ASSOCIATION OF MEDICAL COUNCILS OF AFRICA

25TH ANNUAL CONFERENCE

EDUCATION AND TRAINING

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FORMAT OF PRESENTATION

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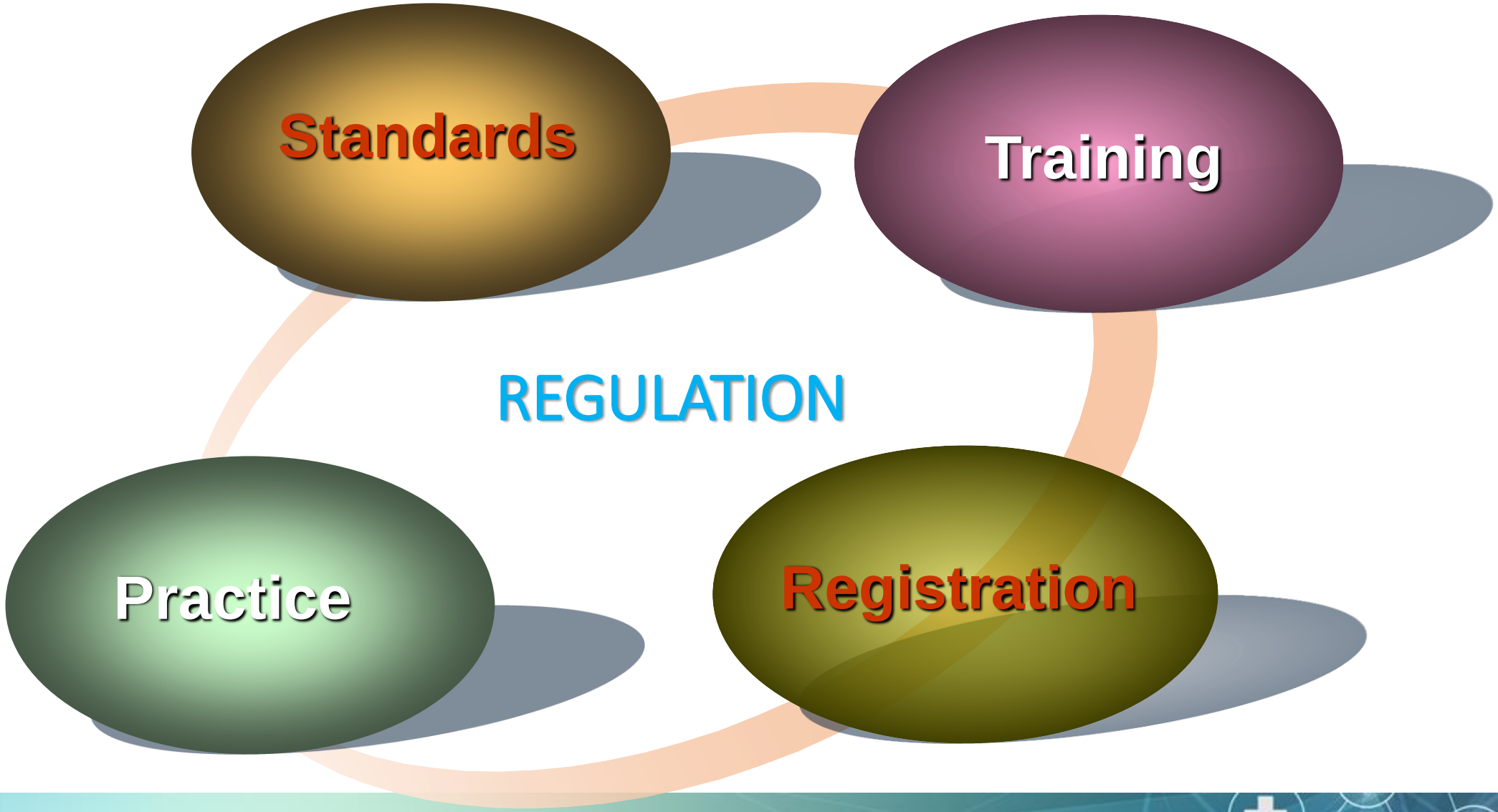
EDUCATION AND TRAINING

Education and Training are core objects of Medical and Dental Professional Regulators' statutory mandate.

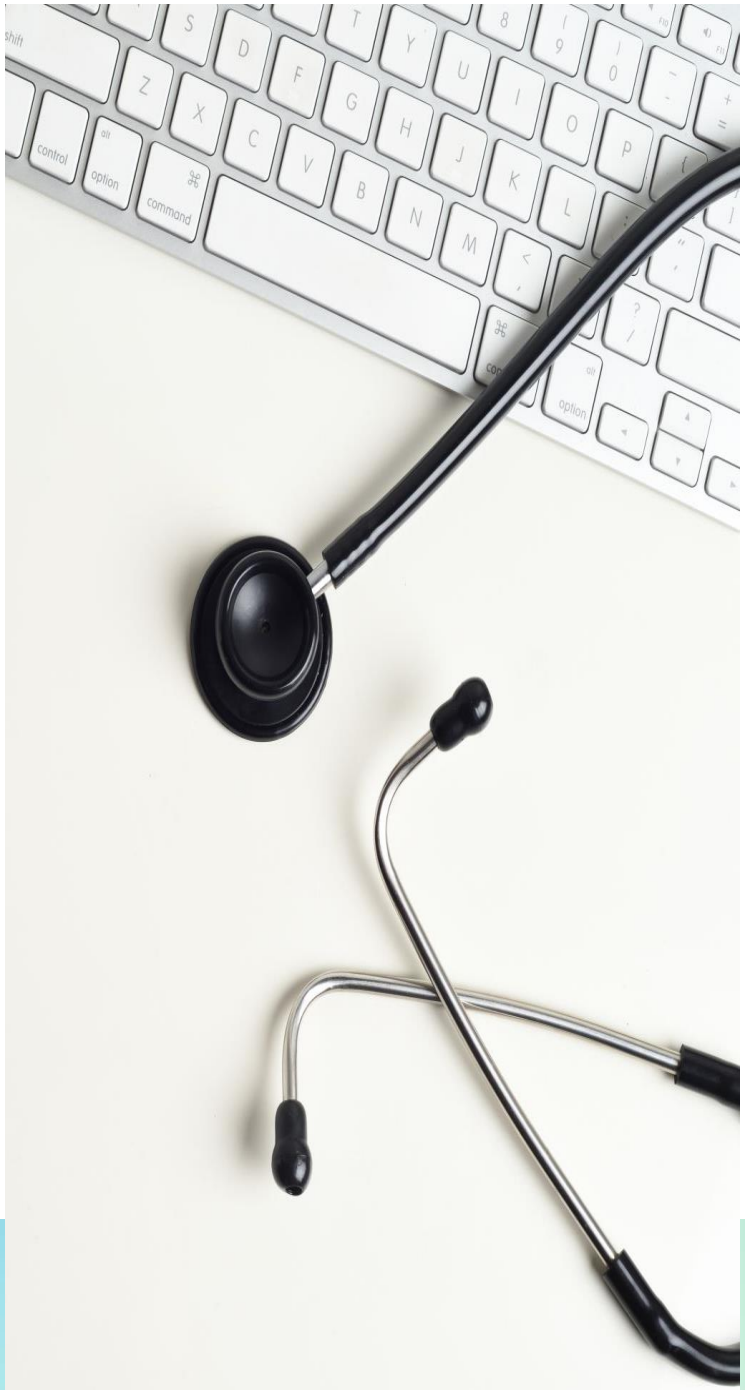
The primary object of all Councils is to **secure** in the **public interest** the **highest standards** in the **training** and **practice** of medicine and dentistry.


Standards
Training
REGULATION
Practice
Registration

In Ghana, Section 27 (a) of the Health Professions Regulatory Bodies Act, 2013 (Act 857) states that "*assess facilities and contents of programmes for the training of doctors and dentists and physician assistants in training institutions*".

Training and Education can be categorised into:

- *In-School training*
  - Undergraduate
  - Post-graduate
- *Pre-registration/-service*
  - Housemanship/internship
- *In-service training*
  - *Continuing Medical Education/Continuing Professional Development*



UNREGULATED HEALTH PRACTITIONERS

In Ghana, most practitioners are regulated but regulatory lacunae still exist.

- All orthodox practitioner are regulated under Act 857.
- Traditional medicine practitioners are regulated under Traditional Medicine Practice Act, 2000, Act 575.

- **The Challenge:**
  - Alternative practitioners, Acupuncturists, Haemopaths, Cosmetologists etc. *providing treatments such as Botox jobs, teeth whitening, dental braces, cosmetic surgery etc*.
  - Government Sponsored Technical Assistance
  - Allied Health Professionals yet to be regulated in some member countries

ROLE DEFINITION AND RESPONSIBILITIES OF PRACTITIONERS IN TEAM-BASED CARE

Successful patient-centered team-based care is premised on effective and efficient coordination of all members of the professional team.

Inter- and intra-professional role definition and clarity of responsibilities are essential to providing quality and safe health care.

In ECOWAS, generally, inter-professional practice boundaries are respected, however, recent challenges have arisen:

- *Laboratory Physicians v Laboratory Scientists/Technologists [Ghana and Nigeria]*
- *Traditional Medicine Practitioners v Orthodox practitioners [Pharmacists, Doctors/Dentists] in The Gambia and Ghana.*

ROLE DEFINITION AND RESPONSIBILITIES OF PRACTITIONERS IN TEAM-BASED CARE

- Doctors/Dentists v Physician Assistants [*Medical, Anaesthesia, and Oral Health*] in Ghana.
- Specialists v General Practitioners [*Generalist holding him/herself up as a specialist or rendering a specialist services*].
- Members v Fellows
- **These jurisdictional contestations generate regulatory uncertainties – leaving patients and the public insufficiently protected**

Inter-Professional Level

- **Sector Regulators must undertake :**
  - Effective Coordination of the activities of Professional Regulatory Sector Agencies [*in Ghana, MDC now works much more closely with Pharmacy Council, HeFRA, Allied Health Professions Council, NMC, Psychology Council* ***TMPC*** *etc.*]
  - Harmonisation of complaints processes
  - Joint monitoring and evaluation
  - Sharing of Investigations Data

Cooperation, Coordination, Collaboration, Information sharing, Joint Enforcement, etc….may be best practice approach….subject to limitations/restrictions by enabling legislations.

Intra-Professional Level

- The Medical and Dental Council, Ghana working with Health Partners has **clearly defined** the role of a Physician Assistants [*Medical, Anaesthesia, and Oral Health*] working in Ghana by developing a **Scope of Practice** document.

- Ghana and the Gambia **have initiated** steps towards developing a **Scope of Practice** for the various categories of medical and dental practitioners.

- **Taking disciplinary** actions against professionals who act outside their areas of competencies conferred by their training.

- In The Gambia for example, **PAs are not regulated** by the Medical and Dental Council but by the Ministry of Health. This comes with a lot of challenges.

TASK SHIFTING AND TASK SHARING

In Ghana, we have middle-level professional cadre called Physician Assistants (PAs).

- The cadre formerly referred to as **Medical Assistants** (MA) in Ghana.
- Their training began on ad hoc basis several decades ago due to the acute shortage and maldistribution of doctors and dentists.
- The training of Nurse Anaesthetists (NA) and Community Oral Health Officers (COHO) was a later addition but with the **same central philosophy** that these middle level practitioners act as assistants to, and work under the supervision of, doctors and dentists; as the case may be.

TASK SHIFTING AND TASK SHARING

Regulatory considerations.

- They were unregulated for a longtime, leaving patients unprotected by their practice.
- Now pushing back on
  - Being regulated by the MDCG, and
  - working under the supervision of doctors and dentists
- Giving the current situation;
  - where a large number of them remain unemployed for many years,
  - their reluctance to take up posts in the sub-districts [*the primary focus of their training*],
  - the repeated industrial disharmony,
  - the huge inequities in access to quality and safe basic healthcare, and
  - the current increased numbers of physicians and dentists.

might a reconsideration of their training be opportune?

MEETING WHO RATIO LEVELS

Density of Medical Doctors and Dentists per 10,000 population, **2022**

COUNTRY	DOCTORS	DENTISTS
Gambia	0.8	<0.1
Ghana	1.6	0.2
Liberia	0.5	<0.1
Sierra Leone	0.7	<0.1
Nigeria	3.9	0.2
South Africa	8.1	1.1
Kenya	2.3	0.3
Malawi	0.5	0.1
African Region	2.9	0.3
Global	16.3	3.3
Zimbabwe	1.9	0.1
USA	35.6	6
UK	31.7	5.2

MEETING WHO RATIO LEVELS CONT.

In Ghana there are about 12,000 medical and dental practitioners in good standing.

Ghana – Doctor to Patient ratio is about

1: 3,200

Other ECOWAS

WHO's revised ratio is 1:600

MDCG in partnership with WHO, Ghana Country Office, held a **Training and Practice** Conference in Ghana last year. This was attended by some international partners; South Africa, Nigeria, The Gambia, Kenya, North America, UK, etc to boost local production of doctors and dentists both undergraduates and specialists.

MEETING WHO RATIO LEVELS CONT.

❑Creative and Innovative Solutions in Ghana

- ❑ MDCG **signed MOU** with Ghana Physicians and Surgeons Foundation of North America to **facilitate licensure and credentialling** of diasporan faculty to support **local training, specialists service provision, and health-related research collaboration.**
- ❑ **Decentralisation** of post-graduate training to appropriately suited municipal/district hospitals as a prelude to **decentralisation** of basic medical and dental training.
- ❑ Deal with **inequities in the distribution** of doctors and dentists and **inequities in access** to specialist services in regional and district hospitals
- ❑ A **similar MOU is due to be signed** with the Ghanaian Doctors and Dentists Association of the UK in October 2023.

- ❑ Similarly, in The Gambia initial consultative contacts have been made with Gambian doctors in the UK and USA.

HARMONISATION OF TRAINING STANDARDS

In-School Training

Harmonisation of Training Standards

- Curriculum harmonisation
  - *curriculum design, content and organization*

Institutional Accreditation Standards

- Developing standards for institutional accreditation:
  - *General/Institutional Setting, Governance Structure, Affiliations, Academic Programme, Staffing Norms – Minimum, Student Selection and Admission Policy, Students and Students' Welfare, Faculty (Academic), Administrative Staff, Physical Infrastructure etc.*

Regulatory Compliance Monitoring

- Examination Visitations [In Ghana, training institutions submit their *schedule of Examinations and MDC sends a team to observe and report*]
- Routine Monitoring

Harmonisation of Training standards

Pre-Registration Training

- **Harmonisation** of Training Standards through logbooks [Mandatory training 1 – 2 years in ECOWAS
- **Accreditation** standards developed and used to accredit institutions for housemanship/internship in ECOWAS.
- **360 Quality Assessment** of Training [*In Ghana a Quality Assessment Tool has been developed and Assessors trained*].
- **Unannounced monitoring** visits to accredited training institutions in Ghana.
- **Policy for common licensing** examination to be operationalised in **2025** to act as a uniform quality filter for all graduates irrespective of the jurisdiction of training.

Harmonisation of Training Standards

In-Service Training

- **Continuing Professional Development** [*including Continuing Medical Education*] Policy developed.
- **Monitoring** of CPD events – In Ghana and other member states is weak .
- Other professional and academic programmes **are encouraged**.

SUMMARY OF FINDINGS

- **Education and training** of doctors and dentists in Ghana and the ECOWAS bloc has seen **significant progress but a lot needs to be done** and member countries are at different levels on this path of progress.

- **The experience** from ECOWAS [The Gambia, *Ghana and Nigeria*] has shown that **focusing on training the appropriate cadre and redistributing them fairly** is critical to ensuring access to quality safe basic healthcare to all our people if we are to meet the UHC goals by 2030.

- **Dealing with inter- and intra-professional** role definitions is critical to efficient patient-centric team-based care. Experience from Kenya, USA and Ghana shows that developing scope of practice for the various cadres in the team-based setting and fostering harmony among sector professional regulators promotes **the best interests of patients/individuals/communities** that the teams serve.

SUMMARY OF FINDINGS

Ghana's example of;

- **mandatory** 2nd year housejob in another region,

- **decentralisation** of postgraduate training as a prelude to **decentralisation** of undergraduate training of doctors and dentists, and

- **leveraging of diasporan resources** to boost local training, specialist service provision, and health related research collaboration

demonstrates how **regulatory innovation and creativity** may be deployed to solve local problems of **inadequate** physician numbers and **inequity in access** to specialist services.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ти благодарам
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