



ANNUAL CAPACITY BUILDING  
**WORKSHOP 2023**  
FEBRUARY 23-25 · NAIROBI



**PROFESSIONAL CONDUCT FOR PRACTITIONERS**

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# OUTLINE



Introduction



Uniformity in regulating practitioners  
(discipline rules and penalties)



Focus on early detection and prevention



Rehabilitation mechanisms



Duty to report unfit practitioners



Code of conduct





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“Any history of medical malpractice suits in your family?”



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# INTRODUCTION

- ❖ The occurrence of **adverse events due to unsafe care** is likely one of the ten leading causes of death and disability in the world.
- ❖ In high-income countries, it is estimated that **1 in every 10 patients is harmed while receiving hospital care**. The harm can be caused by a range of adverse events, with nearly 50% of them being preventable.
- ❖ Each year, **134 million adverse events** occur in hospitals in low- and middle-income countries (LMICs), due to unsafe care, resulting in 2.6 million deaths.
- ❖ Globally, as many as 4 in 10 patients are harmed in primary and outpatient health care.



# INTRODUCTION (cont'd)

- ❖ Up to 80% of harm is **preventable**. The most detrimental errors are related to diagnosis, prescription and the use of medicines.
- ❖ Regulators must ensure **protection** of the public through the **regulation** of practice and recourse to **effective** disciplinary action.
- ❖ A well-structured **disciplinary process** is a strategic pillar for ethical and safe practice of medicine.
- ❖ Regulators need to **harmonize** the disciplinary procedures in the AMCOA region for the enhancement of quality of healthcare.



# I. Uniformity in regulating practitioners (discipline rules and penalties)

- ❖ There should be an established **professional conduct committee** that determines whether a *prima facie* case of unprofessional conduct exists or not.
- ❖ The committees shall include:
  - a Legal Person
  - Peers drawn from the profession/ discipline under review, and
  - a layperson.



# I. Uniformity in regulating practitioners (cont'd)

- ❖ The procedure for handling disciplinary matters shall be determined by each member country taking into account the relevant national **legislation, constitutional** framework, fundamental **rights** and rules of natural **justice** as may be applicable from time to time
- ❖ Regulators shall have powers to **levy costs** of the inquiry where appropriate.
- ❖ Each member country shall design an **appeals procedure**



## II. FOCUS ON EARLY DETECTION AND PREVENTION

Focus on early detection should be anchored on the following:

- ❖ To be able to detect issues before hand, regulators need to set up **an open and non-judgmental system of raising issues** that may hinder a practitioner from effectively discharging their duties.
- ❖ The platform should include a provision for **anonymity** for those who raise issues about a certain practitioner.
- ❖ The said practitioner should be **permitted to explain** their situation in a free and transparent manner. This intervention should be done with a view of **understanding** the issue at hand, **guiding** the professional and eventually **protect** the public from harm.

“  
It's okay  
not to be  
okay.”





# III. REHABILITATION MECHANISMS

- ❖ In the event that a practitioner has been **deemed unfit to practise**, there should be system through which regulators can ensure that the said practitioner is **reintegrated** back into practice.
- ❖ These rehabilitation mechanisms include:
  - Counselling
  - Psychotherapy
  - Working under supervision
  - Substance abuse rehabilitation
  - Re-training



# IV. DUTY TO REPORT AN UNFIT PRACTITIONER

- ❖ **All practitioners** should be informed that they have a duty to report an unfit practitioners to the regulator.
- ❖ The regulator will then ascertain the level of fitness to practice for the said practitioner.
- ❖ Regulators also receive **reports** from other sources, including:
  - ❖ Aggrieved members of the public,
  - ❖ Patients or their relatives,
  - ❖ Health care professionals,
  - ❖ Health institutions,
  - ❖ Advocates,
  - ❖ Professional bodies/ Associations,
  - ❖ Director of Medical services,
  - ❖ Office of the Ombudsman



# V. CODE OF CONDUCT

- ❖ A code of conduct is a manual that states the rules, values, goals, ethics, and vision of an organization or for a group of individuals or professionals.
- ❖ It provides staff with a clear outline of expected behaviour, and instructions on what is and what is not considered **good practices** within an organization or by a group of individuals or professionals.
- ❖ Importance of code of conduct:
  - ❖ Provides a clear guideline of expected behaviour;
  - ❖ Outlines professional values and principles;
  - ❖ Outlines what is expected of a doctor in good standing.



## V. CODE OF CONDUCT (cont'd)

Other components that may be included in the code of conduct include:

- ❖ Abuse of alcohol and other substances of abuse while on duty;
- ❖ Members of the profession must avoid appearing in public while under the influence of alcohol and they must certainly not be at work while intoxicated;
- ❖ Breach of Dangerous Drugs Act or some other offences committed by the use of drugs;
- ❖ Indecent dressing while on duty or working as a practitioner or attending to patients;
- ❖ Unbecoming behaviour outside the areas of practice. All practitioners must maintain a good sense of decorum at all times.



## V. CODE OF CONDUCT (cont'd)

Conduct of practitioners that may attract disciplinary proceedings may include but are not limited to:

- ❖ Patient discharge/ transfer/ referral without proper instructions
- ❖ Failing to submit medical report
- ❖ Mismanagement
- ❖ Unprofessional/ unethical conduct
- ❖ Lack of informed consent
- ❖ Negligence
- ❖ Malpractice
- ❖ Misdiagnosis
- ❖ Wrong treatment/ wrong medication
- ❖ Overcharging
- ❖ Surgical errors
- ❖ Patient abandonment



# V. CODE OF CONDUCT (cont'd)

Sanctions can be meted out against a practitioner following a disciplinary process:

To admonish a doctor or dentist or the institution and conclude the case. This is done by sending warning letters to practitioner(s) or the institution(s).

To be at liberty to record and adopt a mediation agreement or compromise between the complainant and the practitioner or the institution, on the terms agreed and thereafter inform the Chairperson.

To order the payment of costs for the Committee's sitting payable by the medical or dental practitioner or institution on such terms as shall be deemed just and fit in the circumstances.

To levy reasonable costs of the proceedings from parties

To order a medical or dental practitioner to undergo retraining or targeted continuous professional development

To direct suspension of a doctor's or dentist's registration or licence for a period

To direct removal from the register.

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CLOSED DUE  
TO DRUNK  
STAFF**

SPAR 



“As any doctor can tell you, the most crucial step toward healing is having the right diagnosis. If the disease is precisely identified, a good resolution is far more likely. Conversely, a bad diagnosis usually means a bad outcome, no matter how skilled the physician.”  
— *Andrew Weil, MD*

**THANK YOU!**



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