I recently returned from the biannual meeting of the International Association of Medical Regulatory Authorities (IAMRA), which was held in Melbourne, Australia. As many of you will know, IAMRA exists as a global collaboration of medical regulators who share a common mandate to protect the public by ensuring high standards of ethical and professional medical practice. The conference is a thought-provoking forum where medical regulators, policy makers and academics share ideas, engage in dialogue about emerging issues, and learn from each other across nations.

This year’s theme, *Medical regulation—making a difference*, challenged participants to think beyond organizational performance measures such as cost and timeframes associated with regulatory processes, and focus rather on impact. To ask ourselves instead: are we as regulators delivering the right results through the work that we do? And, are we targeting our regulatory efforts to address the greatest risks?

It was interesting to hear multiple and diverse perspectives being shared by people who described systemic issues that simply cannot be addressed through regulation, but still affect the quality of care being provided to patients. These
issues include fragmented care, a focus on hospital care over community care, misdistribution of human resources, and difficulties accessing and navigating care. Across the world, health systems are struggling with demographic changes, a shift in diseases burden from acute care to chronic disease management, and increasing patient expectations driven by enhancements in technology, and greater demand for transparency and accountability.

As a regulator of the medical profession, we must be aware of these issues and ensure we have the right legal tools to do our work. Based on comparisons with other international regulators, our governing legislation, the *Health Professions Act*, provides a wide range of tools to ensure physicians are practising to high standards, including requirements for continuing competency, and quality assurance activities, such as the Physician Practice Enhancement Program, that set us ahead of many of our peers.

Every regulatory conference includes presentations on high-profile cases of extraordinary patient harm caused by an individual physician. Usually, these are not attributed to poor educational institutions or registration failures. The underlying issue is one of gross incompetence that has seeped in over time, or character pathology that emerges when no one is watching. These physicians pose the greatest risk to patient well-being that as regulators we have to address swiftly.

While often patients act as the eyes and ears of the regulator through the complaints process, physicians must also play this role. Patients should rely on all of us to do a better job of holding each other accountable. Collectively we have a responsibility to create a culture that allows all members of the healthcare team to speak up if they have concerns about the care a patient is receiving.

One of the important takeaway messages from the IAMRA conference was the need for regulators to build greater public trust and confidence in regulatory systems. The public may not know or understand how regulation works, and may believe it acts on behalf of the profession. The common perspective is often—don’t tell us to trust you, tell us why we should trust you. This means we must continue to find ways to be more transparent, and make more information available to the public about the work that we do as regulators. This is a commitment that the College Board has fully endorsed.