2014

REPORT OF THE ASSOCIATION OF MEDICAL COUNCILS OF AFRICA: 18th ANNUAL CONFERENCE

"TASK SHIFTING IN MEDICAL PRACTICE"

Compiled by:
SECRETARIAT

PO Box 205, PRETORIA, 0001
Tel: +27 (0) 12 338 9320
Fax: +27 (0) 12 324 1594
Email: Registrar@hpcsa.co.za

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1. PREAMBLE

The members of AMCOA meet on an annual basis to discuss means of ensuring an integrated process of medical regulation, standardization/harmonization of education and training, the enhancement of quality healthcare, etc.

The vision of the Association of Medical Councils of Africa [AMCOA] is to be globally recognised as the leading organisation for regulatory bodies in protecting the public and guiding health professions in Africa.

The primary purpose of 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 objectives 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

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

- Education, Training , Practice and Research
- Leadership and Governance
- Information Exchange
- Stakeholder Management & Relations
- Resource Mobilisation

2. APPROACH TO THE REPORT

This report is a summary of events over the 5-day conference, which comprised of:-

i. Pre conference workshops and technical meetings;
ii. Scientific conference; and
iii. Annual General Meeting.

Under ***Section A***, the report will address the pre-conference workshop and technical meetings and the overall outcomes thereof.

Under ***Section B***, the report will further address the scientific conference and the key issues covered in the oral presentations made by country members. It does not attempt to address each presentation made during the meeting but rather seeks to highlight areas, which were duly considered and placed into the final AMCOA protocol as best practices for possible application by its members.

Under ***Section C***, the report will focus on the highlights of the Annual General Meeting as well as the proposed way forward for AMCOA activities.

3. INTRODUCTION

The 18th Annual Conference of the Association of Medical Councils of Africa was proudly hosted by both the Mauritius Medical & Dental Council. It was held from 28th July 2014 up to and including 01 August 2014 at the Sofitel L' Imperial Resort & Spa in Wolmar, Mauritius.

The overarching theme for 2014 was "Task Shifting in Medical Practice". The following countries were represented:

- Ghana
- Kenya
- Lesotho
- Malawi
- Mauritius
- Namibia
- Rwanda
- Sierra Leone
- South Africa
- Swaziland
- Uganda
- Zambia
- Zimbabwe

4. SECTION A | PRE CONFERENCE WORKSHOPS [28 & 29 JULY 2014]

In 2013 AMCOA embarked on a strategic review, which focussed on the following aspects:-

- Where AMCOA is now;
- AMCOA's vision, mission and strategic goals;
- AMCOA's strengths, weaknesses, opportunities and threats;
- AMCOA's key performance areas /deliverables; and
- AMCOA's capacity to deliver on a new strategy including human resources and financial resources.

After in depth discussions, AMCOA resolved on the following strategy:-

VISION | ***Be globally recognised as the leading organisation for regulatory bodies in protecting the public and guiding health professions in Africa***

MISSION | ***Create an environment for best practice by health professions regulatory bodies in partnership with member councils and engagement of other stakeholders through –***

- harmonisation of standards for medical education, training, practice and fostering compliance thereof;
- promotion of professional and ethical practices; and
- information exchange

CORE VALUES

- Professionalism
- Ethics
- Good Governance
- Life Long Learning
- Diversity

STRATEGIC AREAS AND GOALS

- **Education, Training , Practice and Research |** To promote quality education, training, operational research and good professional practice
- **Leadership and Governance |** To strengthen governance structures and promote effective leadership therein
- **Information Exchange |** To create effective and efficient mechanisms for reliable information exchange
- **Stakeholder Management & Relations |** To establish strategic alliances with key partners
- **Resource Mobilisation |** To establish reliable mechanisms that guarantees a sustainable financial base

The following committees were established to assist AMCOA where necessary in discharging its duties namely:-

i) Finance Committee
ii) Education Training and Research Committee
iii) Communication, Promotion, and Marketing Committee
iv) Audit and Risk Committee

The two day technical workshops focussed on the formulation of the terms of reference, policies and guidelines for the above mentioned commitees as well as the alignment of the proposed activities and projected timelines to the AMCOA strategic plan.

5. SECTION B| SCIENTIFIC CONFERENCE

5.1. OPENING AND WELCOME

The conference commenced with a warm welcome by the Chairman of the Mauritius Medical Council, Dr B T Servansingh as well as the AMCOA President, Prof George Magoha.

Prof Magoha, President of AMCOA, in welcoming delegates to the 18th AMCOA Annual Conference 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 in number of litigations, etc.

He further highlighted that no single state can address these challenges on its own and that the purpose of AMCOA is to support medical regulatory authority 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.

He added that the health sector is one of the most demanding and sensitive area. This is particularly given that it is the sector that deals with human life and matters of life and death. Unfortunately the management of patients does not always go the way it should for various technical and non-technical reasons. Thus clear rules and guidelines have to be in place to ensure timely and efficacious delivery of services to the needy parties.

He stated that the regulatory authorities bear the biggest responsibility in ensuring that such guidelines are in place thus as regulators, members must continue active engagement with the Government, the individual practitioners and amongst themselves to ensure that this happens.

In closing, Prof Magoha thanked the Honourable Minister for making the time to join AMCOA to deliberate on matters pertaining to the health & better quality of life for the people of Africa. He then called upon the Honorable Lormus Bundhoo, Minister of Health & Quality of Life to deliver the formal address.

5.2. FORMAL ADDRESS

The formal address was undertaken by the Honorable Lormus Bundhoo, Minister of Health & Quality of Life.

In his address he underlined the prime functions of any Medical Council was to ensure the highest standards in medical practice, ensure that all persons registered with respective Councils observe the code of practice at all times during their medical practice and continue being involved in continuous learning in order to protect, promote and maintain the health and safety of the public in general and the patients in particular.

He called upon AMCOA member regulators to amongst others:-

i) ensure a high standard of medical practice amongst all registered medical practitioners, as professional guidance by Medical Councils must be regularly reviewed in order to ensure that it reflects the values of society, the reality on medical practice and above all government's stewardship role on health as a genuine human right.
ii) set standards in medical education as Medical Councils should support and oversee medical education and training at both under graduate and postgraduate levels. The concept of good medical practice starts in the medical school and percolates right through the practitioner's professional career.
iii) ensure that all registered medical practitioners are throughout their professional career involved in their own continuing professional development.
iv) deal firmly with all medical practitioners who fail to maintain professional standards or whose fitness to practice is questioned.
v) provide an effective and efficient supervisory role over the health practitioners so as to maintain discipline in the medical profession.
vi) provide a "fool proof" system for registration and licensing of all health practitioners.

In line with the conference theme, the Minister added that task shifting is aimed at improving the health of extremely vulnerable populations, mostly to address current shortages of healthcare professionals or tackle specific health issues such as HIV. In countries with extreme shortage of physicians, new cadres of health care workers have been established.

However, he cautioned that those persons taking over physicians' tasks lack the broad education and training of physicians and must perform their tasks according to protocols, but without the knowledge, experience and professional judgment required to make proper decisions when complications arise or deviations occur.

He stated that this was definitely a major challenge for medical regulatory bodies to deal with but urged regulators to not forget that task shifting can be a solution to providing health care to the very deprived and in places where there is a shortage of trained health personnel.

In closing, the Minister indicated that the task of regulating the practice of medicine is complex and challenging and commended the excellent work carried out by all the Medical Councils present at the 18th Annual Conference of AMCOA.

5.3. KEYNOTE ADDRESS

The keynote address was delivered by His Lordship, Dr Satyabhooshun Gupt Domah, a full time Judge at the Supreme Court of Mauritius, a part time Judge of Appeal in the Republic of Seychelles, a Doctor in Law and Lecturer at the University of Mauritius and University of Technology Mauritius.

He is a renowned publisher of Law books, legal articles and non-academic articles. He also holds the following positions; Vice President of Commonwealth Magistrates and Judges Association from the mid-eighties to the mid-nineties; one of the 3 one-time Governors of the Commonwealth Judicial Education Institute, Halifax, Canada; Trainee of Trainers for Commonwealth Judicial Education Institute and a Fellow, Judicial Administration at the Institute of Advanced Legal Studies, University of London.

Dr Domah moved into delivering an inspirational talk on "The Human Rights Issues in the Implementation of Task Shifting in the Health Sector & how to address them". He proceeded to underline some legal aspects of the implementation so that task shifting does not get unnecessarily bogged down by constitutional and legal challenges which could have been easily avoided.

He highlighted that Treat, Train and Retain should be carried out within the democratic system under the rule of law, more particularly, with the observance of all human rights issues underlying the exercise.

He explained that task shifting, put simply, involves the rational redistribution of tasks among health force teams to cater for the need of the moment. A re-appraisal is made of the whole medical service for the purpose of aligning it to meet the crisis of the moment. Thus, the conventional borders of each category of workers are blurred and redeployed in such a rational way that the system focuses on timely deliverables. Specific task are moved, where

appropriate, from highly qualified health workers to health workers with shorter training and fewer qualifications.

He also discussed the aspect of Human Rights in terms of:-

i) the need to carry out the task within the regulatory system in place i.e. within the democratic system. This means necessarily the rule of law and observance of human rights. Here, we need to pause a second to consider the most obvious. What are the rights and what are human rights?

ii) When power is given to professionals and Medical Councils by any law to do certain things, they should do it within the democratic principle of legitimacy of sources and legitimacy of action. Whatever power is vested by law should be exercised democratically and not automatically. The system of government does not allow the development of autocracies within democracies. Democracy is the distribution of power over institutions, bodies and persons for the proper discharged of functions entrusted to them by law.

iii) What is important is that we are dealing with actual or new legislations; it would be a risky affair to ignore the existence of the content of the above and other international treaties.

He then elaborated on the various types of task shifting namely –

- **Task shifting type 1**: The extension of the scope of practice of non-physicians clinical in order to enable them to assume some tasks previously undertaken by senior cadres (medical doctors)
- **Task shifting type 2**: the extension of the scope of practice of nurses and midwives in order to enable them to assume some tasks previously undertaken by senior cadres (e.g. non-physicians clinicians and medical doctors).
- **Task shifting type 3**: the extension of the scope of practice of community health workers, including people living with HIV/AIDS, in order to enable them to assume some tasks previously undertaken by senior cadres (e.g. nurses and midwives, non-physicians clinical and medical doctors).

- **Task shifting type 4**: people living with HIV/AIDS, trained in self-management, assume some tasks related to their own care that would previously have been undertaken by health workers.

His Lordship, Dr Satyabhooshun Gupt Domah concluded his talk with the following thoughts and guidance namely –

i) Countries should assess and then consider using existing regulatory approaches (law and proclamations, rules and regulations, policies and guidelines) where possible, or undertake revisions as necessary, to practice according to an extended scope of practice and allow the creation of new cadres within the health workforce.

ii) Over and above the mechanism of reconciliation there is a need to customize the Treat Train and Retain concept (TTR). Its implementation may impact in various ways in very many countries in Africa, the task may be easier. In countries where the laws and regulations are very well defined and industrial sensitivities are pronounced, the problem would be of a very different kind.

iii) One size fits all would be a risky approach. It requires a proper country –specific assessment.

iv) A proper assessment of the domestic situation will go a long way towards setting up a safe, efficient and effective process of implementing task shifting.

v) Setting up safe, efficient and effective process of implementing under the rule of law in a democratic society is easy with the necessary imagination.

vi) The steps regulators have to take are as follows:

a. Examine the country specific Constitutional provisions;
b. Interpret them in accordance with the relevant United Nations Instruments and their interpretations;
c. Examine the country –specific laws in the light of the above;
d. Examine the permissible limits given to the rights enshrined which the Constitutions provide;

e. Make clear distinctions between what may be achieved administratively and what require enactment of laws;
f. Adopt two-pronged: a short term solution and a long term solution in parallel
g. The long term approach may mean adopting a specific law on task shifting not limited to HIV/AIDS problem but also for any other health problems that may arise in the future.

The full keynote address is available if required.

5.4. COUNTRY EXPERIENCES

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

(i) South Africa | Process of Implementing Task Shifting
(ii) Zimbabwe |Practice & Regulatory Implications
(iii) Kenya | Legal & Ethical Issues
(iv) Zambia | Licensing in relation to Task Shifting
(v) Uganda | Quality Assurance of Task Shifting
(vi) Ghana | Harmonisation in Task Shifting

Copies of presentations are available if required.

5.5. GROUP SESSIONS

The group discussions gave the attendees a chance to meet one another in a context that stimulates interdisciplinary interactions, and to foster post-conference collaborations.

The delegates were divided into four groups and each group session was led by the presenter of the country experiences. The platform enabled the further interactive sharing of member experiences under the four sub theme content areas.

The aim was to develop a protocol for dealing with **"TASK SHIFTING IN MEDICAL PRACTICE"**

Copies of the group session presentations are available if required.

5.6. SUMMARY OF GROUP SESSIONS

Following the group sessions, the draft protocol namely, **"PROTOCOL ON TASK SHIFTING IN MEDICAL PRACTICE"** was formulated, extracts of which are tabled below.

5.6.1. DEFINITIONS

In the Protocol, unless the context otherwise indicates:-

"Task Shifting" means a process whereby specific tasks are moved from a category of health workers when appropriate to a category less trained to maximize the efficient use of health workforce resources; and

"Scope of practise" means the extent to which providers may render healthcare services under supervision or independently.

5.6.2. PROCESS OF IMPLEMENTING TASK SHIFTING

It was agreed that Councils/Boards should ensure that–

i) Specific tasks are moved from a category of health workers when appropriate to a category less trained to maximize the efficient use of health workforce resources.

ii) The rationale/challenges to be addressed among others include:-

a. Shortage of trained health personnel
    i. The rate of manpower production does not support countries' need
    ii. High emigration rate
    iii. Distribution of manpower as demanded by geographic/ demographic needs and affordability

b. Increased burden of diseases
c. Pressure to render basic health services

iii) Tasks that need to be shifted are identified.
iv) The cadres to whom the tasks will be shifted are defined.
v) The stakeholders are identified, adequately consulted and roles defined.
vi) Training needs are defined and set documented.

a. Identify trainees
b. Identify Trainers
c. Set Curriculum
d. Identify Training Platform
e. Financial Resources
f. Accredit Training Programmes

i) Training is monitored and evaluated.

5.6.3. SCOPE OF PRACTICE & REGULATORY IMPLICATIONS

It was agreed that Councils/Boards should ensure that–

i) The scope of practice is crafted and exercised in relation to clearly defined health care delivery systems.
ii) The scope of practice should be finalised prior to the training of the health provider.
iii) An enabling legal instrument is developed to govern the organisation and functioning of the task shifting process.
iv) A decision is made as to who should regulate the health provider to whom the task has been shifted.
v) Liabilities and accountabilities for the shifted tasks are clearly defined.
vi) The registration, licensing and continuing professional development requirements are reviewed.
vii) Mechanisms are in place for the monitoring and evaluation of the practice.

5.6.4. LEGAL & ETHICAL ISSUES

It was agreed that Councils/Boards should ensure that–

i) The safety of patients is guaranteed by providing guidelines on standard on competences, Scope of Practice and the availability of referral systems.
ii) There is acceptance of the process by all stakeholders.
iii) The reward system is reviewed to take into consideration the task shifting
iv) Statutes exist to regulate task shifting in the following areas:
    a. Definition of competencies
    b. Definition of cadres to whom tasks are being shifted
    c. Definition of scope of practice and legal implications
    d. Supervision to ensure quality service delivery

5.6.5. LICENSING IN TASK SHIFTING

It was agreed that Councils/Boards should ensure that the cadres to which the tasks are shifted are appropriately licensed by ensuring the following–

i. Tasks identification
ii. Appropriate training
iii. Clear definition of Scope of Practice
iv. Mechanism for support supervision
v. Relevant CPD programs
vi. Proper mechanism of collaboration among regulatory authorities

5.6.6. QUALITY ASSURANCE

It was agreed that Councils/Boards should ensure that –

(i) Task shifting does not compromise quality of service delivery

(ii) Task shifting is not a substitute for recruitment of qualified personnel

(iii) There is no task shifting to Interns who are trainees under supervision

(iv) There should be clearly defined timelines for the implementation of task shifting

(v) Appropriate human resources policies are implemented to address the following areas for the cadres to whom tasks are shifted:

a. Roles and competencies
b. Training
c. Assessment
d. certification
e. Support supervision
f. Referral guidelines

5.6.7. STANDARDIZATION IN TASK SHIFTING

It was agreed that Councils/Boards should ensure that the following are observed in order to have standardized task shifting processes at national, regional and continental levels in the following areas namely –

(i) Roles and competencies

(ii) Training

(iii) Assessment

(iv) Certification

(v) Support supervision

(vi) Referral guidelines

6. SECTION C| ANNUAL GENERAL MEETING

Highlights from the 2014 Annual General Meeting

i. The AMCOA Constitution was revised and aligned to current best practices.

ii. The actual costs absorbed the AMCOA Secretariat (i.e. Health Professions Council of South Africa) in terms of staff hours amounted to R142 810.00 per annum. The AMCOA President

and members expressed their sincere thanks to the Health Professions Council of South Africa for their continued support. The President of HPCSA, Prof Mokgokong, reiterated his previous commitment that HPCSA would continue to support AMCOA until such time as the Association is able to branch out on its own.

iii. Member countries pledged the following for the completion of the Website namely-

- Kenya US $1000.00
- Rwanda US $4400.00 (Refund of Conference Fees 2013)
- Mauritius US $1000.00

iv. The hosts for the **Annual AMCOA Conferences** were confirmed as follows:-

- 19th Annual Conference 2015 Kenya
- 20th Annual Conference 2016 Botswana
- 21st Annual Conference 2017 Namibia

v. **AMCOA Annual Subscriptions** were increased to US$1500.00 per annum and **Conference Registration fees** were increased to US$300.00.

7. CONCLUSION

In closing, the President, Prof Magoha, thanked all the members and the secretariat for their continued support and appreciated the fact that AMCOA has now been placed on a sound and solid footing to achieve its objectives with the structures and plans that had been implemented during the 18th Annual Conference.

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