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Team Based Care and Regulation for the Attainment of Universal Health Care

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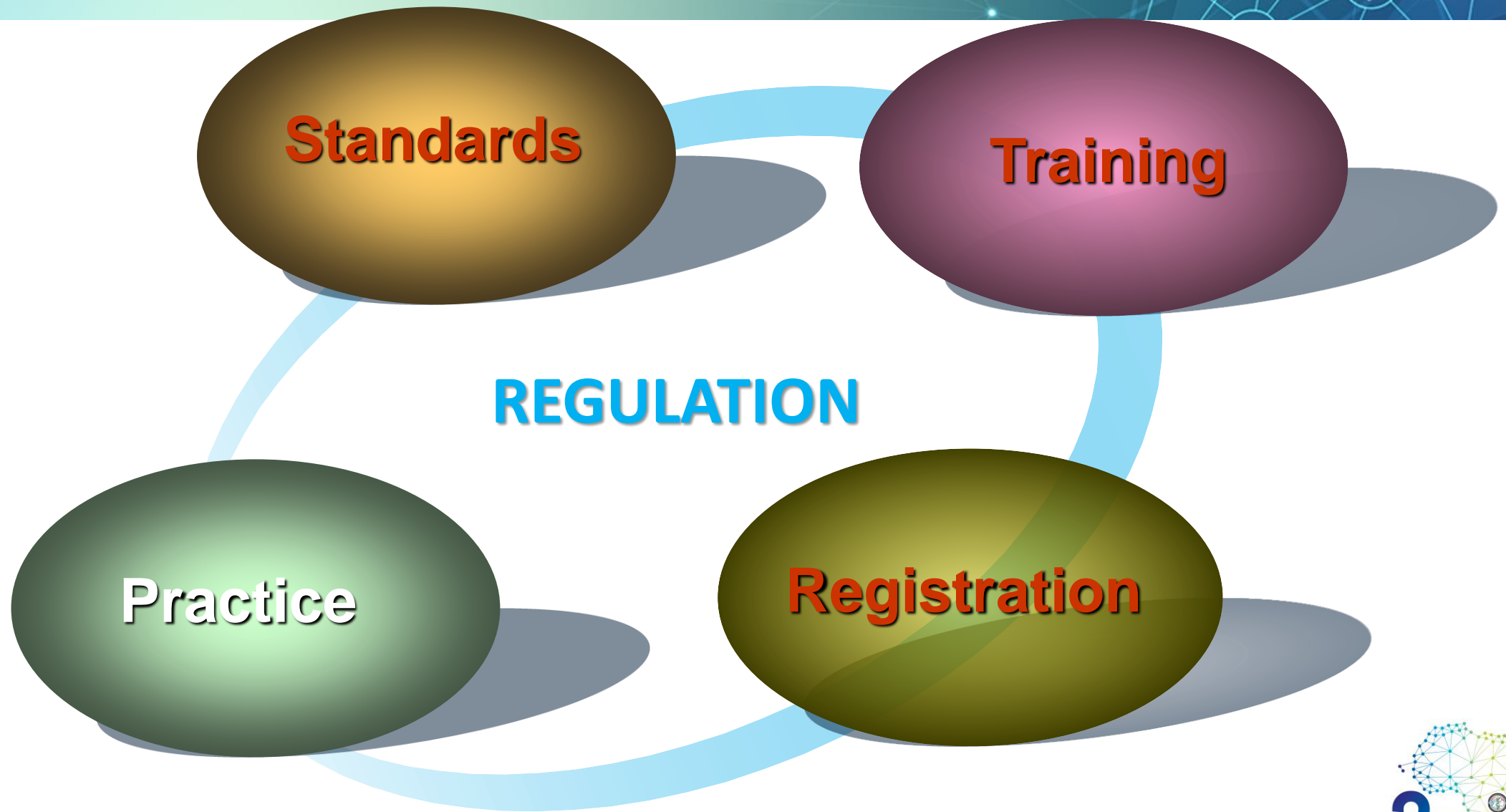
ROLE OF A RESPONSIVE PROFESSIONAL REGULATOR; MALPRACTICE AND LITIGATION PREVENTION STRATEGIES

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Professional regulators are interested in three things:

- ☐ Technical Competence
- ☐ Professional Conduct
- ☐ Breach of Professional Ethics

Any breach of any one of these may lead to a complaint of malpractice or found a cause of action in a court of competent jurisdiction.



- ☐ As regulators, we do recognise that even in the best regulatory environment complaints about unsatisfactory practice or conduct may still, and do, occur.
- ☐ The responsive regulator must then recognise that mistakes, errors, negligence or clinical misadventure are an inherent part of the human condition [we regulate *human beings who happen to be healers not saints*].
- ☐ Most complaints get to regulators esp. MDC on account of some of the following.....:
 - ☐ Poor, improper or inappropriate communication
 - ☐ Lack of openness /transparency
 - ☐ Rudeness/ arrogance
 - ☐ Lack of respect & dignity
 - ☐ Failure to listen and explain
 - ☐ Unprofessional/ unethical conduct
 - ☐ Substandard care/ negligence



REASONS:

A. Regulators

Many professional regulators are **not proactive**. Most will wait and punish after the effect. Many are **not strong** on issuing Practice Guidance.

B. Institutional/organisational

- ☐ **Tolerance of** poor standards and a disengagement from managerial and leadership responsibilities
- ☐ Lack of an **effective system for redress outside** the regulatory bodies and court system.



REASONS:

C. Individual Professional Level

- ☐ **Inadequate awareness** of the ethical and legal implications of acts or omissions
- ☐ **Poor** professional attitude
- ☐ **Poor** communication
- ☐ **Lack** of respect for human dignity
- ☐ **Lack** of openness
- ☐ **Monetary** consideration **overshadowing** professionalism



Strategies to deal with malpractice must focus on assuring the technical competence, professional conduct and ethics of practitioners.

A. Regulator Level

- ☐ A **Quality Assurance and Research Development Department** to provide evidence-based regulatory policy decision making.
 - ☐ Evolution of practice. An **ongoing review** of the adequacy of training to meet current exigencies
 - ☐ **Track rapid developments** in science, innovation and technology and their impact on practice standards, and
 - ☐ **Track the types and nature** of complaints that are received (*mount appropriate evidence-informed CPD programmes or proactively issue specific practice guidance that address the matters*).



- ❑ These may lead you to **review the training focus**.
- ❑ For example, COVID-19 forced us to rethink the proper role of doctors and dentists:
 - ❑ as **not just technocrats** but also as **leaders, managers, educators, and effective risk communicators**.
 - ❑ **capacity** in disaster planning, management, and preparedness and, in particular, the ability to **mobilise resources and coordinate** other stakeholders [*both public and private*].



Strategies to deal with malpractice must focus on assuring the technical competence, professional conduct and ethics of practitioners.

☐ **Complaints Management :**

- ☐ Composition of the disciplinary committees must have a broader stakeholder representation especially lay persons,
- ☐ Complaints must be fairly and expeditiously managed, and
- ☐ Decisions should be publicised.
- ☐ Issue ethical guidance in ethically sensitive matters



Strategies to deal with malpractice must focus on assuring the technical competence, professional conduct and ethics of practitioners.

☐ **Quality Assessment of Pre-registration Training:**

- ☐ Track performance of house officers/ interns
- ☐ Feedback to improve quality and safety of training

It is important to inculcate a culture of performance early-on in the profession



Strategies to deal with malpractice must focus on assuring the technical competence, professional conduct and ethics of practitioners.

☐ **Public/Stakeholder Engagement:**

- ☐ To explain functions of the Council and in particular, the complaints management processes, the sanctions regime, and any legal limitations.
- ☐ Ghana's Patient Charter highlighting both patient rights and patient's responsibility issues.



Malpractice and Litigation Prevention strategies

B. Employer Level

- ☐ Leadership should be **more engaged and responsible**; with a set of strategies to address the **culture of tolerance for poor standards**; quality care should be non-negotiable
- ☐ **Develop and disseminate** protocols on the redress mechanism and enforce them locally.
- ☐ **Keep routine records** on the effect and cost of malpractice litigations on organisation's reputation and finances (*amount spent on compensations arising from malpractice litigations*).



Malpractice and Litigation Prevention strategies

B. Employer Level

- ☐ Have a proper (*possibly a no-fault*) redress mechanism for the health system.
 - ☐ Less **adversarial**; focus is on what went wrong and not who did or didn't do what; and **learning lessons and acting** on the findings to ensure non-recurrence.
- ☐ NB:
 - ☐ Patient complaints offices without a well set out redress mechanism backed by policy may be **ineffectual or at best tokenistic**.



Malpractice and Litigation Prevention strategies

C. Individual Professional Level

- ☐ Professional familiarise themselves with professional Ethics and conduct requirements:
 - ☐ More **awareness** of ethico-legal ramifications of acts or omissions
 - ☐ Duty of **candour**
 - ☐ **Openness and honesty**
 - ☐ **Good or effective communication-** be considerate with relatives, carers and others close to patients and be **sensitive and supportive** in providing information **including after the patient has died.**



Malpractice and Litigation Prevention strategies

C. Individual Professional Level

- ☐ Professional familiarise themselves with professional Ethics and conduct requirements:
 - ☐ Treat patients with **respect and dignity**
 - ☐ **Prompt personal apologies** with full explanation of the likely short-and long-term effects
 - ☐ Be **professional in your attitude and conduct- always**
 - ☐ **Seek advice** when uncertain about what to do following an unexpected outcome or a bad outcome.



.....so, what does society desire.....???

THAT

- ☐ Healthcare practice be **properly** regulated
- ☐ Where possible, the rights and obligations of patients, health professionals and managers be **clearly** defined
- ☐ An **adequate, fair and rational** system of compensation for patients suffering injury be established.
- ☐ **There be an effective means** of investigating medical accidents/ misadventures and errors, and
- ☐ The law (hard and soft) should **offer comprehensive guidance** on those areas of medical practice of moral and ethical sensitivity.



Responsive regulators outlook

From the perspective of a responsive regulator

- ☐ We are all **potential patients**
- ☐ The regulator has **the mandate**
- ☐ All stakeholders have a **role** to play



.....summing up.....???

Good Professional Regulation:

- ❑ Is regulation that provides **clear and satisfactory** guidance to professionals and **effectively protects** the public from bad medicine and dentistry.

The primary object of all regulatory approaches, techniques, strategies, etc. is to **influence the behaviour** of healthcare providers to care for patients in as **safe and effective** a way as possible in compliance with established professional standards.



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