medical regulatory authority arising from criminal behavior, professional misconduct, professional incompetence, poor performance or ill-health that affect a doctors registration or license to practice.

## **Scope**

7. This Statement of Intent covers the sharing of information about medical professionals who have been subject to disciplinary sanctions imposed by a medical regulatory authority or other relevant body and which will affect the individual's right to practice his / her profession, either in his / her country of establishment or another country. It covers sanctions and undertakings arising from criminal behaviour, professional misconduct, professional incompetence or poor performance. It also covers restrictions imposed as a result of impaired fitness to practice by reason of ill health.
8. The exchange of information described in this Statement of Intent shall be conducted in accordance with the national laws in the signatories' own countries.
9. Because of the legal constraints that exist in some countries, some of the medical regulatory authorities are currently unable to participate in the proactive aspects of information exchange described in this document and cannot sign up to this Statement of Intent. These medical regulatory authorities nevertheless undertake to work towards achieving proactive information exchange in the interests of patient and public protection as and when this becomes legally possible within their jurisdictions.

## **The circumstances in which information shall be exchanged**

10. For the signatories of this Statement of Intent, the following paragraphs describe the circumstances in which information shall be shared between medical regulatory authorities on a proactive basis.
11. It is necessary proactively to share information with other jurisdictions in order to protect the interests of patients and the public in those countries:
  - Where a physician's right to practice has been restricted or removed because of matters relating to his / her conduct, health, performance, or matters of a criminal nature (where known); and / or
  - Where a medical regulatory authority has objective reasons to believe that identity or document fraud has been used, or may be used in the future, by a medical practitioner, either to avoid restrictions on his / her practice or to obtain registration falsely in another country.

## **What information will be exchanged**

12. Subject to any legal constraints, in deciding what information medical regulatory authorities will exchange, the over-riding consideration will be the need to protect the interests of patients and the public, both within their own jurisdictions and in the territories of other countries.
13. Medical regulatory authorities will at all times respect the requirements of the relevant privacy and data protection legislation within their jurisdictions.
14. Where a medical regulatory authority has imposed sanctions on a physician's right to practice his / her profession as described in paragraphs 7 and 8 above, it will need to take into account the potential risk posed by that individual to patients and the public in other jurisdictions. It will, as a minimum, proactively send the details specified in paragraph 15 below to:
  - a. The medical regulatory authority in the individual's country of establishment, if known.
  - b. If the individual has qualified as a physician in a country other than his / her country of establishment, the medical regulatory authority in the country where he qualified.
  - c. Any country where the individual is known to have previously worked or been registered.
  - d. Any country where the individual is believed to be currently working or registered.
  - e. Any country where there is objective reason for believing that the individual may be intending to work or obtain registration (for example, because he / she has indicated an intention to do so or is known to have an address within that jurisdiction).
15. In sending information in accordance with paragraph 13 above, the medical regulatory authority sending the information will, as a minimum, (and subject to approval from the individual concerned, where legally required) provide the following:
  - a. Confirmation of the identity of the physician
  - b. Details of any current sanction imposed affecting his / her right to practice in relation to the matters specified in paragraph 14 above. This will include sanctions covering removal from the relevant

professional register or withdrawal of a licence to practice, temporary suspension from the register or of the licence, conditions imposed on registration or the licence, any warning, admonition, reprimand or equivalent, any financial penalty imposed.

- c. Details of any current criminal conviction relating to patient and public safety, where this is known.
  - d. Confirmation of any undertakings given by the physician voluntarily to limit the conditions within which he / she can practice, restrict, suspend or cease his / her medical practice as a result of a finding against him / her in relation to one of the matters specified in paragraph 14 above.
  - e. The date on which the sanction was imposed and its duration.
16. There will be some cases where a wider distribution of information may be necessary, for example where an individual has been found to have used document or identity fraud in order to gain access to a healthcare profession. In such cases, medical regulatory authorities may need to inform others even if the fraud has been detected before the individual could obtain access to the profession. In all cases medical regulatory authorities must act proportionately having regard to the potential risk to the patients and public confidence in the regulatory systems in other countries.

#### *Changes in professional status*

17. Where information has been provided by one medical regulatory authority to another medical regulatory authority pursuant to paragraphs 12-16 above, and the status of the physician concerned subsequently changes in a way not previously notified (for example, because a sanction imposed is withdrawn or amended and the duration of the sanction had not been indicated in the original notification), any medical regulatory authority notified of the original sanction will be informed of the change of status.
18. Where a Certificate of Good Standing (CGS) has been sent to another medical regulatory authority showing no sanction or other action against the physician concerned, but a disciplinary sanction is subsequently imposed, the medical regulatory authority that issued the original certificate will notify any medical regulatory authority to which it has sent such a certificate of the individual's change of fitness to practice status.

## **When information will be exchanged**

19. Medical regulatory authorities must respect the principle that physicians must be presumed innocent until found guilty of a professional or criminal offence. Accordingly, medical regulatory authorities providing information in accordance with paragraphs 12-18 agree to provide information in cases where a final decision on the case has been taken, or, where a decision has not been taken, and where possible, information about the physician that is already in the public domain.
20. Where information is requested of a medical regulatory authority under paragraphs 12-18, that authority shall not be required to provide any information about the case if:
  - No final decision has been taken because the case is under investigation, or
  - A temporary sanction has been imposed pending a final decision, or
  - The physician has appealed the decision against him.
21. However, in any case where public or patient safety may be at risk, the medical regulatory authority shall inform the body that has requested the information that proceedings are underway and that it will be notified of the outcome once a final decision has been taken.
22. Nothing in this Statement of Intent shall prevent medical regulatory authorities from sharing additional information, or sharing information prior to the final decision in a case where this is in the interest of public health and safety, and medical regulatory authorities are not prevented from doing so by their domestic legislation

## **With whom information will be exchanged**

23. The signatories to this Statement of Intent will designate a named officer(s) within their organizations for the receipt of information. Organizations may wish to consider creating a dedicated email post box for the exchange of information. The designated officer(s) and their contact details are listed in Annex B of this Statement of Intent.
24. Information provided proactively will, as a minimum, be sent to the other signatories to this Statement of Intent in accordance with the requirements set out in paragraphs 12-18 above.

### *Confidentiality*

25. Information received by the designated officer(s) (see paragraph 23) under the arrangements described in this document will be treated in confidence, and where required or necessary, be shared with the physician.
26. Unless required to do so by law, or it is necessary to do so in the public interest, information will not be shared with outside organizations or individuals without first obtaining the agreement of the medical regulatory authority that originally provided the information.

### **How information will be exchanged**

27. Information will be provided in electronic or paper format to the designated officer(s) in the relevant medical regulatory authorities. Where information is conveyed electronically, it may be provided in password protected or encrypted format if the participating bodies have the necessary facilities.
28. Information will be provided in at least one of the official language(s) of the country issuing the information.

### **Service delivery standards**

29. Where a medical regulatory authority is providing information proactively, it shall send details of the cases in which a final decision has been made at least once a month or, if cases are determined less frequently than once a month, on a case-by-case basis.

### **Supporting processes**

30. The signatories agree to work towards putting in place within their organizations any administrative or other procedures necessary to help them comply with the requirements of this Statement of Intent. For example, in order to target the proactive distribution of information in an accurate and proportionate manner in accordance with paragraphs 12-18, medical regulatory authorities will need to collect information from health professionals such as their place of qualification, other countries where they have worked, or countries where they are currently registered to practice.

31. Signatories may also need to put in place processes to advise physicians that information about their registration status may be shared with other EEA country medical regulatory authorities where that is in the public interest or necessary for the protection of patients.
32. Signatories will be assisted in exchanging information by having access to the comprehensive list of medical regulatory authorities located at [www.healthregulation.org](http://www.healthregulation.org). Signatories are responsible for ensuring that the information on this website relating to their own organizations is kept up to date.

### **Monitoring the operation of the Statement of Intent**

33. In order to ensure the effective operation of this Statement of Intent, the signatories will undertake to review its effectiveness 12 months after the adoption of this document by the IAMRA General Assembly in October 2012.
34. The review will also include an evaluation of any problems that have arisen in complying with the Statement of Intent.

### **Resolution of problems**

35. In fulfilling the terms of this Statement of Intent, the signatories agree to act in a spirit of practical co-operation at all times, bearing in mind the prime objective of protecting patient and public safety. Where disagreements or problems arise, the designated officers will be initially responsible for attempting to resolve them. If a satisfactory resolution cannot be achieved in this way, the signatories to this Statement of Intent from the relevant countries will be consulted.

### **Acceptance of the terms of this Statement of Intent**

36. The organizations listed below agree to abide by the terms and spirit of this Statement of Intent.

***Annex A***  
***Signatories undertaking proactive information exchange in accordance with this Statement of Intent***

## **Annex B**

**List of designated officers in each of the participating medical regulatory authorities and their contact details**