REPORT ON THE 21ST ANNUAL CONFERENCE FOR THE ASSOCIATION OF MEDICAL COUNCILS OF AFRICA

PREPARED BY:

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TABLE OF CONTENTS

1. PREAMBLE 2
2. APPROACH TO THE REPORT 2
3. INTRODUCTION 2
4. SECTION A | PRE-CONFERENCE WORKSHOPS 3
4.1. AMCOA SUB COMMITTEE MEETINGS 3
i Finance Committee (FC) 3
ii Education, Training, Research and Practice Committee (ETRC) 3
iii Membership, Communication, Promotion and Marketing Committee (MCPMC) 3
iv Audit and Risk Committee (ARC) 3
4.2. LITIGATION WORKSHOP 3
4.3. REGIONAL BLOCK WORKSHOPS 4
4.4. CROSSING INTERNATIONAL BORDERS 7
5. SECTION B| SCIENTIFIC CONFERENCE 10
5.1. WELCOME 10
5.2. OPENING ADDRESS 11
5.3. KEYNOTE ADDRESS AND SPECIAL PRESENTATIONS 11
5.4. COUNTRY EXPERIENCES 12
5.5. GROUP SESSIONS 13
6. SECTION C | ANNUAL GENERAL MEETING 14
6.1. NEW MEMBERSHIP CATEGORY 14
6.2. PROTOCOL ON GOVERNANCE 14
6.3. ANNUAL CONFERENCES 15
7. CONCLUSION 15

1. PREAMBLE

The members of AMCOA meet on an annual basis to discuss means of ensuring an integrated process of medical regulation, standardisation/harmonisation 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.

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 member countries. 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 21st Annual Conference of the Association of Medical Councils of Africa was proudly hosted by the Health Professions Council of South Africa at the Spier Wine Estate, Stellenbosch, Cape Town, South Africa from 21-25 August 2017.

The focus of this year's conference was on the advancement of Technology and Medical Regulation in the 21st Century.

In line with the AMCOA mission, the conference facilitated ongoing exchange of information among regulatory authorities within the Africa and International Region. This led to the development of protocols for addressing Regulation of the Use of Technology in Healthcare and the revision of the current AMCOA Protocols related to Litigation and Malpractice including Code of Conduct, Professional Misconduct and Inquiry processes.

The Health Regulatory Authorities of the following countries were represented –

1. Botswana
2. Ghana
3. Kenya
4. Lesotho
5. Malawi
6. Namibia
7. Nigeria
8. Rwanda
9. Seychelles
10. South Africa
11. Southern Sudan
12. Swaziland
13. Tanganyika (Tanzania)
14. Uganda
15. United States of America
16. Zambia
17. Zimbabwe

4. SECTION A | PRE-CONFERENCE WORKSHOPS

4.1. AMCOA SUB COMMITTEE MEETINGS

AMCOA Sub Committees embarked on a revision of their respective strategic, operational plans and terms of reference, which focused on the following aspects –

i. Committees' activities and plans in line with AMCOA's vision, mission and strategic goals;
ii. Committees' key performance areas /deliverables;
iii. Committees' capacity to delivery on a new strategy including human resources and financial resources;
iv. Finalisation of Committee Terms of Reference; and
v. Revision of any other supporting policies or guides deemed necessary for the functioning of the Committees.

The following committee's reports were completed and presented to the Annual General meeting for approval namely –

i. Finance Committee (FC)
    - AMCOA Finance Policy and 17/18 Budget was approved

ii. Education, Training, Research and Practice Committee (ETRC)

iii. Membership, Communication, Promotion and Marketing Committee (MCPMC)

iv. Audit and Risk Committee (ARC)

4.2. LITIGATION WORKSHOP

AMCOA in previous conferences adopted certain Protocols which addressed various areas of ethics, litigation and malpractice, namely –

i. 2013 Disciplinary Measures and Procedures;
ii. 2013 Ethical and Professional Issues in Medical and Dental Practice;

iii. 2013 Management of Medical Litigation; and
iv. 2016 Medical and Dental Malpractice.

As resolved by the AMCOA Management Committee, these protocols were reviewed by the Legal Task Team, which included legal counsels of Ghana, Kenya and South Africa.

The aim of the revision was to ensure that the AMCOA Protocols were aligned to current best practices within Africa and internationally. During the review, the following areas were highlighted –

i. Review of complaints
ii. Stages of Inquiry
iii. Competency requirements
iv. Stages of Appeal
v. Code of Conduct
vi. Performance Management
vii. Regulating in Limited Resources and Complex Emergencies
viii. Professional Indemnity
ix. Future Litigation Landscape

The revision resulted in the compilation of three revised protocols which would replace the four (4) above-mentioned protocols, namely –

i. Protocol on Disciplinary Procedures;
ii. Protocol on Management of Medical Litigation; and
iii. Protocol on Professional Conduct and Ethics.

Protocols attached under Annexure A

4.3. REGIONAL BLOCK WORKSHOPS

The purpose of the regional block workshops was to address the core agenda for regulators within the various economic regions. The attendees were groups according to regional representation. The objective was to explore mechanisms of regional collaboration in medical regulation in the following areas–

- Standardisation of Curricula
- Reciprocal Registration
- Accreditation and Inspection of Training Sites
- Strengthening Collaboration and Information Exchange

The outcomes were presented at a plenary session and the following was highlighted –

East African Community (EAC)

Attendees

- Kenya
- Rwanda
- South Sudan
- Tanzania
- Uganda

Outcomes

i. Core Curriculum of education and training in medicine and dentistry has been developed for member states of the EAC region;

ii. The minimum standards of the core curriculum were jointly developed by the medical and dental councils and the council for higher education for the region;

iii. EAC Secretariat facilitates the collaboration between relevant structures of member states for purposes of benchmarking;

iv. The benefit of a standardised curriculum will assist in ensuring recognition of education and training of graduates from the region for reciprocal registration;

v. The EAC region practices reciprocal registration based on mutual understanding and relations between member states. The recognition is voluntary;

vi. EAC adopted a harmonised training and assessment platform, through Joint Inspections by member states;

vii. Pre-license and pre-internship exams are administered graduates from non-recognized training institutions;

viii. It was proposed that a standardised examination be conducted by countries and later across the EAC;

ix. The need to develop a portal for information sharing to access and exchange information among member states was recognised.

Economic Community of West African States (ECOWAS)

Attendees

- Ghana
- Nigeria

Outcomes

i. In Country, the minimum standards for undergraduate training in medical and dental schools are the same;

ii. In West Africa, the curricula for medical and dental undergraduate training has been harmonised under the West Africa Health Organisation (WAHO);

iii. The implementation of the harmonised curricula is yet to be done as the harmonised curricula is yet to be ratified by the Ministers of Health;

iv. Internship in both countries is similar except for the duration and available disciplines;

v. Internship/Housemanship is yet to be harmonised;

vi. Postgraduate Training in Basic Sciences is done in the various universities and recognised by the Councils;

vii. The Postgraduate training in clinical sciences is done by the Postgraduate Colleges;

viii. The training curricula had been harmonised by the Postgraduate Colleges;

ix. There is an overarching West Africa Postgraduate Medical College;

x. West Africa has a number of Franco-Lusophone countries which have "*ill-defined*" regulatory bodies; and

xi. Sub-regional meetings of Regulators are to be encouraged;

xii. The Medical and Dental Council of Nigeria will host the 1st Sub-Regional Meeting by end of 2017.

Southern African Development Community (SADC)

Attendees

- Botswana
- Lesotho
- Malawi
- Namibia
- Seychelles
- South Africa
- Swaziland
- Zambia
- Zimbabwe

Outcomes

i. The need for the integration of Southern African Medical Councils into a regional regulatory association was critical;

ii. The proposal for the formation of a SADC medical regulatory body was resolved upon at the SADC Health Ministers annual conference;

iii. In line with the resolution, the representatives in the SADC workshop adopted the following agenda, namely –

a. Review the status of SADC Medical Regulatory Forum
b. Amend and Adopt the Terms of Reference as approved by SADC Health Ministers
c. Appointed Chairperson and Secretariat
d. Map way forward for the establishment of Technical Teams to address the strategic objectives which would cover the following areas –

- Standardisation of Curricula
- Reciprocal Registration
- Accreditation and Inspection of Training Sites
- Strengthening Collaboration and Information Exchange

iv. The proposed terms of reference for the establishment of the SADC Medical and Dental Regulatory Association (SADC MDRA) were finalised and adopted;

v. In line with the adopted Terms of Reference, the following appointments were made –

a. Chairperson of the SADC MDRA - Prof John Chisi
Chairperson of Malawi Medical Council

b. Permanent Secretariat SADC MDRA - Malawi Medical Council

vi. The next SADC MDR workshop will be convened by the Zimbabwe Medical and Dental Council in September 2017. The aim of the workshop will be to develop the SADC MDRA strategy and annual work plan which will be presented at the SADC Ministers Forum in November 2017.

4.4. CROSSING INTERNATIONAL BORDERS

Presentations were made by various international stakeholders; namely –

INTERNATIONAL ASSOCIATION OF MEDICAL REGULATORY AUTHORITIES

IAMRA gave a presentation on its structures, the following was highlighted –

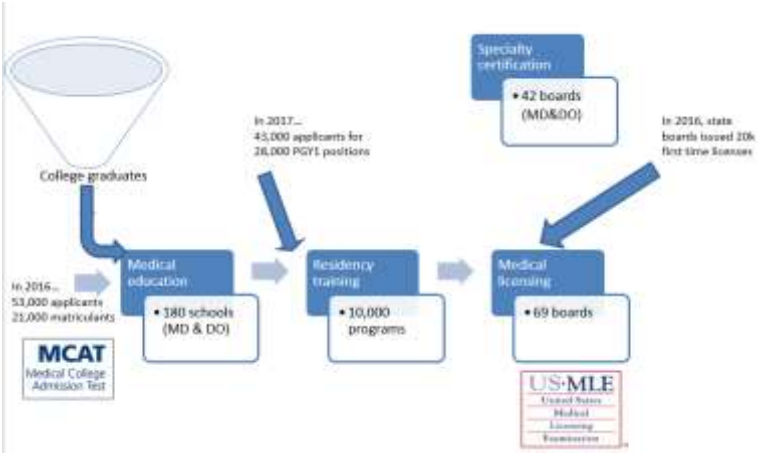
- Small secretariat based in the U.S., hosted by the Federation of State Medical Boards (FSMB)
- Run by a Management Committee with representatives from every region
- 118 members from 48 countries
- Major conference every two years – Dubai, UAE, in October, 2018
- Symposium on Continued Competence every two years – London, UK, in October, 2017
- Purpose is to encourage best practice among medical regulatory authorities worldwide in protecting, promoting and maintaining the health and safety of the public by ensuring proper standards for the profession of medicine
- Vision is that everyone around the world should be treated and cared for by safe and competent doctors
- Do NOT promote one model of regulation but instead encourage the exchanging of views and examples of best practice.

FEDERATION OF STATE MEDICAL BOARDS

FSMB gave a presentation on its structures and their Assessments within the Framework of Medical Regulation in the United States, the following was highlighted –

- The FSMB is an innovative leader, helping state medical boards shape the future of medical regulation by protecting the public and promoting quality health care
- Education is key to preparing physicians for practice
    - Focus/quality guided by accreditation standards
- One model
    - completing educational process entitles individual to practice
- Model in USA
    - an audit (assessment) of physician readiness, independent of educational process is required
- Focus today on the US regulatory system
    - The schools, the audit process, the interplay and interdependence of stakeholders, successes and challenges

- the US system of medical regulation involves multiple spheres of activity operating in a complementary fashion, and relies upon assessment to inform other spheres of activity.



AMERICAN OSTEOPATHIC ASSOCIATION

AOA gave a presentation on its structures and the Osteopathic Medicine, the following was highlighted –

- Osteopathic Medicine is a Distinct branch of medical practice and practitioners are referred to as DO's
- Whole-person philosophy where all systems of the human body are interrelated and work together to heal the body in times of illness
- Was pioneered by Andrew Taylor Still, MD, DO at the end of the nineteenth century
- Dr Still developed a holistic approach to medicine. His philosophy stressed the importance of preventive medicine and used a set of manual techniques, now known as **osteopathic manipulative treatment**, to help diagnose, treat and prevent illness and injury.
- DOs are one of two types of fully licensed physicians in the U.S. (DOs & MDs) and practice their patient-centered philosophy of medicine in every medical specialty
- It is projected that before 2025 DOs will comprise over **20%** of the US physician population.
- Today, 1 of every 4 **(25%)** of US medical students are enrolled in Colleges of Osteopathic Medicine (COM).
- DOs **focus on prevention**, considering how a patient's lifestyle and environment can impact their wellbeing.

EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES

ECFMG gave a presentation on its structures and its functioning, the following was highlighted –

- Mission includes promoting quality health care and medical education worldwide
- As part of this mission, ECFMG partners with the world's medical regulatory authorities to protect the public through services such as primary-source verification of physician credentials
- Areas of Expertise –
    - Physician credentials
    - Primary-source verifying medical credentials
    - U.S. immigration issues impacting physicians
- Programs for –
    - Physicians entering U.S. graduate medical education
    - Medical regulatory authorities requiring primary-source verification

AMREF

AMREF Health Africa presentation addressed the reversal of health worker migration, the following was highlighted –

- Physician workforce migration been a global concern for over 3 decades.
- Rising consumer demand, ageing population and globalisation have promoted migration
- OECD countries view immigration of foreign physician as way to sustain their physician workforce. (Forcier et al, 2004)
- Between 1985 – 2000, foreign physicians accounted for 20% of OECD physician workforce. (OECD Human Resources for Healthcare Project)
- Major source of foreign physician supply is Africa, with S.A contributing 7% in early 2000s.
- The reasons for concern:
    - A negative imbalance in the health workforce which has for a long time been recognised by WHO
    - Depletes the much-needed workforce from the source country
    - Weakens an already weak Health Systems
- Regulatory Bodies must regulate more than the Individual Professional
- The Health system and the determinants of the Health System should be the focus

Presentations attached under Annexure B

5. SECTION B| SCIENTIFIC CONFERENCE

The conference commenced with a warm welcome by the President of Health Professions Council of South Africa, Dr Kgosi Letlape. This was followed by further words of welcome by the AMCOA President, Prof George Magoha.

The official conference opening was undertaken by Health Ministry Director-General, Ms Malebona Precious Matsoso on behalf of the Honourable Minister of Health, Dr Aaron Motsoaledi.

Keynote addresses were delivered by Professor Thanyani Mariba of South Africa and Dr Humayun Chaudhry, the Chairperson of the International Association of Medical Regulatory Authorities (IAMRA).

The conference then moved into interactive sessions, which focused on sharing of country experiences and group session in the following areas –

i. Medical technology from the stethoscope to the robot doctor
ii. Regulation across Jurisdictions
iii. Regulation of Electronic or Digitised Medicine
iv. Telemedicine
v. Use of Social Media in Healthcare
vi. Modernisation of regulation in relation to team based delivery care
vii. Technology in chronic care
viii. Litigation – who is liable the doctor or the machine

5.1. WELCOME

Dr Kgosi Letlape welcomed the delegates to South Africa and to the 21st Annual AMCOA conference which he saw as an opportune time to renew contacts and discuss problems of mutual interest with delegates from member countries of the continent.

He further stated that it was indeed satisfying to note that the agenda of the conference covered a wide range of very interesting items to ensure an integrated process of medical regulation as the major challenges facing today's healthcare system for which health professionals should be prepared and it was in that conference that such challenges will be taken head on.

In closing, Dr Letlape applauded the great support rendered by the Health Professions Council of South Africa and the Organising Committee for the hard work and commitment put into hosting the 2017 conference.

Prof George Magoha, President of AMCOA, in welcoming delegates to the 21st 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 to the West and East and the quality of medical education.

He further advised that no single state can address these challenges on its own thus the need to ensure a common and coordinated medium through which medical regulatory authorities can share information and exchange best practices on these and other related matters as well as devise mechanisms to uniformly address these pertinent issues of common concern, even to the point of influencing policy decisions taken at the political level for the benefit of everybody in the African continent.

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

In closing, Prof Magoha thanked the South African people, Ministry of Health, Health Professions Council of South Africa, the AMCOA Secretariat [HPCSA] for the support given towards hosting this important conference and wished the delegates profitable and meaningful deliberations.

5.2. OPENING ADDRESS

The Health Ministry Director General, Ms P Matsoso, in her official opening address pointed out that the conference theme "advancement of technology and its future in the medical field" was important and appropriate for a continent facing the ever-changing technological environment.

She indicated that it was during moments like this that regulators needed to remind one another that Africa has a plan and the AMCOA conference was one of those platforms where the exchange of ideas and discussion of common problems affecting the delivery of healthcare and the regulation of medical practice should be at the forefront of the agenda.

The Director General stressed that it is no secret that as a society, technology has become part of our everyday lives. Though technology has been permeating almost every aspect of our lives, until recent years the medical field has been largely unaffected by the rapid pace of technological innovation that is characteristic of the digital age.

In closing, she challenged the delegates to the 21st AMCOA conference to devise ways in which the management of technology within medical practice could be regulated and that as regulators they should focus their attention on ensuring that the relevant guidelines are in place.

5.3. KEYNOTE ADDRESS AND SPECIAL PRESENTATIONS

Keynote addresses were delivered by and Professor T Mariba of South Africa and Dr Humayun Chaudhry, Chair of the International Association of Medical Regulatory Authorities (IAMRA).

In their addresses Prof Mariba and Dr Chaudhry spoke about the perspectives on "Technology and Medical Regulation in the 21st Century". Prof Mariba focused on the African perspective, while Dr Chaudhry focused on the international perspective.

The keynote on the **African Perspective** brought to light the advancements of technology in medicine with specific reference to Africa.

The following was highlighted –

i. Africa has been a global player in the discipline of medicine, and it has taken a pledge that it will continue to do so.

ii. Benchmarking with the best is the right step towards the provision of quality healthcare for our citizens.

iii. The fruition of this needs a collective effort, hence, we are calling for all the stakeholders to join hands to defend this universal human right.

In the keynote on the **International Perspective**, the following was highlighted –

i. Increasingly, technology is being used to consult with, or manage, patients across jurisdictional borders (Transnational Telemedicine).

Which regulator has ultimate authority? The regulator where the doctor is located?
OR
The regulator where the patient is located?

ii. This is a difficult area of contemporary regulation. The key was –
   a. Having clearly articulated policies
   b. Communicating these policies to registrants
   c. Informing patients of the risks of seeking or accepting cross-jurisdictional medical care (caveat emptor)

Presentations attached under Annexure C

5.4. COUNTRY EXPERIENCES

The conference moved into the sharing of experiences by member countries in the following areas –

i. **South Africa**
Medical technology from the stethoscope to the robot doctor

ii. **Uganda**
Regulation across Jurisdictions

iii. **Rwanda**
Regulation of Electronic or Digitised Medicine

iv. **Lesotho**
Telemedicine

v. **Ghana**
Use of Social Media in Healthcare

vi. **Malawi**
Modernisation of regulation in relation to team based delivery care

vii. **Seychelles**
Technology in chronic care

viii. **Kenya**
Litigation – who is liable the doctor or the machine

Presentations attached under Annexure D

5.5. GROUP SESSIONS

After the plenary session, delegates moved into group discussions which gave the attendees a chance to meet one another in a context that stimulates interdisciplinary interactions. This platform enabled the further interactive sharing of member experiences under the four group content areas, namely –

Group 1 Medical technology from the stethoscope to the robot doctor
Litigation – who is liable the doctor or the machine

Group 2 Modernisation of regulation in relation to team based delivery care
Regulation across Jurisdictions

Group 3 Regulation of Electronic or Digitised Medicine
Technology in chronic care

Group 4 Telemedicine
Use of Social Media in Healthcare

Following the group sessions, the draft protocol namely, "**PROTOCOL FOR THE REGULATION OF THE USE OF TECHNOLOGY IN HEALTHCARE**" was formulated, extracts of which are –

i. Development of Guidelines or Regulations in respective Countries to regulate the use of Technology, including software, apps, and other such technologies, in healthcare that shall include among others –
    a. informed consent;
    b. conflict of interest;
    c. mobile health (m-health);
    d. electronic health (e-health);
    e. tele-medicine;
    f. medical privacy;
    g. patient confidentiality;
    h. continuous maintenance; and
    i. disposal.

ii. Development of an appropriate strategy for information, communication and dissemination on technologies used in the treatment of patients

iii. Development and continuous revision of guidelines on the use of social media in healthcare

iv. Collaboration with the relevant authorities in the development of Rules, Regulations and Guidelines containing specification or precise criteria to ensure any technology used in their respective Countries is fit for their purpose

v. Ensure that users of any technology are appropriately trained before deployment of the technology in healthcare

vi. Enforcement of continuous education and training programs on the use of technology in healthcare

vii. Encouragement for inclusion of the use of technology in education and training programs

viii. Proactive advocacy for legislative reforms on the use of technologies in healthcare.

The protocol was tabled to the Annual General Meeting, whereupon it was approved.

Protocols attached under Annexure A

6. SECTION C | ANNUAL GENERAL MEETING

Highlights from the Annual General Meeting are –

6.1. NEW MEMBERSHIP CATEGORY

The AMCOA AGM resolved that a new membership category of Associate Member be approved.

The Associate Member would be an organisation, which has a nexus to AMCOA –

i. as indicated by its direct contribution to the quality and integrity of the practice of medicine and therefore medical regulation, through activities such as medical education and assessment (undergraduate and postgraduate), credentialing of licensed/registered practitioners;

ii. by virtue of directly regulating healthcare professionals' other than the medical profession;

iii. and can reasonably be expected to add a unique perspective or bring expertise to the deliberations of the AGM, and is not otherwise eligible to join AMCOA as a Member, may become an Associate Member upon approval of its application by the AGM MANCO and payment of membership dues.

The annual subscription fee to be levied on an Associate Member would be US$1000.00 per annum.

6.2. PROTOCOL ON GOVERNANCE

The AMCOA AGM noted that good governance at all levels was a precondition for the implementation of AMCOA objectives and thus issues related to good governance were placed in a Protocol on Governance which emanated from the Capacity Building Workshop held in Kigali in May 2017.

The AMCOA AGM resolved to adopt a protocol on Governance.

Protocols attached under Annexure A

6.3. ANNUAL CONFERENCES

The future Annual AMCOA Conferences were proposed as follows –

i.	22nd Annual Conference	2018	Ghana
ii.	23rd Annual Conference	2019	Botswana/Nigeria
iii.	24th Annual Conference	2020	Nigeria/ Zambia

7. CONCLUSION

In closing, the President of AMCOA and the President of the HPCSA acknowledged the contributions of all member states and delegates who presented papers and engaged in different breakaway sessions. AMCOA Management and AMCOA Secretariat was also commended for their stewardship and minute-to-minute guidance, support and encouragement at every point of time throughout the conference.

They further took the opportunity to thank the sponsors, exhibitors and hotel staff for adding to the conference experience.

Special thanks were extended to the HPCSA and its Organising Team for organising the conference and ensuring it ran so smoothly.

∞ END OF REPORT∞