

#AMCOA2023



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

Proudly Hosted By: Rwanda Medical and Dental Council



Regulatory Models in the Different Regions

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Background

- What is health profession regulation
- What is the mandate of health profession regulation

What models exist
in the region

Current model in
Zimbabwe

Innovation and
creativity

Challenges

Future
recommendations



Background

- Health workforce regulation refers to laws and or bylaws which define the conditions for health professionals' minimum education requirements, entry to practice, scope of work, continued professional education and continued fitness to practice.
- Health regulatory bodies are mandated to regulate through;
 - the development of standards for education and practice,
 - accreditation,
 - registration and licensing and
 - ensure that every licensed health professional is qualified



Background

- The focus of health regulation is;
 - to ensure patient safety and improve quality of care.
 - It allows for sufficient production of competent health workers with relevant skills to deliver safe, high- quality care (World Health Organization, 2013).
- Health professional regulation remains a key lever to ensure the health workforce is adequately authorized and equipped to meet the population's health services demands (Clarke, 2016; World Health Organization, 2016b).
- No one model of regulation fits all and increasing consideration should be given to balancing the public health risks with regulatory requirements that produce a fit for purpose health workforce. (Clarke et al., 2016; Professional Standards Authority, 2015).



Professional health regulation situation in the WHO Afro Region (2016)

Of 46 AFRO region countries,

- 41% had Regulatory bodies,
- 52% had no regulatory bodies and
- 7% establishment was work in progress.
- Most Anglophone countries had some form of structure with varying degrees of functionality

Not all countries in the WHO Afro region have health regulatory bodies.

- Lack of professional regulation leads **to variations** in:
- education profiles of professionals e.g. course content, admission requirements, number of training hours, competencies, job titles etc.





REGULATORY MODELS

STATUTORY

VS.

NON-
STATUTORY



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STATUTORY

(Including state funding)

- Are established by Government statutes
- Offer accreditation
- Licensing and registration
- Offer continuing education and training
- Regulate health professionals
- Fitness to practice
- Complaints investigation



Non-statutory

Professional Associations

Autonomous self-regulating Bodies

Voluntary quality certification

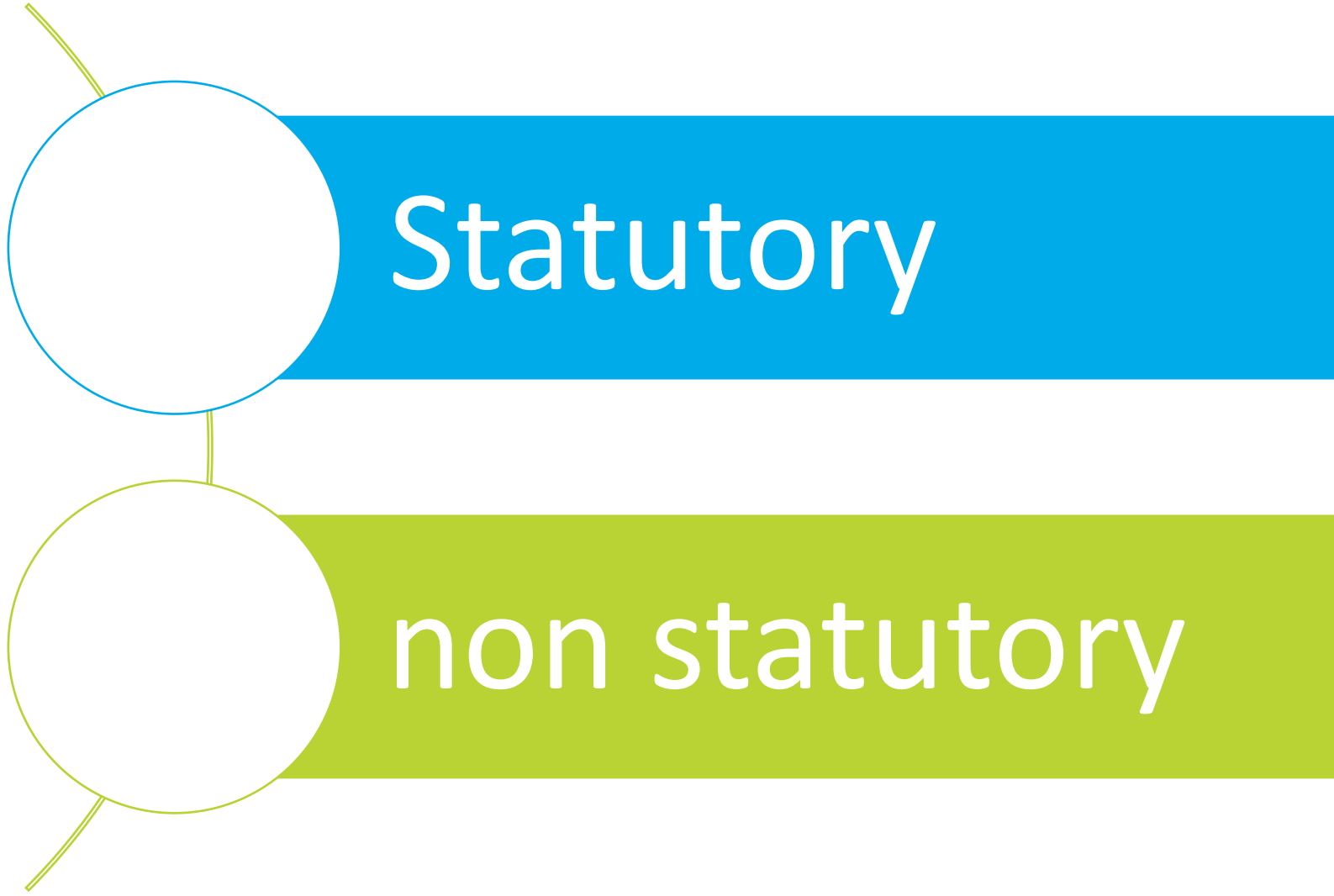
Co-regulation with the public

Setting and enforcing standards of practice





Hybrid



KEY REGULATORY ELEMENTS

- Description of the practitioner
- Scope of practice
- Standards for basic education
- Core competencies
- Standards of practice
- Codes of conduct
- Career progression in the profession



A Model of Health Regulation

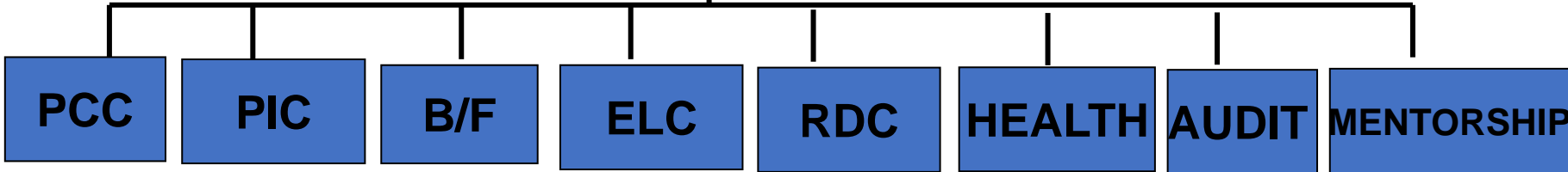


Health Professions Authority

STATE
Represented
by the
Ministry of
Health

Councils

Executive Committee



Registrar

SECRETARIAT

Key

PCC	:	Practice Control Committee
PIC	:	Preliminary Investigations Committee
HR, B/F	:	Human resource, Business and Finance Committee
ELC	:	Education and Liaison Committee
RDC	:	Research and Development Committee
Health	:	Health Committee
Audit	:	Audit Committee
Mentorship	:	Mentorship Committee

LEGISLATION (Acts): Health Profession regulation



Constitution of Zimbabwe



Health Professions Act (Chapter 27:19)



Medicines And Allied Substances Control Act (Chapter 15:03)



Coroner's office Act (Chapter 7:21)



Dangerous Drugs Act (Chapter 15:02)



Disabled Persons Act (Chapter



Medical Services Act (Chapter 15:13)



Mental Health Act (Chapter 15:120)



Public Health Act (Chapter 15:17)



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LEGISLATION (Acts): Governance issues

Administrative
Justice Act
(Chapter 10:280)

Public Entities
Corporate
Governance Act
(Chapter 10:31)

Public Procurement
and Disposal of
Public Assets Act
(Chapter 22:23)

Public Finance
Management Act
(22:19)

Anatomical
Donations and Post-
Mortem
Examinations Act
(Chapter 15:01)



Statutory Instruments (S.I)



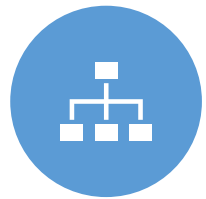
S.I 41 of 2004



S.I 190 of 2001



S.I 5 of 2018



S.I 193 Of 2022



S.I 135 of 2019



S.I 168 of 2018



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INSTITUTIONAL POLICIES



Council & Registrar's
office



Administration
and finance



ICT



Human
Resources



Procurement



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INSTITUTIONAL POLICIES / Standards – Council operations(36)

Education

Registration & Practice Control

Investigations & Disciplinary

Health

Operations



CHALLENGES & Factors that influence the model type

Ministry of Health

- Geographic maldistribution of providers
- Structure of the health care
- Appropriate training/Foreign trained
- Virtual health Care (including remote)
- Legal framework and the degree of government oversight
- Community needs
- Conflict of interest
- Regulation in the era of the 4th Industrial revolution - AI

Economic

- Volatile economic environment
- Demoralised workforce – conditions of service
- Fitness to practice/ stress/burnout /mental health / substance use disorders / cognitive decline
- Rapidly changing terrain



Other challenges & Factors that influence the model type

- Public health emergencies, pandemics,
- Climate change
- Civil rights, Justice
- Privatization of services
- Lay representation, changing public expectations
- Interprofessional conflicts.
- Growing # of Bogus doctors
- Expansion of the health profession
- Task shifting and task sharing
- Relationship with government
- Wars
- Regulation of cross border consultations





There is inadequate funding for research to promote innovation, creativity as well as identify and implement best practice

Platforms for community of practice and knowledge sharing are currently limited.

RECOMMENDATIONS

Identify **resources for fostering research** in professional regulation for innovation, collaboration, best practice, benchmarking and identification of evidence based regulatory models.

Explore **opportunities for innovative models** for addressing challenges brought about by the rapidly changing terrain, the 4th industrial revolution e.g. AI and cross border virtual care

Identify appropriate medical regulation frameworks to **enhance contributions to accelerate the global health agenda** SDG 3, UHC, Health workforce development in general.

Conduct **periodic reviews of regulatory frameworks** to ensure “fitness for purpose” models of professional regulation to address the rapidly changing terrain e.g. climate change and other public health emergencies



Thank you

References

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3. Kenya medical practitioners and dentists boards strategic plan 2018-2023
4. Tuohy C. *Models of professional regulation: Institutionalizing an agency relationship (2013)*
5. Gershuni O et al. *A systematic review of professional regulation and credentialing of public health workforce (2023)*
6. Sweatman L. *Models of professional regulation: Choices for Atlantic Canada (2023)*
7. Adams T. *Health profession regulation in historical context: Canada, USA and UK (2020)*
8. Raul A. et al. *Medical professionalism, models of regulation and professional autonomy (2015)*

