ANNUAL CAPACITY BUILDING WORKSHOP 2023

FEBRUARY 23-25
NAIROBI

STRENGTHENING GOVERNANCE IN HEALTH REGULATION

TABLE OF CONTENTS

ABBREVIATIONS AND ACRONYMS

AMCOA	Association of Medical Councils of Africa
ADR	Alternate Dispute Resolution
CPD	Continuous professional development
FTP	Fitness to practise
HCWs	Health care workers
HPCSA	Health Professions Council of South Africa
KMPDC	Kenya Medical Practitioners and Dentists Council
MANCO	Management Committee of AMCOA
MCCOD	Medical certification of cause of death
UHC	Universal health coverage

PREAMBLE

The Association of Medical Councils of Africa (AMCOA) brings together health regulatory authorities in Africa.

The vision of AMCOA is to be globally recognized as the leading organization for regulatory bodies in protecting the public and guiding health professions in Africa.

The primary purpose of AMCOA is to support health regulatory authorities in Africa in the protection of the public interest by promoting high standards of medical education, registration and regulation, and facilitating the ongoing exchange of information among medical regulatory authorities.

INTRODUCTION

AMCOA holds an Annual Capacity Building Workshop for its members to share best practices on regulation of healthcare. This year, the Workshop was hosted by the Kenya Medical Practitioners and Dentists Council (KMPDC) at the Radisson Blu Hotel, in Nairobi, Kenya from 23rd to 25th February 2023.

The theme of the Workshop was **"Strengthening Governance in Health Regulation"** under which participants were trained on the functions of a regulator and governance matters.

A total of 130 delegates from 17 countries attended the workshop. This was followed by an AMCOA Strategic Planning Workshop where member states considered the Roadmap for AMCOA for 2022/2023 to 2024/2025.

APPROACH TO THE REPORT

This report is a summary of the events of the 3-day workshop which comprised of –

a) Opening ceremony;
b) Training sessions on the roles and functions of regulators;
c) Training sessions on governance matters; and
d) AMCOA Strategic planning workshop.

This report seeks to highlight the key issues raised, challenges, recommendations and possible policy outcomes under each topic discussed.

SECTION 1: OPENING CEREMONY

1.1. WELCOMING REMARKS

The conference commenced with welcoming remarks by **Dr David. G. Kariuki**, the Chief Executive Officer of KMPDC. He gave a brief history of the Council and its role in ensuring quality healthcare. He stated that the Council has played a critical role in guiding the profession and protecting the millions of Kenyans.

He welcomed the delegates to Kenya and more specifically welcomed the AMCOA President, Professor Simon Nemutandani, on his first official visit to Kenya. He concluded by emphasizing the need for collaboration between regulatory bodies to enhance quality of healthcare.

COUNTRY INTRODUCTIONS

Hon. (Dr) Daniel M, Yumbya, EBS proceeded with the country Introductions and extended a special word of thanks to the sponsors for their continued support and partnership. He noted that the participants were delegates representing the AMCOA Members and Associate Members while professional associations and other regulatory bodies in Kenya were also represented.

AMCOA WELCOME

Prof. Simon Nemutandani, President, AMCOA, commenced with the AMCOA welcome by thanking all the delegates for participating and the Kenya Medical Practitioners and Dentists Council and Ministry of Health for hosting the Annual Capacity Building Workshop.

He advised delegates that the workshop would focus on key competencies required for strengthening governance in health regulation and further opined that even though all the member states had their own legislative mandates, there was a need for harmonization in terms of regulation of health care and health professionals. He urged the delegates to gain as much knowledge from the capacity building workshop and where applicable, apply the knowledge in their respective councils. He further encouraged delegates to deliberate on all matters pertaining to the health & better quality of the people.

He elaborated that all member states contributions would greatly assist AMCOA to provide the required support to the Africa's medical and dental health regulatory authorities in the protection of the public interest.

In closing, he thanked the Ministry of Health, The Kenya Medical Practitioners and Dentists Board and the People of Kenya, for the hospitality they have displayed towards the AMCOA community since their arrival.

1.2. KEY NOTE ADDRESS

The keynote address was delivered by **Brig. (Dr) Francis Kuria**, the Head of Directorate of Public Health at the Ministry of Health, on behalf of the Cabinet Secretary and Permanent Secretary, Ministry of Health. He began by welcoming the participants to Kenya and to the capacity building workshop.

He proceeded to pay his last respects to the late Prof. George A. O. Magoha. He reiterated that Prof. Magoha's contribution will continue to be felt and provide guidance in the ongoing activities of AMCOA.

He stated that the world is a global village and there is need to ensure quality healthcare through standardised training of our professionals across the continent. He stated that health care systems require robust and effective regulation and that regulatory systems for medical and dental practitioners are an essential part of well-functioning health systems towards achieving Universal Health and the Sustainable Development Goals. It was his stand that the shared goal of health professional regulatory councils is to protect the patients by employing effective regulatory tools to manage risks and ensure that doctors are fit to practice and contribute to the provision of high-quality health care. He stated that indeed regulators expect that all doctors and dentists should aspire to provide excellent patient care, but as a minimum, that patients will be safe, and patients will not be exposed to undue risk. He submitted that one of the key challenges of medical regulators is to create relevant and fit-for-purpose effective systems that can respond to the rapidly changing environments in which physicians work, changes in health care and communication technologies, evolving health care delivery systems and as is increasingly apparent, the emergence of pandemics and catastrophic events.

He averred that this was a great opportunity to remind we that the rich continent of Africa has a plan for the health of its people, and that the workshop was one of those platforms where the exchange of ideas and discussions of common problems affecting the delivery of quality healthcare and the regulation of medical and dental practice do take place. He requested that out of this training and deliberations that the delegates come up with innovative ways of galvanizing support for quality healthcare provided by well trained, appropriately regulated and adequately motivated professionals. Dr Kuria proceeded to remind the delegates that due to the increased mobility of the health workforce, what happens in one jurisdiction has the potential to affect another, both positively and adversely. Regulation by design should protect patients from the possibly deleterious effects of asymmetrical information between them and health professionals. He added that any regulatory system, regardless of its size or context, should be guided by a series of basic tenets, including independence, equity, transparency, ethical conduct, accountability and regulatory science.

He concluded by thanking the workshop organizers for the invitation to grace the occasion and applauded the comrades from the Southern, Eastern and West African Blocks for the great initiative and their leading roles in driving AMCOA to become a global force in medical regulation. He submitted that it was his aspiration that the other member countries Boards and Councils, especially, in the East and Central African sub-region would soon gradually take up membership in AMCOA to make it even stronger and better. He proceeded to urge the delegates to enjoy their stay and experience the beauty of Nairobi, the only capital city in the world with a national park. He then proceeded to declare the AMCOA Annual Capacity Building and Strategic Planning Workshop 2023 officially open.

SECTION 2: TRAINING ON THE ROLES AND FUNCTIONS OF REGULATORS

Drawing mainly from the *AMCOA Training Manual for Regulators 2022*, the participants were then taken through seven (7) training sessions on the roles and functions of regulators. These included, namely -

1. Education and Training
2. Registration and Licensing
3. Duty to the Public
4. Professional Conduct
5. Dealing with Complaints
6. Continuous Professional Development
7. Regulators Duty to ensure Safe and Appropriate Work Environments

The sections below highlight the key issues raised, challenges, recommendations and possible policy outcomes under each topic discussed.

2.1. EDUCATION AND TRAINING

Presented by Prof. Arthur Rantloane Chairperson, Medical and Dental Professions Board, HPCSA

The key areas of focus under this topic were –

a) Curriculum, ethics and values training
b) Scope of practice
c) Period of training and internship
d) Accreditation of training institutions

Prof. Rantloane commenced by stating that curricula should be designed in such a way that the practitioner acquires more than just the technical skills to enable professional practice and must be holistic in orientation and include the development of key competencies. He submitted that some of the key success factors in curricula design include –

a) Ensuring a periodic review of curricula to confirm continued relevance;
b) Accreditation of programmes must be informed by curriculum review;
c) Approval and registration of training institutions; and
d) Prescription of minimum educational entry requirements for study in the programme.

On the issue of approval of training institutions, he averred that first and foremost this was an issue that was subject to local context, depending on who provides oversight of universities.

He raised the following key points –

a) Adequacy of training platform has implications for the quality of training and access to learning opportunities;
b) Particularly significant when non-traditional facilities are part of the training platform, e.g., private hospitals and clinics. There is a need to continually confirm suitability of the that training platform; and
c) Determine training ratios to assure the quality of training.

He then proceeded to discuss the need for additional competencies to be included in the curricula and training to ensure the production of wholesome health professionals. These competencies include –

a) Medical ethics
b) Leadership and strategic thinking – help to appreciate own role in a team-based health ecosystem; alternating roles between leader, follower, and team member; ability to see beyond the one-on-one consultation with a single patient to locating the presenting problem in the community and society.
c) Digital technology and innovation – digital platforms now an accepted strategy for increasing or improving access to healthcare (remote monitoring; waiting times in clinics; scheduling appointments)
d) Research and critical thinking
e) Entrepreneurship
f) Soft skills – non-technical skills that reflect one's interaction with the environment. Some of these essential soft skills include Communication, Interpersonal relations, Critical thinking, Adaptability, Problem solving, Time management and Conflict resolution.
g) Medical certification of death – Important to correctly classify causes of death as this is critical for determination of health indicators and planning for public health

He described scope of practice as the extent of the practitioner's professional practice (roles, responsibilities, functions and activities) based on the individual practitioner's credentials, competence, performance and professional suitability. On this issue he urged regulators to ensure that –

a) Scope of practice includes both general and specialist (sub-specialist) competencies.
b) Practitioners have adequate knowledge and skill to provide safe clinical care, and work within the limits of their scope of practice
c) Practitioners confine their practice to their defined scope as determined by their expertise, but also fulfil their obligation to promote health and prevent disease
d) Variation of the scope may depend on the local context, e.g., in SA a practitioner's scope of practice is determined by their category of registration, thus a general surgeon could not practice as a GP.

e) The continued adequacy of a practitioner's knowledge and skill is usually approximated by the consistent application of a CPD programme.
f) He carried out a discussion on the appropriate period of training. He posed the following key questions that a regulator must seek to answer when determining the appropriate period of training for a course:
    i) How much time is required to qualify a doctor or dentist; a specialist or subspecialist in the different disciplines?
    ii) Is a move to competency-based training desirable and/or feasible?
    iii) What about a hybrid system?
    iv) How will the regulator achieve its regulatory objective of "establishing and maintaining uniform norms and standards of training and practice" in these scenarios?

He proceeded to present on Internship Training Guidelines. He submitted that internship is important as it ensures a supervised transition from theory to independent practice, by (consolidating knowledge of and further) imparting professionalism, good attitude and practical skills to interns for effective integration into the world of medical and dental practice. He therefore submitted that a Regulator must ensure –

a) Accreditation of sites is based on its adequacy for training and supervision.
b) Duration of training is sufficient to ensure readiness for independent practice (generalist) upon completion of training.
c) Expected training outcomes must inform the duration of training.
d) Conduct regular site visits to confirm maintenance of training standards.
e) Regular assessment of interns confirmed by written reports.
f) Internship logbooks are kept, as are records of progress with training.
g) Internship training coordinators must be appointed and take responsibility for oversight of and successful completion of training.

He concluded by summarizing the role of a regulator in education and training as stated hereunder –

a) Collaborate with training institutions (most are autonomous)
b) Confirm that a legal framework exists for enforcement by the regulator.
c) Develop policy and guidelines for the achievement of a credible process of accreditation (accreditation panels; submission of reports)
d) Prepare a schedule of institutional visits (allows for adequate planning and ensures quality of submissions by institutions). If there are costs incurred, advance planning allows for institutional provision in the budget.
e) Annual reports are a good mechanism to alert the regulator to emerging challenges on the training platform, which include: material staff movements; increases in student enrolments; declining qualification rates; impact of natural or political events (Covid-19; earthquakes)

KEY Q&A

Q: What role should regulators play in the recognition and accreditation of University programmes?

A: *Regulatory Bodies should only accredit training programmes that meet the required standards so as to ensure that the professionals trained suit the needs of the country. This requires collaboration with all parties involved, including the Ministry of Education, the Ministry of Health, Commission for higher education or its equivalent, and Universities.*

2.2. REGISTRATION AND LICENSING

Presented by Dr Jacqueline Kitulu, OGW, Health Policy Specialist, Kenya

The key areas of focus under this topic were –

a) Assessment/examinations before initial registration and other types of registration
b) Types/classes of licenses
c) Reciprocal recognition
d) Non-clinical register

She commenced her presentation by pointing out that the key benefit of registration and licensing is the protection of the public through establishment of high standards for entry into the profession and ensuring that all medical and dental licenses holders possess the minimum degree of competency required to ensure the health and safety of their patients.

Dr Kitulu then delved into the question of Assessment/ Examinations before Initial Registration. Under this topic she discussed two pivotal areas of assessment of doctors, these are –

a) Internship
b) Pre-registration examination

On Internship, she averred that this is an integral part of assessment in the medical profession. She described this as the prescribed period of supervised practical work for medical and dental graduates ensures that they acquire professionalism, good attitude and practical skills that are necessary for effective integration into the world of medical and dental practice. She added that the duration of training and internship should be sufficient to expose the interns to the full range of each specialty to ensure independent practice after completion of the training. She raised some key points for regulators on internship training, including –

a) Regulators should ensure that logbooks are kept and that supervisors verify completion of the prescribed internship period as well as satisfactory completion of all rotations.
b) Best practice dictates that interns are issued with an internship licence, guideline and log book.
c) It should be illegal to undertake internship without an internship licence issued by the regulatory body.

She presented that, in the Kenyan context, an intern will be deemed to have failed internship under the following circumstances –

a) Professional incompetence which includes:
    i) Performance below averages in knowledge and skills.
    ii) Failure to undertake most of the key activities prescribed in the log book.
b) Professional and general misconduct including:
    i) Negligence in management of patients.
    ii) Engaging in inappropriate relationships with patients.
    iii) Lack of responsibility.
    iv) Inappropriate dressing.
    v) Lack for respect for patients, the public and colleagues.
    vi) Indiscipline e.g. absence from duty without good cause and reporting late to work.
    vii) Substance abuse.

Dr Kitulu then moved to describe what happens when an intern fails to complete internship as prescribed. She presented that if this were to happen, any of the following may apply –

a) Extension of internship period.
b) Discontinuation from the program.
c) Being subject to the regulatory bodies disciplinary process.
d) Being subject to the Laws of the Land

She then discussed the second type of assessment: Pre-registration examination. Under this assessment, she raised the following key points –

a) Regulators should conduct pre-registration examination to determine the suitability for registration as a practitioner.
b) This examination is administered to graduates upon completion of their internship training.
c) Candidates who pass this exam will be required to apply for Permanent Registration in the prescribed manner.

Her next area of focus was on licensing. She submitted that in Kenya types of licenses include but are not limited to: General practice, Specialist practice, Temporary, Non-clinical,

Internship and Student. She submitted that the type of license issued to a practitioner is largely determined by the legislation in place and that licensure takes various forms both in structure and content depending on the country. She emphasized that regardless of the jurisdiction, it should be illegal to practice medicine without having a medical license and a practitioner who fails to renew his/her medical license should not be allowed to offer medical attention to patients.

She also touched on the difference between clinical and non-clinical license. She stated that the main difference was whether a practitioner has direct contact with the patients or not. She opined that in modern day practice, a large number of medical and dental practitioners engage in non-clinical roles. Consequently, it is important for regulators to maintain a register for non-clinical practitioners. She noted that this separation is critical in showing staffing levels and consequently accurate doctor/dentists to population ratios

She concluded by discussing Reciprocal Recognition. She submitted that this allows a practitioner who is already registered and licensed in one jurisdiction to apply for licensure to practice in another jurisdiction. It was her opinion that to enable reciprocal recognition the following should be considered –

a) A legal framework to guide the process.
b) Harmonization of training content, intake, faculty composition, practicum sites and libraries
c) A uniform examination for the region after the internship period
d) National and regional inspection of training institutions

KEY Q&A

Q: How can the Regulator provide information about Practitioners' status to the public?
A: *Regulators can provide information on practitioners by publishing registers on licensed practitioners on websites and other publications to allow ease of access. Also, Regulators can consider the use of short codes/USSD for the public to access information on practitioners.*

Q: How can Regulators address mass failure of internship qualifying and pre-registration examinations, sometimes beyond the prescribed number of attempts?
A: *As has been shown in Kenya, the adoption of mandatory pre-examination clinical rotations to expose the graduates to practice in the local context and remedial training upon failed examinations have increased examination pass rates.*

2.3. DUTY TO THE PUBLIC

Presented by Hon. (Dr) Daniel M. Yumbya, EBS, Minister for Health, Machakos County, Kenya

The key areas of focus under this topic were –

a) Stakeholder engagement
b) Engaging with other regulators
c) Advocacy
d) Engaging with the public

He commenced his presentation with a discussion on stakeholder engagement. He opined that a regulator should map out key stakeholders by use of a matrix that identifies its stakeholders and their interest while interfacing with the regulator's interest. He submitted that this helps in determining the right messages and tactics for each stakeholder. The mapping matrix should be developed through a general understanding of a regulator's mission, strategic priority areas. He further stated that this stakeholder mapping matrix, which is a live document (stakeholder predispositions towards us and our messages can change over time), is expected to aid in leveraging stakeholder expectations and formulating the right tactics to engage them.

He urged all regulators to adopt Whole-of-Government/ Whole-of-Sector Approach when engaging with other regulators. This refers to the joint activities performed by diverse ministries, public administrations, and public agencies in order to provide a common solution to particular problems or issues. He opined that this approach also seeks to introduce coherence in the decision-making process of public administrations, aligning common interests, avoiding task duplications, reducing costs, increasing productivity, and achieving a coherent line of action, in order to provide desired results, there are some elements that stimulate the improvement of vertical and horizontal coordination of different government departments and public institutions.

On advocacy, Dr Yumbya explained that advocacy includes activities and publications to influence public policy, laws and budgets by using facts, the media, and messaging to educate the public or stakeholder. Advocacy can include many activities including media campaigns, and publishing research findings. He thus submitted that regulators can also use targeted advocacy to influence change in policy, rules, or laws on a particular issue at the local, or national level.

He concluded with a discussion on engaging with the public by submitting that milestone/progress reporting is a tactical approach used to ensure that a regulator continuously engages with the public. It builds and maintains the regulator's recognition and stakeholders' appreciation through constant media updates. It was his advice that this

approach will enable a regulator to be more proactive in sharing information with the public such as releasing a regular progress report or performance sheet highlighting its achievements.

KEY Q&A

Q: How can Regulators deal with and manage political interference in the execution of its mandate?

A: *At the end of the day, the role of the regulator is to protect healthcare consumers from health risks and ensure that the received the highest quality of healthcare. In all circumstances, Regulators should endeavour to serve the public by sticking to their mandates as provided by the Law.*

2.4. PROFESSIONAL CONDUCT

Presented by Dr Abdi Mohamed, Chairperson, Kenya Association of Private Hospitals, Kenya

The key areas of focus under this topic were –

a) Uniformity in regulating practitioners/discipline rules and penalties.
b) Focus on early detection prevention.
c) Rehabilitation mechanisms
d) Duty to report an unfit practitioner.
e) Code of conduct

Dr Abdi commenced by stating that the occurrence of adverse events due to unsafe care is likely one of the ten leading causes of death and disability in the world. He averred that 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. He submitted that 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 and that globally, as many as 4 in 10 patients are harmed in primary and outpatient health care. He presented that up to 80% of this harm is preventable. The most detrimental errors are related to diagnosis, prescription and the use of medicines. He stated that regulators must ensure protection of the public through the regulation of practice and recourse to effective disciplinary action.

On uniformity in regulating practitioners (discipline rules and penalties) he submitted that there should be an established Professional Conduct Committee that determines whether a *prima facie* case of unprofessional conduct exists or not. He added that these committees should consist of a Legal person, Peers drawn from the profession/ discipline under review, and a Layperson. He stated that the specific procedure for handling disciplinary matters should 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.

He proceeded to present on the need to focus on Early Detection and Prevention. He presented that focus on early detection should be able to detect issues before hand and that regulators need to set up an open and non-judgmental system of raising issues that may hinder a practitioner from effectively discharging their duties. He added that the platform should include a provision for anonymity for those who raise issues about a certain practitioner and 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.

He paid special focus on Rehabilitation Mechanisms by submitting that if a practitioner has been deemed unfit to practice, there should be system through which regulators can ensure that the said practitioner is reintegrated back into practice. Some of these rehabilitation mechanisms include Counselling, Psychotherapy, Working under supervision, Substance abuse rehabilitation and Re-training.

He discussed the Duty to Report an Unfit Practitioner. He submitted that practitioners, aggrieved members of the public, Patients or their relatives, Health care professionals, Health institutions, Advocates, Professional bodies/ Associations, Director of Medical services and the Office of the Ombudsman all have the duty to report medical negligence/malpractice to the regulator.

Dr Abdi equally discussed the issue of code of professional conduct. He described this as a manual that states the rules, values, goals, ethics, and vision of an organization or for a group of individuals or professionals. He added that this code 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. He presented that besides the direct and obvious elements of a code of conduct, other components such as drug and substance abuse, indecent dressing and unbecoming behaviour outside the areas of practice could be addressed in a code of professional conduct. He further discussed conduct of practitioners that may attract disciplinary proceedings to include but are not limited to –

a) Patient discharge/ transfer/ referral without proper instructions
b) Failing to submit medical report.
c) Mismanagement
d) Unprofessional/ unethical conduct
e) Lack of informed consent
f) Negligence
g) Malpractice
h) Misdiagnosis
i) Wrong treatment/ wrong medication

j) Overcharging
k) Surgical errors
l) Patient abandonment

He concluded by discussing a variety of sanctions that can be administered to a practitioner who is in breach of the code of professional conduct as hereunder –

a) 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).
b) 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.
c) 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.
d) To levy reasonable costs of the proceedings from parties
e) To order a medical or dental practitioner to undergo retraining or targeted continuous professional development.
f) To direct suspension of a doctor's or dentist's registration or licence for a period
g) To direct removal from the register.

KEY Q&A

Q: How can a regulator include a layperson in its Disciplinary Committee?
A: *The inclusion of a lay person can be achieved through requisite amendment to Law. Regulators should make deliberate efforts to have a layperson in their Disciplinary Committees.*

Q: How to balance overcharging in a Free Market set up?
A: *Regulators should develop and enforce guidelines on doctors' professional fee guidelines.*

Q: What advice is given to health professionals on attending to persons who identify as LGBTQ+?
A: *All health professionals should embody the tenet of non-discrimination. Treat the patient and not what they are or whom they chose to be.*

2.5. DEALING WITH COMPLAINTS

Presented by Dr Divine Ndonbi Banyubala, Registrar, Medical & Dental Council of Ghana

The key areas of focus under this topic were –

a) Competencies of those appointed to discipline committees.
b) Conducting disciplinary hearings, aspects of law to be considered
c) Implication of outcomes of disciplinary processes
d) Professional inquiry for minor offences
e) Legal inquiry for major offences
f) Dedicated well trained units that are stand alone.

He presented that in general, complaints are first taken through an administrative process, then a Preliminary Investigations Committee establishes the facts, and Disciplinary Committee and/or Medical Practitioners Tribunal metes out sanctions as deemed necessary.

He added that when considering appointments to the discipline committees, it is necessary to consider two key issues: (1) the capacity to undertake the duty and (2) confidence that justice has been served to the parties and the public. He then laid out criteria that can be applied in assessing competency of those appointed to be sit on the discipline/ethics committees. This includes evaluating a person's: Area of specialisation, Years of experience in a particular discipline, Dispute resolution skills, Impartiality, Confidentiality, Information analysis skills, Professional good standing with their relevant regulatory authority, Public confidence and Trust.

Dr Divine proceeded to expound on the aspects of the law to be considered while conducting disciplinary hearings. He submitted that two key rules of natural justice must be considered. These are Rule against bias (*nemo judex in causa sua*) and Right to a fair hearing (*audi alteram partem* rule, good faith). He averred that the laws and regulations in place in a particular jurisdiction will guide the procedure for undertaking the disciplinary inquiry and by extension, the disciplinary hearing.

He proceeded to discuss both positive and negative implications of outcomes of disciplinary processes. He highlighted the following as positive implications –

a) Provides justice for wrongdoing.
b) Clarifies professional issues.
c) Builds jurisprudence and precedence.
d) Deters unprofessional conduct and professional malpractice.
e) Guides the wider profession on dos and don'ts within their practice.

He proceeded to highlight that some negative implications of the disciplinary process including the fact that this process encourages practice of defensive medicine which may lead to a low quality of care and may not take into consideration the working environment of the practitioner.

He proceeded to present on professional inquiry for minor offences and legal inquiry for major offences. He submitted that for minor offences, professional/ preliminary inquiries can be used to determine such matters and can be resolved without having to go to the technicalities of medical or dental practice. He added that Alternate Dispute Resolution (ADR) mechanisms can also be deployed to handle minor offences that do not encompass the technical aspects of medical or dental practice. It was his position that for matters that entail the professional technicalities and standard of care or conduct that was expected, the legal inquiry process may be used.

He concluded by submitting that due to the continued nature of the functions of a Disciplinary Committee, there is need to consider having well-trained, stand-alone department/unit that looks into and gives determination on matters that touch on standards of practice and conduct of registered practitioners. He averred that the benefits of this include an assurance of consistency in the decisions given by the Disciplinary Committee and the fact that by building in-house capacity, the regulatory body does not depend on rotating experts to inquire into particular matters of professional standards and conduct.

KEY Q&A

Q: On complaints management, should it not be independent of the Regulator for accountability?

A: *Members and staff of regulatory boards/councils should always keep in mind that they are in office to secure in the public interest the highest standard of healthcare. As such, the key competency of impartiality and the underlying concept of natural justice are vital in adjudicating all manner of complaints against health professionals.*

2.6. CONTINUOUS PROFESSIONAL DEVELOPMENT

Presented by Vuguziga Thadee, CEO/ Registrar, Rwanda Medical and Dental Council

The key areas of focus under this topic were –

a) Recertification
b) Fit for purpose – continued fitness to practise.
c) In service training
d) 360 degrees evaluation of practitioners
e) Appropriate CPD for non-clinical(administrators) practitioners
f) Practitioners to undertake CME's relevant to their practice.

Mr. Thadee commenced his presentation by emphasizing the need for continuous professional development (CPD). He submitted that given the rapid pace of new research and developments in all areas of health care, health professionals must continue to update their knowledge and skills on a regular basis. He averred that CPD encompasses all of the activities that health workers undertake to maintain, update, develop and enhance their professional skills, knowledge and attitudes, and to increase personal and professional effectiveness. He remarked that as a bare minimum, regulators should make CPD a requirement for medical practitioners to be able to renew their annual practicing licences. He submitted that to facilitate the development of CPD in Africa, there is a need to give CPD legitimacy by establishing a legal framework for CPD and that clear policies and structures to support CPD should be put in place.

He proceeded to discuss recertification/licensing in the light of CPD. He submitted that, Regulators across Africa should develop and implement CPD policies and guidelines and continuously update the same. He added that regulators should ensure compliance with CPD requirements for licensure. He submitted that Continuous Professional Development is ineffective if: (1) Health workers are spending time away from their practice participating in classes or workshops that are irrelevant to their practice setting, or (2) if they are attended only because participants receive per diem. He added that CPD activities undertaken only to meet regulatory requirements rather than to close a competency gap or those that are unsuccessful in developing skills and competencies are equally ineffective.

Mr. Thadee proceeded to present on fitness to practise (FTP). He submitted that regulators should ensure that the following is observed to have standardized processes at national, regional and continental levels in the following areas namely –

a) A safe and effective practitioner is defined in terms of (knowledge, attitude, practice, and skills; including mental and physical fitness) that facilitates the execution of the practitioner's scope of work.

b) Physical and mental fitness is dependent on the type of disability and the specialty involved as defined by member country councils.

FTP should not be an absolute concept and is dependent on the circumstances as defined by the regulatory authority.

He added that due consideration should be made with regards to the following prerequisites for FTP –

a) Practice requirements (environment vs the skills of the practitioner) being met;
b) Due to human resource constraints, AMCOA needs to develop policy frameworks surrounding credentialing and privileging policies in a holistic manner;

c) The language used in FTP policies should be friendlier than that used in disciplinary policies;
d) Member countries to establish independent FTP panels.

He then proceeded to lay out some basic principles on fitness to practice as hereunder –

a) Regulatory authorities should have in place a notification system available to patients, the public and other practitioners –

    i) Renewal of licences should have a way of capturing any personal impairment they may have had since the last time;
    ii) Regulatory authorities should put in place an independent system of evaluating a practitioner whose FTP has been questioned.

He added that regulators should where applicable –

a) develop a system of re-introducing the practitioner e.g., retrain or work under supervision proctorship), and
b) that they should also encourage professional associations to develop systems of offering support services for colleagues who are impaired.

Mr. Thadee opined that CPD works best if it is linked to pre-service and in-service training, to foster a culture of lifelong learning. He explained that at postgraduate level, in-service training includes MMed, MDS, Fellowship and PhD, while for undergraduate, it includes internship.

He also emphasised the need to ensure that CPD teaching and learning methodologies selected are suited to achieve desired outcomes and that the course facilitators are selected based on their field of expertise. He added that it is important to ensure that time allocated for the CPD activity is adequate and that special attention is given to advertisement of all CPD activities to increase participation. He added that finally, the regulator must evaluate CPD activities regularly using standard evaluation tools and that practitioners to engage in CPD learning relevant to their practice/ discipline.

He presented that the practitioners have a duty of maintain evidence of attendance to a CPD activity and equally ensure that the CPD activity is registered with the regulatory body.

He went ahead to discuss CPD for non-clinical practitioners (e.g. those in administration). He presented that practitioners in administration may be issued with non-clinical licenses. He added that due to the nature of their practice, they may not be required to produce proof CPD points and proof of professional indemnity. He added that such practitioners should be encouraged to attend scientific conferences so as to keep abreast with advances in medicine and dentistry.

He concluded that is important for a regulator to ensure that practitioners undertake CPDs that are relevant to their practice. He submitted that this can be done through:
Quality assurance: Councils should set criteria for accreditation of activities, providers and accreditors and they should appoint and maintain responsibility for quality assurance and oversight for accreditors and CPD providers.

Harmonization **and** Partnership: Councils should recognize accredited CPD activities offered by AMCOA countries and work towards harmonization of CPD credits for. An AMCOA CPD Coordinating Committee constituted to work on harmonization.

National access and **Monitoring & Evaluation**: CPD modes of delivery should be flexible and responsive to local contexts. Councils must ensure that accredited CPD providers offer a variety of delivery platforms and monitor and evaluate the CPD programs.

KEY Q&A

Q: How can regulators assess the impact of CPD programmes?
A: *CPD activities should include topics will bring about a change of behaviour in practitioners, with a focus on ethical principles, interprofessional communication, interpersonal behaviour.*

Q: The move towards re-validation through CPD programmes
A: *Re-validation is a useful additional quality control measure that a Regulator can pursue and consider.*

2.7. REGULATORS DUTY TO ENSURE SAFE AND APPROPRIATE WORK ENVIRONMENTS

Presented by Prof. Fastone Mathew Goma, Registrar, Health Professions Council of Zambia

The key areas of focus under this topic were –

a) Staffing norms
b) Developing standards for work environments
c) Accreditation/certification of work environments
d) System of referrals

Prof. Goma commenced his presentation by highlighting the role of regulatory bodies. He submitted that regulatory bodies, as the basis for integrity, need to protect practitioners from health risks; support safe work environments to provide quality care, and ensure improved patient outcomes. He submitted that some of the benefits of the creation of a safe working environment include improved productivity; reduced absenteeism, injuries and psychological

stress. As such, ensuring that health facilities and health training institutions uphold quality assurance and quality control expectations results in the creation of enabling environments for institutions to operate within prevailing policy regulatory frameworks (i.e. political, social, economic and legal environments).

On staffing norms, he averred that Regulators have a duty to ensure that there is a required number of staff and skills mix for a given health facility type to produce a desirable level of care that meets patients' demand. The regulator should ensure the registration of skilled health practitioners. Further to this, ensuring the quality of staff starts from indexing of students and monitoring their progression. Further, the development of Scopes of Practice for each cadre, Development of a code of ethics, Induction and orientation of practitioners, and instituting Disciplinary processes for professional misconduct all support the regulators duty to ensuring quality of healthcare through staffing.

He submitted that the second thing a regulator can do is to develop standards for work environments through methods such as lobbying for updated laws and regulations that promoting safe work environment. and updating guidelines and licensing requirements for health facilities. He explained that Zambia has adopted practitioner's rights and responsibilities for this purpose. He presented that through accreditation or certification of work environments, a regulator ensures workplace safety for its members. This can be done through insisting on minimum standards for accreditation and enforcing minimum compliance. He further submitted that a regulator has a duty to ensure an effective and efficient system for referrals by updating referral guidelines and systems and ensuring accessible patient transport systems.

In his conclusion, Prof. Goma reiterated that it is the responsibility of the regulator and all institutions to ensure safe and appropriate work environments by ensuring that –

a) Standards of working and training environments are adhered to through accreditation and certification;
b) Health professionals have the required skills and competencies to meet the patient needs, and
c) A health system that allows for appropriate referral is established and sustained.

KEY Q&A

Q: Should the information on staffing norms be available to the Public?
A: Every health *facility* should clearly indicate the level of care, services offered and the healthcare personnel available.

Q: Can AMCOA consider the accreditation of Hospitals and give them star ratings as is done in the hospitality industry?

A: AMCOA can consider the accreditation and star rating of health facilities within the AMCOA member states. However, this would require harmonisation of health facility standards/norms across the AMCOA member states. *Also, some AMCOA Member Boards/Councils only regulate health professionals and not the health facilities. It is easier to harmonise standards where the Member Boards/Councils regulate both.*

SECTION 3: TRAINING ON GOVERNANCE MATTERS

The second day of the Capacity Building Workshop began with a recap of the presentations and discussions held on the first day. Dr Divine Banyubala (Ghana) reminded the participants of the topics covered in the previous day which included; welcome by the host country, the role, and functions of a regulator in (a) education and training, (b) registration and licensing, (c)continuous medical education/ continuous professional development, (d) professional conduct, (e) dealing with complaints, (f) the duty to the public, and (g) regulator's duty to ensure safe and appropriate work environments.

3.1. GOVERNANCE MADE EASY

Presented by Adv. Ntsikelelo Sipeka, Head of Division, Executive Company Secretariat, HPCSA

Adv. Sipeka spoke on the need for Regulatory Boards/Councils to incorporate corporate governance principles in their management. He highlighted that good governance is not about being politically correct whilst the business gets on with doing business. He underscored that not only does governance enhance corporate performance, but it also reassures stakeholders that the organization is well run.

Corporate governance is defined as an exercise of ethical and effective leadership by the governing body towards the achievement of the governance outcomes which include –

a) Ethical culture;
b) Good performance;
c) Effective control; and
d) Legitimacy.

He emphasized that a key concept of Governance, legitimacy is gained in societies by the ability to deliver on the mandate. A failure by a regulator to deliver on its mandate will lead to it losing legitimacy with the public. The governance of organizations is set to achieve specific mandates and should enable the achievement of mandates and strategic goals and objectives.

Regulatory organizations in the execution of their functions should embody good corporate governance practices. Good corporate governance practices should permeate all structures of an organization. As an agent of the organization, the Board/Council should make collective strategic decisions. There should be checks and balances to prevent an individual or group of individuals from dominating the governing body and its decisions. Decisions should be made collectively.

Members of the governing body owe the organization fiduciary duties to act in good faith, for the proper purpose, and in the best interest of the organization. The fiduciary duty is a relationship of trust with the organization and a member would be in breach should he or she act in his or her interest. Adv. Sipeka highlighted the duty not to exceed powers, entreating the participants to ensure that members of their regulatory authorities do not overstep their mandate. He also highlighted the duty to maintain unfettered discretion, and the duty not to compete with the organization.

On the issue of delegation of authority and committee structure, the presenter opined that it was not practical and possible for a Board/Council to action all the duties and functions of the organization. He proposed that where possible the Board/Council should delegate the performance of its functions to Committees.

On meeting administration, Adv. Sipeka emphasized that the role of the Chairperson/ President of a Board/Council was to manage the meeting and processes of the Board/Council. He advocated for the Boards and Councils to put in place rules on the conduct of business, that would equally dictate the requirement of meetings. The rules would provide for when meetings would be convened, by whom and the circumstances under which special meetings would be convened.

In conclusion, he submitted that the success of any organization will be guided by its adherence to corporate governance principles.

KEY ISSUES RAISED

a) Regulators should adopt principles of good governance.

b) A key concept of Governance, legitimacy is gained in societies by the ability to deliver on the mandate. A failure by a regulator to deliver on its mandate will lead to it losing legitimacy with the public.

c) Members of the governing body should be discouraged from undertaking operations activities. There should be a distinction between what is operational and what is strategic.

d) The governing body should set and outline the strategic goals and objectives of the organization.

e) There should be checks and balances in a Council to ensure that autocratic leadership is not entrenched in a Council.
f) Duties of Council Members: Decisions of members of the Council should be made in the best interest of the organization.

g) Committees of the Boards/Councils should have the power to make decisions on behalf of the Boards/Councils.

h) The Council delegates its authority to the CEO. The CEO is the only person answerable to the Board/ Council.

i) The role of the Chairperson/President is to manage the meeting processes of the Board/Council.

j) The Chairperson/President has a duty to allow matters to be ventilated and deliberated by the members of the Board/Council.

k) The Board/Council can assign more duties or responsibilities to the Chairperson/President other than what is already legally assigned.

l) The Chairperson/ President of a Board/Council outside the meeting of the Board/Council has the responsibility to monitor the execution of the Board's/Council's resolutions.

m) IT has become a strategic partner in the organization. Automated services do play a key role in an organization being responsive and is a cost-effective measure. The Council/Board is instrumental for setting policy of IT Governance.

n) The Board/Council has an obligation in Risk governance. It should ensure that there are policies to identify and mitigate any risk.

CHALLENGES

a) Achieving the balance between making ethical decisions and the interest of the appointing authority.

b) Dealing with conflict of interest, especially where the appointing authority is vested in the decisions of the Boards/Council.

c) Committees of the Board/Council's making final decisions without ratification by the Boards/Council.

d) Delegation of responsibility to the AMCOA Committees and reporting.

RECOMMENDATIONS

a) AMCOA should clearly stipulate the terms of reference for the Committees for better functioning.

b) Regulatory Boards/Councils should ensure that the members are inducted, and continually trained for better discharge of their duties.

c) Amend the AMCOA Constitution to better elucidate the overlap of the terms of the sitting and previous president.

SECTION 4: AMCOA STRATEGIC PLANNING WORKSHOP

Presented by Mr. Moses Mtimunye, Head of Strategy and EPMO, HPCSA

The **AMCOA Strategic Plan for the Financial Year 2022/23 – 2024/25** was tabled before the delegates for consideration and adoption.

The Strategic Plan 2022/23 – 2024/25 provided for the updated AMCOA vision, mission and values as highlighted below –

VISION

AMCOA aspired to be globally recognized as the leading association for regulatory bodies in protecting the public and guiding health professions in Africa.

MISSION

AMCOA committed to create an environment for the development and sharing of best practices by health professions regulatory bodies in partnership with member councils and engagement of other stakeholders through –

- harmonization of standards for medical education, training, practice and fostering compliance thereof.
- promotion of professional and ethical practices.
- capacity building and information exchange.

VALUES

AMCOA committed to a culture that is underpinned by the following values –

Professionalism	responsible, ethical, and team oriented, and to possess strong communication, interpersonal, and problem-solving skills
Ethics	the standards for morally right and wrong conduct in business
Good Governance	processes and institutions produce results that meet the needs of society while making the best use of resources at their disposal
Lifelong Learning	*the "ongoing, voluntary, and self-motivated" pursuit of knowledge for either personal or professional reasons*
Diversity	intentionally employs a workforce comprised of individuals with a range of characteristics, such as gender, religion, race, age, ethnicity, sexual orientation, education, and other attributes

Of note, the strategic plan also set out an ambitious programme of work for the established three key strategic goals, namely –

a) To have materially/sufficiently supported the functions of regulatory Councils (bodies) in Africa, through governance based Integrated medical regulation by 2025;

b) To promote and enforce safe and quality healthcare and ethical professional practices;

c) Created effective mechanisms for the promotion of AMCOA, stakeholder relations, and reliable sharing and exchanging of information by 2025.

These strategic goals will assist AMCOA to provide the required support to the Africa's medical and dental health regulatory authorities in the protection of the public interest by promoting high standards of medical education, registration, and regulation, and facilitating the ongoing exchange of information among medical regulatory authorities.

AMCOA would continue to engage with our various stakeholders in ensuring that regulations are designed and implemented in the public interest. Enhancing working relationships with its stakeholders will ensure that all the required support programmes for the member councils is provided in a manner that integrates all the AMCOA's healthcare regulatory capabilities and capacity for optimum impact right across the continent.

The workshop concluded that all member states would submit any further input to the Secretariat as the Strategic Plan is a living document and is subject for review annually in line with new experiences, as it considers all the relevant policies, and other mandates for which AMCOA is responsible.

CONCLUSION

In conclusion, the recommendations arising from the discussions on the roles and functions of regulators, and governance matters emphasised the need to forge a common way of regulating healthcare among the AMCOA Member States through –

a) Standardisation of undergraduate and postgraduate training of health professionals (including entry requirements, core curricula, standards of training institutions) within the AMCOA region, taking into account the local context (e.g., disease profiles, regulatory framework, etc);

b) Standardisation of internship training (i.e., rotations, duration, guidelines, logbooks), and training centre standards within the AMCOA region, taking into account local context;

c) Institution of common pre-registration/ pre-licensing examination or assessment for health professionals to enable mutual recognition within the AMCOA region;

d) Harmonisation of scopes of practice for each cadre of the regulated health professionals in the AMCOA region;

e) Information sharing on accredited training institutions and approved training programmes by AMCOA member regulatory authorities;

f) Harmonisation of disciplinary procedures within the AMCOA region;

g) Information sharing on disciplinary matters by AMCOA member regulatory authorities;

h) Establishment of an AMCOA CPD coordination Committee to champion the harmonisation of accreditation of CPD Providers, approval of CPD programmes and awarding of CPD points within the AMCOA region;

i) Standardisation of minimum standards for health facilities and training institutions within the AMCOA region;
j) Common accreditation and star rating of health facilities in the AMCOA region;

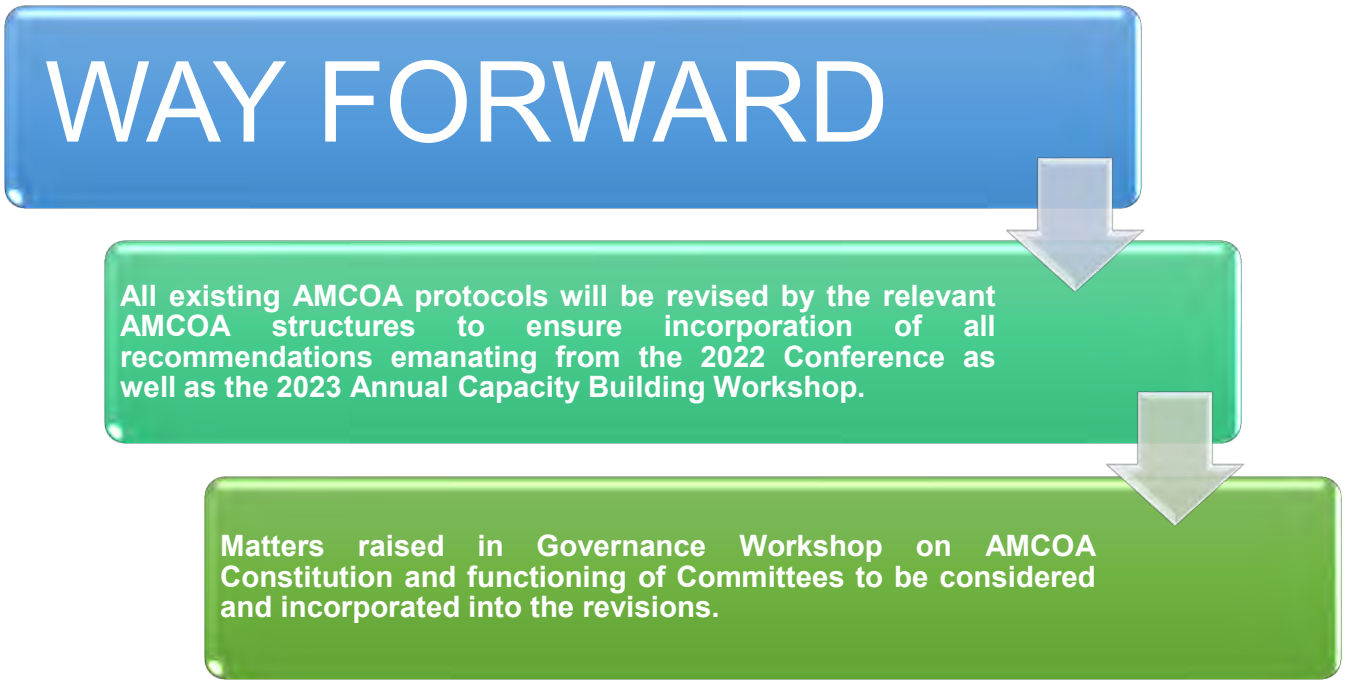
k) Harmonisation and integration of referral systems within the AMCOA region;

l) Establishment of a framework for prevention of impairment of fitness to practise, early identification of impairment, and support for practitioners deemed unfit to practise;

m) Regulators ensuring representation of the public by incorporating membership of laypersons in the regulatory authorities, and especially in the professional conduct/ discipline committee through lobbying for amendment of enabling Acts to support this; and

n) Regulators creating strong governance structures with clear mandates and responsibilities to enhance accountability and legitimacy.

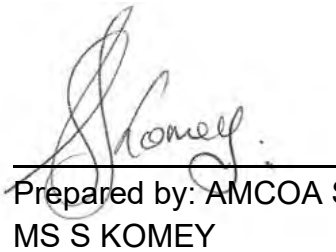
All of the above recommendations are in line with the AMCOA Strategic Goal to ***"to promote and enforce safe and quality healthcare and ethical professional practices"***.



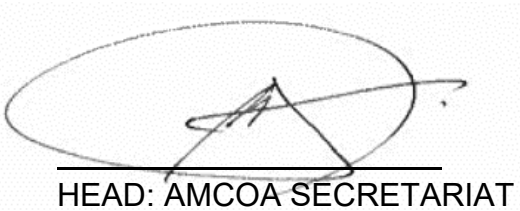
All the revised AMCOA Protocols will be considered by Member States at the upcoming Annual International Scientific Conference 2023, proudly hosted by the Dental Council of Mauritius in August 2023.

DECLARATION

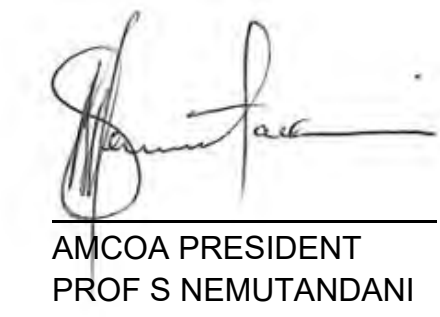
This report, signed on 08 March 2023, is a true reflection of the events at the AMCOA Annual Capacity Building Workshop 2023.



Prepared by: AMCOA SECRETARIAT
MS S KOMEY



HEAD: AMCOA SECRETARIAT
DR TM PINKOANE



AMCOA PRESIDENT
PROF S NEMUTANDANI

AMCOA MEMBERS

1) **Botswana** Health Professions Council
2) **Burundi** Health Professions Council
3) **Eswatini** Medical and Dental Council
4) Medical and Dental Council **Gambia**
5) Medical and Dental Council of **Ghana**
6) **Kenya** Medical Practitioners and Dentists Council
7) Medical, Dental and Pharmacy Council **Lesotho**
8) **Liberia** Medical and Dental Council
9) Medical Council of **Malawi**
10) Dental Council of **Mauritius**
11) Medical and Dental Council of **Nigeria**
12) Health Professions Councils of **Namibia**
13) **Rwanda** Medical and Dental Council
14) **Seychelles** Medical and Dental Council
15) **Sierra Leone** Medical and Dental Council
16) Health Professions Council of **South Africa**
17) **South Sudan** Medical Council
18) **Sudan** General Medical Council
19) Medical Council of **Tanzania**
20) Medical and Dental Practitioners Council of **Uganda**
21) Health Professions Council of **Zambia**
22) Medical and Dental Practitioners Council of **Zimbabwe**

AMCOA ASSOCIATE MEMBERS

1) American Osteopathic Association
2) Ethiopia Medical Council
3) Kenya Dental Association
4) Kenya Medical Association
5) Kenya Health Professions Oversight Authority
6) Health Professions Authority of Zimbabwe
7) Allied Health Professions Council of Uganda
8) Allied Health Professions Council of Rwanda
9) Education Commission for Foreign Medical Graduates

ANNEX 1: LIST OF PARTICIPANTS

The Office of the President of Association of Medical Councils of Africa (AMCOA), Prof Simon Nemutandani, and the hosts Kenya Medical Practitioners and Dentist Council, wishes to express its utmost gratitude to all the delegates who spared their time and resources to attend and participate in the AMCOA Annual Capacity Building Workshop 2023, as listed below.

S/No.	Name	Organisation	Country
1.	**Prof. Modisa Motswaledi**	Botswana Health Professions Council	Botswana
2.	**Dr Caritas Burundi**	Burundi Medical Council	Burundi
3.	**Dr Priyani Dassanayake**	Eswatini Medical and Dental Council	Eswatini
4.	**Dr Joy Cole**	Medical and Dental Council of The Gambia	The Gambia
5.	**Dr Divine Ndonbi Banyubala**	Medical and Dental Council of Ghana	Ghana
6.	**Ms. Adelaide Ashie**	Medical and Dental Council of Ghana	Ghana
7.	**Mr. Bright Xorlali Atsu-Fuglo**	Medical and Dental Council of Ghana	Ghana
8.	**Mr. Clement Kwabena Dankwa**	Medical and Dental Council of Ghana	Ghana
9.	**Ms. Maud Okpattah**	Medical and Dental Council of Ghana	Ghana
10.	**Dr Tentekie Mohapeloa**	Lesotho Medical Dental and Pharmacy Council	Lesotho
11.	**Dr Teboho Thabane**	Lesotho Medical Dental and Pharmacy Council	Lesotho
12.	**Prof. John E. Chisi**	Medical Council of Malawi	Malawi
13.	**Dr Davie Zolowere**	Medical Council of Malawi	Malawi
14.	**Mr. Richard Ndovie**	Medical Council of Malawi	Malawi
15.	**Mrs. Beatrice Kasakatira**	Medical Council of Malawi	Malawi
16.	**Dr Amresh Nemraj Boodhun**	Dental Council of Mauritius	Mauritius
17.	**Dr Salesh Bissimbhur**	Dental Council of Mauritius	Mauritius
18.	**Dr Wilson Landuleni Benjamin**	Health Professions Council of Namibia	Namibia
19.	**Dr Afrika Guido**	Rwanda Medical and Dental Council	Rwanda
20.	**Dr Albert Nzayisenga**	Rwanda Medical and Dental Council	Rwanda
21.	**Mr. Thadee Vuguziga**	Rwanda Medical and Dental Council	Rwanda
22.	**Mr Noel Korukire**	Rwanda Allied Health Professions Council	Rwanda
23.	**Dr Lela Mukaruzima**	Rwanda Allied Health Professions Council	Rwanda
24.	**Mr Jean Damascene Gashereka**	Rwanda Allied Health Professions Council	Rwanda
25.	**Dr Godfrey Ngoboka**	Bloomberg Data for Health	Rwanda
26.	**Prof. Simon Nemutandani**	Health Professions Council of South Africa (HPCSA)	South Africa
27.	**Dr Simphiwe Sobuwa**	HPCSA	South Africa
28.	**Prof. Arthur Joseph Rantloane**	HPCSA	South Africa
29.	**Dr Thabo Pinkoane**	HPCSA	South Africa
30.	**Dr Kgosi Letlape**	AMCOA Past President	South Africa

S/No.	Name	Organisation	Country
31.	**Adv. Ntsikelelo Sipeka**	HPCSA	South Africa
32.	**Mr. Christopher Tsatsawane**	HPCSA	South Africa
33.	**Mr. Moses Mtimunye**	HPCSA	South Africa
34.	**Ms. Kurhula Mdluli**	HPCSA	South Africa
35.	**Mrs. Sadicka Komey**	HPCSA	South Africa
36.	**Dr Elisha Osati**	Medical Council of Tanganyika	Tanzania
37.	**Mr. Benson Mangowi**	Medical Council of Tanganyika	Tanzania
38.	**Prof. Joel Okullo Odom**	Uganda Medical Practitioners and Dentists Council	Uganda
39.	**Dr Ivan Kisuule**	Uganda Medical Practitioners and Dentists Council	Uganda
40.	**Prof. John Charles Okiria**	Allied Health Professionals Council of Uganda	Uganda
41.	**Dr Patrick Mpiima**	Allied Health Professionals Council of Uganda	Uganda
42.	**Ms. Faith Nawagi**	ECFMG/ FAIMER	Uganda
43.	**Ms. Kara Oleyn**	Education Commission for Foreign Medical Graduates (ECFMG)	United States of America
44.	**Dr James Mwanza**	Vital Strategies	USA
45.	**Prof. Mulindi Mwanahamuntu**	Health Professions Council of Zambia	Zambia
46.	**Dr Elliot Kafumukache**	Health Professions Council of Zambia	Zambia
47.	**Dr Musaku Mwenechanya**	Health Professions Council of Zambia	Zambia
48.	**Prof. Fastone Mathew Goma**	Health Professions Council of Zambia	Zambia
49.	**Ms. Ennie Chipabika Sampa**	Health Professions Council of Zambia	Zambia
50.	**Prof. Rose Kambarami**	Medical and Dental Practitioners Council of Zimbabwe (MDCZ)	Zimbabwe
51.	**Dr Zindoga J. T. Bungu**	MDCZ	Zimbabwe
52.	**Dr Benyure Colin**	MDCZ	Zimbabwe
53.	**Mrs. Josephine Mwakutuya**	MDCZ	Zimbabwe
54.	**Mr. Ranganayi Mubvumbi**	Health Professions Authority of Zimbabwe	Zimbabwe
55.	**Mrs. Clotilda Chimbwanda**	Health Professions Authority of Zimbabwe	Zimbabwe
56.	**Dr David G. Kariuki**	Kenya Medical Practitioners and Dentists Council (KMPDC)	Kenya
57.	**Dr Eva W. Njenga, EBS**	KMPDC	Kenya
58.	**Dr Abdi Mohamed**	KMPDC	Kenya
59.	**Dr Jacqueline Kitulu, OGW**	KMPDC	Kenya
60.	**Dr Linus Ndegwa**	KMPDC	Kenya
61.	**Dr Margaret Mbugua**	KMPDC	Kenya
62.	**Mr. John K. Mburu**	KMPDC	Kenya
63.	**Mr. Simon N. Kiraithe**	KMPDC	Kenya
64.	**Adv. Michael R. Onyango**	KMPDC	Kenya
65.	**Adv. Eunice Muriithi**	KMPDC	Kenya
66.	**Dr Stella Kanja**	KMPDC	Kenya

S/No.	Name	Organisation	Country
67.	**Dr Wangechi King'ori**	KMPDC	Kenya
68.	**Mr. Duncan Mwai**	KMPDC	Kenya
69.	**Mr. Mohamed-Qadar Ahmed**	KMPDC	Kenya
70.	**Mr. James Ndiwa**	KMPDC	Kenya
71.	**Ms. Rose Wafukho**	KMPDC	Kenya
72.	**Adv. Esther Dickson**	KMPDC	Kenya
73.	**Ms. Hannah Mugo**	KMPDC	Kenya
74.	**Ms. Hilda Karanga**	KMPDC	Kenya
75.	**Ms. Agnes Jacob**	KMPDC	Kenya
76.	**Ms. Sarah Were**	KMPDC	Kenya
77.	**Ms. Caraine Liseche**	KMPDC	Kenya
78.	**Mr. Benson Kang'ethe**	KMPDC	Kenya
79.	**Ms. R. Gathoni Mwangi**	KMPDC	Kenya
80.	**Mr. Harun Liluma**	KMPDC	Kenya
81.	**Mr. Brian Muguni**	KMPDC	Kenya
82.	**Mr. Tonny Lugalia**	KMPDC	Kenya
83.	**Mr. Francis Chege**	KMPDC	Kenya
84.	**Ms. Lucy Wanza**	KMPDC	Kenya
85.	**Ms. Esther Wambaire**	KMPDC	Kenya
86.	**Brig. (Dr) Francis Kuria**	Ministry of Health	Kenya
87.	**Dr Jackson Kioko**	Kenya Health Professions Oversight Authority (KHPOA)	Kenya
88.	**Dr Kemunto Misega**	KHPOA	Kenya
89.	**Mr. David Wambua**	KHPOA	Kenya
90.	**Ms. Sophie Ngugi**	KHPOA	Kenya
91.	**Mrs. Joyce Ogeto**	KHPOA	Kenya
92.	**Dr Simon Kigondu**	Kenya Medical Association	Kenya
93.	**Dr Douglas Oramis**	Kenya Dental Association	Kenya
94.	**Dr Nelson Malenya**	Kenya Dental Association	Kenya
95.	**Dr Teddie Mutundura**	Kenya Dental Association	Kenya
96.	**Ms. Beatrice Achieng**	Oral Health Association of Kenya	Kenya
97.	**Mr. Frederick Ng'eno**	Oral Health Association of Kenya	Kenya
98.	**Hon. (Dr) Daniel M. Yumbya, EBS**	Machakos County Government	Kenya
99.	**Mr. Ibrahim Wako Boru**	Clinical Officers Council	Kenya
100.	**Ms. Eunice Kuria**	Clinical Officers Council	Kenya
101.	**Ms. Edna Tallam**	Nursing Council of Kenya	Kenya
102.	**Dr Douglas Kotut**	Physiotherapy Council of Kenya	Kenya
103.	**Dr Nassor Suleiman**	Kenya Association of Muslim Medical Professionals	Kenya
104.	**Dr Henry Wanga**	Kenya Association of Radiologists	Kenya

S/No.	Name	Organisation	Country
105.	**Dr Neema Araka**	Kenya Psychiatric Association	Kenya
106.	**Dr John Ngigi**	Kenya Renal Association	Kenya
107.	**Mr. Mahmood Qureshi**	Neurological Society of Kenya	Kenya
108.	**Dr Fredrick Korir**	Ophthalmological Society of Kenya	Kenya
109.	**Mr. Onesmus Ngungua**	Kenya Society of Physiotherapists	Kenya
110.	**Mr. Michael Nzau**	Optometrists Association of Kenya	Kenya
111.	**Mr. Victor Opiyo**	Optometrists Association of Kenya	Kenya
112.	**Dr Dennis Miskellah**	Kenya Medical Practitioners, Pharmacists and Dentists Union (KMPDU)	Kenya
113.	**Dr Nancy Ngugi**	Kenya Diabetes Management and Information Centre	Kenya
114.	**Dr Nancy Wamithi**	Kenya Diabetes Study Group	Kenya
115.	**Ms. Agnes Waudo**	HETARK	Kenya
116.	**Mr. Peter Nyaga**	Equity Afia	Kenya
117.	**Dr Caroline Mukuha**	Equity Afia	Kenya
118.	**Dr Joanne Korir**	Eguity Group Foundation	
119.	**Ms. Winfred Nzioka**	Vital Strategies	Kenya
120.	**Dr Lilian Gikandi**	AAR Healthcare	Kenya
121.	**Dr Faith Mudachi**	County Government of Kiambu	Kenya
122.	**Dr Alex Munyendo**	Webuye Sub-County Hospital	Kenya
123.	**Mr. M. Wafula**	County News	Kenya
124.	**Mr. Lazarus Nzioki**	K24TV	Kenya
125.	**Ms. Diana Ngila**	Nation Media Group	Kenya
126.	**Mr. Samson Oyugi**	Nation Live	Kenya
127.	**Ms. Janet Mwangi**		Kenya
128.	**Mr. Keith Msceseke**	The Star	Kenya
129.	**Dr Charles Malebogo**	Ministry of Health	***

ANNEX 2: ORGANISING COMMITTEE

The Association of Medical Councils of Africa (AMCOA), wishes to recognise members of the Organising Committee whose individual and combined efforts culminated in the successful hosting of the AMCOA Annual Capacity Building Workshop 2023, as listed below:

S/No.	Name	Organisation	Role
1.	**Prof. Simon Nemutandani**	Health Professions Council of South Africa (HPCSA)	AMCOA President
2.	**Dr Eva W. Njenga**	Kenya Medical Practitioners and Dentists Council (KMPDC)	MANCO Representative
3.	**Dr David G. Kariuki**	KMPDC	Host
4.	**Dr TM Pinkoane**	HPCSA	Head: AMCOA Secretariat
5.	**Mrs. Sadicka Komey**	HPCSA	AMCOA Secretariat

S/No.	Name	Organisation	Role
6.	**Ms. Kurhula Mdluli**	HPCSA	AMCOA Secretariat Assistant
7.	**Dr Margaret Mbugua**	KMPDC	Chair, Local Organising Committee
8.	**CPA Philip ole Kamwaro**	KMPDC	Finance
9.	**Mr. John K. Mburu**	KMPDC	Logistics
10.	**Mr. Simon Njagi**	KMPDC	Communication AMCOA Secretariat (Kenya)
11.	**Adv. Michael R. Onyango**	KMPDC	Master of Ceremony AMCOA Legal Counsel (Kenya)
12.	**Adv. Eunice Muriithi**	KMPDC	Rapporteur
13.	**Dr Stella Kanja**	KMPDC	Rapporteur AMCOA Secretariat (Kenya)
14.	**Mr. Duncan Mwai**	KMPDC	ICT
15.	**Mr. Lesinko Nabulu**	KMPDC	Procurement
16.	**Mr. James Ndiwa**	KMPDC	Finance AMCOA Secretariat (Kenya)
17.	**Ms. Rose Wafukho**	KMPDC	International Relations AMCOA Secretariat (Kenya)
18.	**Ms. Agnes Jacob**	KMPDC	Guest management
19.	**Adv. Esther Dickson**	KMPDC	Rapporteur
20.	**Ms. Hannah Mugo**	KMPDC	AMCOA Secretariat (Kenya)
21.	**Mr. Austine Odie**	KMPDC	Procurement
22.	**Ms. R. Gathoni Mwangi**	KMPDC	Logistics/ Guest management
23.	**Mr. Tonny Lugalia**	KMPDC	Guest management AMCOA Secretariat (Kenya)