

ASSOCIATION OF MEDICAL COUNCILS OF AFRICA



AMCOA PROTOCOL ON DISCIPLINARY PROCEDURES



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WHEREAS disciplinary procedures in the member countries of the Association of Medical Councils of Africa take various forms both in structure and content;

RECOGNISING that a well-structured disciplinary process is a strategic pillar for ethical and safe practice of medicine; and

FURTHER RECOGNISING the need to harmonize the disciplinary procedures in the AMCOA region for the enhancement of quality of healthcare;

NOW THEREFORE THE PARTIES TO THIS PROTOCOL DO HEREBY ADOPT THE PRINCIPLES ENshrined HEREIN AS A FRAMEWORK FOR MANAGEMENT OF DISCIPLINE IN THE REGION:-

Short title

This protocol may be cited as the AMCOA Protocol on Disciplinary Procedures.

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. RECEIPT AND PROCESSING OF COMPLAINTS

1. Complaints

1.1.1 Councils may receive written or verbal complaints from;

(a) patient;

(b) next of kin; and,

(c) Third party complainant, which shall include a written consent by the patient where applicable.

1.1.2 The complaints shall be submitted in a standardised form or format.

1.2 Information

Councils may receive information from:

(a) media or any other source where the Law permits;

(b) anonymous complaints which may be dealt within the constraints of the Law, or



(c) whistle blowers and the Councils shall be at liberty to seek protection of the complainant as may be prescribed by the relevant laws.

1.3 Review of complaints

1.3.1 A complaint shall be sorted, investigated and reviewed administratively to ensure that the matter is appropriately categorised and dealt with. Councils shall ensure that their respective administrative team have the required skill and capacity to deal with the initial sorting and categorisation of complaints.

1.3.1.1 The secretariat may mediate on complaints that are not of a serious nature and conclude them as prescribed by the respective Regulations or Law.

1.3.1.2 Complaints that cannot be concluded through mediation may be referred to the standing committee of the Councils for further action.

1.3.2 The documents that are served at the standing conduct committee of the Councils should include the outcome of the investigation and the response from the practitioner, among other appropriate document.

1.3.3 Complaints not resolved by the standing Committee shall be referred to an Independent Committee constituted by the Council or such other organs as may be prescribed by the respective Regulations or Law.

1.4 Stages of inquiry

The levels of inquiry shall be as follows;

(a) Secretariat level as set out clause in 1.3.1 above.

(b) Standing Committees of the Council.

(c) Independent Conduct Committee or such other Committees as prescribed by the respective Regulations or Laws.

1.5 Competency requirements

1.5.1 Councils are encouraged to ensure that at all stages of inquiry they take steps to incorporate health care and law practitioners;



1.5.2 However, the second and third stages under clause 1.8 shall require the inclusion of a member to the public, for public participation, who shall not be registered by the respective Councils.

1.6 Stages of appeal

Subject to statutory or legal provisions applicable to respective Councils, appeals shall be undertaken as follows;

1.6.1 An appeal arising from the secretariat stage, shall be referred to the standing Committee of the Councils.

1.6.2 An appeal arising from the standing Committee of the Councils, shall be determined in line with the applicable provision of respective Regulations or Laws.

1.7 Suspension under special circumstances

Where a practitioner or an institution, where applicable, poses an imminent danger to the public or himself, a precautionary or preventive suspension may be ordered by the Councils but it shall be subject to an inquiry.

1.8 Decisions

Decisions of an inquiry shall spell out details of the complaint, the findings and a reasoned decision that may impose any of the following orders or sanctions;

- (a) an acquittal;
- (b) a caution, warning or reprimand;
- (c) a fine;
- (d) supervised practice;
- (e) Council examination or re-training;
- (f) restricted practice;
- (g) suspensions;
- (h) erasure or removal from the register;
- (i) restitution of charges or as provided by the applicable Regulations or Laws, or
- (j) such other orders or sanctions as may be prescribed by the applicable Regulations of laws.



1.9 Guidelines for sanctions or Sentencing

Councils are encouraged to develop Guidelines for sanctions or sentencing to ensure consistency in their decisions.

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**

The signature column contains 19 handwritten signatures, each corresponding to a council listed in the Member Council column. The signatures are written in black ink and are mostly cursive or stylized. Some signatures are written over horizontal lines. The signatures are: 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.