



**2012**

**REPORT OF THE ASSOCIATION OF MEDICAL COUNCILS OF AFRICA:  
16<sup>th</sup> ANNUAL CONFERENCE**

**“DEALING WITH ETHICAL AND PROFESSIONAL ISSUES  
IN MEDICAL PRACTICE”**

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## **PREAMBLE**

The primary purpose of Association of Medical Regulatory Authorities of Africa [AMCOA] is to support medical regulatory authorities in Africa in the protection of the public interest by promoting high standards of medical education, registration and regulation, and facilitating the ongoing exchange of information among medical regulatory authorities.

### **AMCOA exists with the purpose of pursuing the following main objects and purposes -**

- to offer a forum for member bodies to liaise with each other in regard to the standards for registration of medical practitioners and, where applicable, other healthcare personnel;
- to promote liaison among member bodies in regard to the standards of education and training of health professionals registered with the respective medical councils;
- to offer a forum for member bodies to share views on relevant legislation relating to the control of healthcare professionals;
- to promote the adoption of shared and common views through communication with and recommendation to member bodies;
- to facilitate cooperation and collaboration among regulatory authorities, including establishing a network for the regular exchange of medical licensing and disciplinary information;
- to provide a forum for the development and sharing of new concepts and new approaches in the regulation of medical practice;
- to encourage and support research, policy analysis and policy development related to medical licensure and regulation;
- to serve as an information source to medical regulatory authorities, the public and national organizations; and
- to share views and exchange information on matters of common concern



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**The following are key strategic areas of focus for the association presently –**

- recognition of the association by all regulatory authorities in the Continent;
- to encourage regulatory authorities in Africa to become members of AMCOA;
- implementation by existing members of AMCOA of the protocols that are already in place to ensure harmonization of standards;
- securing funding for specific projects

**APPROACH TO THE REPORT**

This report is a summary of key issues covered in the presentations made during the various meetings and therefore does not attempt to address each presentation made during the meeting but rather seeks to highlight areas that were considered to be best practices for possible application by the members of AMCOA.



## INTRODUCTION

The 16th Annual Conference of the Association of Medical Councils of Africa was hosted by the Medical & Dental Council of Swaziland. It was held from 30 October 2012 up to and including 02 November 2012 at the Royal Swazi Spa and Convention Centre in Mbabane, Swaziland.

The increase in the importance for African regulators to meet regularly and exchange ideas as a means of promoting the health of the population of Africa and maintaining the integrity of the professionals cannot be overemphasized.

The overarching theme for 2012 was “Dealing with Ethical and Professional Issues in Medical Practice”.

The scientific session of the conference commenced with an inspirational talk by Dr Kevin Behrens and was followed by the sharing of country experiences in the following areas:-

- the rights and responsibilities of health professionals as well of patients;
- performance management; and
- disciplinary penalties in the violation of ethical & professional rules

This provided the basis for the group work which addressed the four areas as stated above. Each group session was led by a facilitator and enabled the sharing of experiences in the four content areas with the aim of identifying common themes and challenges as well as developing recommendations for best practices. The groups presented the results of their work after which, discussions were entered into and a way forward determined on each of the areas.

The aim was to develop a protocol for dealing with ethical and professional issues in medical and dental practice and to engage on the real-world challenges of how to implement best practices.



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## OPENING AND WELCOME

The conference was opened by a representative on behalf of Hon. Benedict Xaba, Minister of Health, and followed by the welcome address by Dr Magagula and then Dr E Ngoga, the President of AMCOA.

Dr Eugene Ngoga, President of AMCOA, in welcoming delegates to the 16<sup>th</sup> AMCOA Annual Conference also highlighted the challenges the African continent is facing as far as health professionals are concerned such as the scarcity of health professionals, brain drain, the quality of medical education, the increase number of litigations, etc. He further highlighted the need to ensure a central medium through which medical regulatory authorities could share information of these and related matters, devise mechanisms to uniformly address issues of common concern, even to the point of influencing policy positions taken at ministerial (political) level for the benefit of the continent. In closing he wished delegates profitable and meaningful deliberations.

## KEYNOTE ADDRESS

Dr Kevin Behrens delivered the keynote address.

Dr Behrens has a Doctorate in Public Philosophy and Ethics and an MA in Applied Ethics for Professionals. He is Unit Head for the PHD programme (Bioethics and Health Law) as well as the MSc programmes for the Foundations of Bioethics, Advanced Health Ethics, and Environmental Bioethics and law at the Steve Biko Centre for Bioethics, School of Clinical Medicine, and University of Witwatersrand.

Dr Kevin Behrens delivered inspiring talks on the conference theme ““Dealing with Ethical and Professional Issues in Medical Practice”. In his opening remarks, he reminded us of the Steve Biko’s story and highlighted how the medical profession, itself, as a profession, could fail morally. In the Biko case doctors failed to fulfill their obligations to a patient in a number of ways. The moral failures in this case were to be found not only in the reprehensible actions of the individual doctors concerned, but also in the actions of the profession itself, and its overall failure to respond appropriately in terms of disciplining their members.



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He moved on to a quote by William Branch ‘Medicine is, after all, a moral profession’. He pointed out that there are two claims in this statement. The first is that medicine is a profession. The second is that it is an especially moral profession. He asked the house to consider firstly what is meant by the claim that medicine is a profession.

He argued that –

- The notion of a profession is grounded in the idea of a social contract. Society grants professions a considerable degree of autonomy in terms of their knowledge base and practice, as well as not insignificant social status and privilege. In return society expects professionals to be experts in medical knowledge and skill, competent in practice and to adhere to codes of ethical conduct, laws and guidelines.
- These professionals are governed by codes of ethics and profess a commitment to competence, integrity and morality, altruism, and the promotion of the public good within their domain. These commitments form the basis of a social contract between a profession and society, which in return grants the profession a monopoly over the use of its knowledge bases, the right to considerable autonomy in practice and the privilege of self-regulation. Professions and their members are accountable to those served and society’ (Crueess, Johnston and Crueess 2004, 75).

Then turning to the second claim that medicine is an especially moral profession; he showed that this is true in two ways. Firstly, there are many moral issues and ethical dilemmas faced by clinicians in their daily practice. Secondly, the existential predicament of those who are ill makes them especially vulnerable, weak, compromised and significantly impaired in terms of their autonomy. Because patients need to trust medical professionals to help them, patients expect more than just competence and adherence to ethical codes, they expect altruism, compassion, empathy, even advocacy on their behalf. This is essentially an expectation of virtue or high moral character.

Noting that the theme of this conference is “Dealing with ethical and professional issues in medical practice”, he then turned to considering practical ways in which these issues can be dealt with. Fundamentally, he claimed that dealing with such issues requires that



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practitioners learn how to do this. This further entails that they should be taught to develop these competencies.

He argued that this required that in both the initial training and the on-going professional development of practitioners, the required ethical competencies needed to become a central, compulsory and examinable component of the syllabus.

Finally, he pointed out that virtue is acquired, and is not so much taught as emulated from the example of teachers, senior colleagues and others who are role models of high moral character themselves.

In closing he stated “If we are going to seek to teach ethics to medical professionals, we in Africa also need to rely on the philosophy and thought of our continent.” He requested AMCOA to seek to challenge those entrusted with the education and training of medical professionals to seek ways in which to include in our ethical frameworks, curricula and ethical deliberation, some of the moral wisdom of our own continent.

AMCOA was encouraged to remember # Biko’s words:

**“We believe that in the long run the special contribution to the world by Africa will be in [the] field of human relationship... the great gift still has to come from Africa – giving the world a more human face.”**

*The presentation is available if required.*



## COUNTRY EXPERIENCES

The conference then moved onto the presentation sessions which were dedicated to the conference sub themes and sharing of experiences by member countries in the following areas:-

### **1. Rights & Responsibilities | Health Practitioner**

Kenya: Dr Elley Nyaim Opot

### **2. Rights & Responsibilities | Patient**

South Africa: Dr B Mjamba-Matshoba

### **3. Performance Management | Health Practitioner**

Zambia: Mr. Bwembya Bwalya

### **4. Disciplinary Penalties in the violation of Ethical & Professional rules**

Ghana: Dr. Eli Kwasi Atikpui

*Copies of presentations are available if required.*

## GROUP SESSIONS

The conference was then split into four discussion groups which were mandated to review the feedback of the country experiences presented on Day One.

These presentations provided the basis for the workgroup which addressed the four areas stated above.

Each group session was led by a facilitator and thus enabled the sharing of experiences in the four content areas with the aim of identifying common themes and challenges as well as developing recommendations for best practices.

The groups presented the results of their work after which, discussions were entered into and a way forward was determined for each of the areas.

*Copies of presentations are available if required.*





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## SUMMARY OF GROUP SESSIONS

Following the group sessions, the draft protocol namely, "**PROTOCOL ON ETHICAL AND PROFESSIONAL ISSUES IN MEDICAL AND DENTAL PRACTICE**" was formulated, extract of which is tabled below.

## RIGHTS & RESPONSIBILITIES OF THE HEALTH PRACTITIONER

- Medical and dental practice being an essential service should be remunerated adequately
- Practitioners are entitled to basic human rights such as freedom of association, religion, belief, expression, movement and trade.
- Practitioners' have a right in the decision making with regards to consent in the management of minors
- Practitioners should be involved in continuous improvement of their knowledge, skills attainment and attitude to ensure compliance with the code of ethics
- Practitioners should ensure that they obtain medical indemnity coverage

## RIGHTS & RESPONSIBILITIES OF THE PATIENT

- Council/Boards should in collaboration with other stakeholders develop and update the Patient Rights Charter which should be disseminated in all health facilities using various modes of communication e.g.-
  - Local Language
  - Graphical – Pictures and Audio visual; and
  - Open Days
- Relevant information on all registered practitioners should be made accessible.
- The patient has the right to quality health care
- The patient has the responsibility to provide all relevant information so that the practitioner can make an informed diagnosis and formulate an appropriate treatment plan; thereafter the patient must comply with prescribed treatment and take care of their health
- The patient has the responsibility to respect the rights of other patients and health care providers



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## **PERFORMANCE MANAGEMENT OF HEALTH PRACTITIONERS**

It was agreed that Councils/Boards should ensure that they–

- verify documents directly from relevant institutions
- exchange information between AMCOA member states
- advise government to respect the authorities of Councils/Boards when signing MOU's between governments on health regulation issues
- formalise accreditation of training facilities within AMCOA region
- ensure that ethics forms at least 10% of the Continuous Professional Development (CPD) points and all CPD providers have a component on ethics
- practitioners participate in Continuous Professional Development (CPD) activities for improvement of knowledge and skills

## **DISCIPLINARY PENALTIES IN THE VIOLATION OF ETHICAL & PROFESSIONAL RULES**

It was agreed that Councils/Boards should ensure that they–

- all practitioners are conversant with the code of conduct through appropriate and timely training;
- there is a clear guideline for receiving, investigating and making recommendations on disciplinary matters
- there is an effective appeal mechanism dependent on the laws of the country and the structure of the council/Boards
- penalties are clearly defined and enforced to address the different offenses

## **CLOSING**

The draft protocol was submitted to the 16<sup>th</sup> Annual General Meeting whereupon it was approved and signed off by member countries, a copy of the signed protocol is annexed hereto.



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## NEXT STEPS

A strategic planning workshop will be held in 2013. The task team, as set up at the Annual General Meeting on 02 November 2012 (i.e. Management Committee), will proceed with the formulation a five-year strategic plan for AMCOA.

A further meeting will be convened with all the Registrars of Member Countries for the review of the draft plan as well as the current protocols to ensure alignment with current best practices.

The 17th Annual Conference of the Association of Medical Councils of Africa will be hosted by the Medical & Dental Council of Rwanda and has been earmarked for July 2013 as the term of office would be expiring and the election of new office bearers would need to be undertaken.

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