

ASSOCIATION OF MEDICAL COUNCILS OF AFRICA



AMCOA PROTOCOL ON MANAGEMENT OF MEDICAL LITIGATION

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WHEREAS dealing with MANAGEMENT OF MEDICAL LITIGATION in the member councils of AMCOA take various forms both in structure and content; and

RECOGNISING that the burden of Medical Litigation is an increasing concern in the AMCOA region; and

FURTHER RECOGNISING the need to put in place guidelines for AMCOA Member Councils to minimize and manage medical litigation.

NOW THEREFORE THE PARTIES TO THIS PROTOCOL DO HEREBY ADOPT THE PRINCIPLES ENSHRINED HEREIN AS A FRAMEWORK FOR DEALING WITH MANAGEMENT OF MEDICAL LITIGATION IN THE REGION:-

Short title

This protocol may be cited as the AMCOA Protocol on Management of Medical Litigation.

Interpretation

In this Protocol, unless the contexts otherwise requires;

“**AMCOA**” means Association of Medical Councils of Africa.

“**Council**” means Councils and Boards, as are applicable, in different Countries.

1. MEDICAL LITIGATION

It is agreed that member Councils shall;

- a) develop guidelines for the management of medical litigation;
- b) develop an appropriate strategy for information, communication and dissemination for the prevention of potential medical litigations; and ,
- c) establish efficient dispute resolutions mechanisms to minimize the impact of medical litigation.

2. PROFESSIONAL INDEMNITY

It is agreed that Councils shall;

- (a) Develop strategies for engagement of key stakeholder on making professional indemnity compulsory, affordable and sustainable.
- (b) Encourage all practitioners and institutions to have indemnity cover with a view to having Regulations or Laws that shall make it mandatory with time.

3. MATTERS RAISING DISCIPLINARY ISSUES

It is agreed that Councils shall upon notice of a claim or matter on medical litigation that warrants disciplinary action refer it to the relevant Committee or organ in accordance with their prescribed Regulations or laws.

4. FUTURE LITIGATION LANDSCAPE

It is agreed that Councils shall ensure that they:–

- a) act within their legal mandate; and,
- b) proactively propose amendments to Laws within their respective Countries through the relevant Organs or Authorities while including a provision for professional indemnity.

5. ENABLING FRAMEWORK

All member countries that are signatories to this protocol agree to pursue processes of aligning or developing legislative and other policy frameworks to facilitate the implementation of the principles enshrined in this protocol.

Member Council

Signature

1. **Botswana** Health Professions Council
2. Medical & Dental Council of **Ghana**
3. Medical Practitioners and Dentists Board of **Kenya**
4. Medical, Dental & Pharmacy Council of **Lesotho**
5. **Liberia** Medical and Dental Council
6. Medical Council of **Malawi**
7. Medical & Dental Councils of **Mauritius**
8. Medical & Dental Councils of **Nigeria**
9. Health Professions Councils of **Namibia**
10. **Rwanda** Medical & Dental Council
11. Medical & Dental Council of **Seychelles**
12. Medical & Dental Council of **Sierra Leone**
13. Health Professions Council of **South Africa**
14. **South Sudan** Medical Council
15. Medical & Dental Council of **Swaziland**
16. Medical Council of **Tanganyika**
17. Medical & Dental Practitioners Council of **Uganda**
18. Health Professions Council of **Zambia**
19. Medical & Dental Practitioners Council of **Zimbabwe**

A column of handwritten signatures corresponding to the 19 member councils listed on the left. The signatures are written in black ink and are mostly cursive or semi-cursive. Some signatures are more legible than others. The signatures are positioned to the right of the list, with some overlapping the list items.