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# Consultation on Establishing a Regional Network of Medical Councils in SEAR Countries

*A Report*  
*New Delhi, 15-16 February 2007*

 **World Health  
Organization**  
**Regional Office for South-East Asia**  
**New Delhi, April 2007**

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## 1. Introduction and background

Medical Councils play an important role in the development of a country's medical profession. These Councils are primarily responsible to ensure the statutory requirements regarding registration and sometimes re-registration of all professionals practicing medicine. Further, they are responsible for maintaining standards of medical education, both at the undergraduate and postgraduate levels while ensuring continuous professional development through Continuing Medical Education. Medical Councils ensure that medical practitioners follow ethical practices. They have the authority to take disciplinary action against those who do not adhere to professional conduct. All these actions help ensure that service seekers are not exploited by unprofessional and unethical elements in the medical profession.

Realizing the need to strengthen Medical Councils in the Region to meet the challenges of the 21<sup>st</sup> century, the WHO Regional Office for South-East Asia (SEARO) organized a Regional Consultation of Medical Councils in countries of the Region, from 17-19 October 2006 in Thimpu, Bhutan. One of the important recommendations made at the Consultation was the need to develop a Regional Network of Medical Councils with a view to support and strengthen Medical Councils in the Region to carry out their mandates effectively and efficiently. The representatives who attended the consultation felt that this may be achieved through setting up a SEA Regional Network of Medical Councils to enhance networking, sharing of information and organizing periodic meetings on important topics.

The group recommended that during 2007, SEARO should initiate the establishment of the Network while identifying a list of priority activities to be carried out over the next two years. The programme of the consultation and the list of participants are given in annexes 1 and 2 respectively.

### Objectives

The objectives of the consultation were:

- (1) to finalize the Terms of Reference of the Network of Medical Councils in SEAR Countries;

- (2) to arrive at a consensus on issues pertaining to the establishment of the network such as membership, other linkages, fees and establishment of the secretariat etc.;
- (3) to develop an action plan for the network specifying its activities for the period 2007–2010;
- (4) to identify the theme/themes of the next meeting of Medical Councils.

## **2. Inaugural session**

Dr Sultana Khanum, Director, Health Systems Development Department, WHO/SEARO welcomed the participants. She explained the background and the process that led to the development of the Network of Medical Councils of WHO SEA Region while recalling the five priority recommendations made at the first Medical Councils meeting in Bhutan.

Dr Myint Htwe, Director, Programme Management, WHO South-East Asia Region, inaugurated the consultation. He emphasized that worldwide medical councils were entrusted with regulating, monitoring and controlling the quality of professional conduct of medical practice with the ultimate goal of protecting the consumer. The primary responsibility of medical councils was to ensure the statutory authority and legislation of the profession and the responsibility in maintaining standards of medical education while ensuring continuous professional development was reiterated.

He stated that the recommendations of the first Medical Council meeting in Bhutan, in 2007 were very important and timely and WHO/SEARO had decided to implement the most important recommendation of establishing the Regional Network of Medical Councils of the South-East Asian Countries. He thanked Professor Ranjit Roy Chaudhury who was invited as a Temporary Adviser to the Regional Director to assist WHO/SEARO in this process. The text of the address is given in annex 3.

Dr Thushara Fernando, Operational Officer, explained the objectives of the consultation and introduced the participants.

Dr Abdul Azeez Yoosuf, President, Maldives Medical Council was nominated as the Chairperson and Dr Shri Krishna Giri, Registrar, Nepal Medical Council as the rapporteur of the consultation.

### **3. Presentations and proceedings**

On the first day, presentations were made by Dr Prakin Suchaxaya, Regional Adviser (Nursing) and Dr Thushara Fernando, HRH Focal Point, Department of Health Systems Development, WHO/SEARO to facilitate discussions on identification of priority actions of Medical Councils of Member countries, the terms of reference of the Network , membership and other related issues.

Dr Prakin Suchaxaya recalled the priorities that were identified by the representatives of medical councils who attended the first meeting in Bhutan and provided opportunity for the participants to list the priorities in relation to activities of medical councils of respective countries.

In his presentation, Dr Thushara Fernando elaborated the proposed objectives of the network and the specific terms of reference. Following a lengthy discussion, the objectives of the network and the Terms of Reference were finalized.

Dr Fernando also highlighted the specific issues relevant to the establishment of the network. Issues, such as membership, sustainability, supporting mechanisms, building linkages and the location of the secretariat were discussed.

Taking into consideration the priorities identified by the representatives of medical councils during the first day of the consultation, the participants identified a list of priority activities that need to be implemented by the Network during 2007 and during 2008-2009 biennium.

### **4. Meeting outcome**

The priority activities of Medical Councils of respective Member countries as identified by the country representatives are given in annex 4.

#### **4.1 General objective**

The establishment of the Network of Medical Councils is proposed with the objective of improving and sustaining the quality and relevance of medical councils in the South-East Asia Region to meet the increasing challenges of professional standards.

#### **4.2 Specific objectives**

To assist Medical Councils of Member countries to:

- (1) ensure allopathic medical care is provided by qualified medical doctors who are registered by the Medical Councils of the countries they are working in;
- (2) improve and sustain the independence of the statutory authority to function as an independent professional body through appropriate legislation;
- (3) ensure that the professional competence of medical doctors registered with the medical councils is kept up to date;
- (4) achieve high professional standards in terms of professional conduct and ethics.

#### **4.3 Terms of reference**

These were:

- (1) to identify the role and responsibilities of medical councils in the Region that can be strengthened through regional collaboration;
- (2) to facilitate the functioning and development of medical councils or equivalent regulatory authorities;
- (3) to identify and establish collaborative programmes which will strengthen the roles and responsibilities of medical councils;
- (4) to strengthen the capacity of medical councils through exchange of professionals, study tours, or visits;

- (5) to develop and maintain linkages with other related networks and institutions;
- (6) to share information regarding good-standing of doctors registered in different councils in the Region, regulation, ethics and continuing professional development.

#### **4.4 Other relevant issues pertaining to the establishment of the Network**

During the discussions on issues related to the establishment of the Network the following decisions were taken:

- (1) Member countries in the Region will form the membership of the Network of Medical Councils. Even though the professional regulatory activities in DPR Korea are conducted by the Medical Association and in Timor-Leste by the Health Professional Council, all participants felt that these two countries would also be members of the network. At this stage membership will be limited to the WHO SEA Region.
- (2) Technical support should be provided by the Medical Councils which are part of the Network and, in the initial stages, should also come from the WHO/SEARO. This support, though small, would be important in order to maintain dialogue, disseminate information, hold tele-conferences, as necessary, maintain a website, and to carry out other activities as identified.
- (3) WHO/SEARO should provide the necessary financial support initially to maintain the activities of the Network.
- (4) The Network will promote close linkages with any other related networks and organizations.
- (5) The secretariat of the Network has been established in the Department of Health Systems Development in WHO/SEARO and will continue until the Network is fully established. At a subsequent meeting, a decision will be taken to transfer the secretariat to a Medical Council of a Member country, to be managed by a full-time coordinator. It was proposed to rotate the venue of the secretariat among Medical Councils.

## **4.5 Priority activities of the Network**

The participants identified a list of priority activities that need to be implemented by the Network during 2007 and during the 2008-2009 biennium. The list is given below.

- (1) establish and maintain a website on the Network;
- (2) disseminate available documents on 'code of conduct' of Medical Councils of Member countries;
- (3) collaborate and actively get involved in the conduct of the regional meeting on 'patients for patient safety';
- (4) identify the roles and responsibilities of Medical Councils in ensuring patient safety;
- (5) identify a list of research priorities;
- (6) review existing accreditation procedures and develop medical accreditation guidelines;
- (7) develop a module on ethics for undergraduate medical courses;
- (8) organize a regional meeting of the network to review the progress and challenges.

## **Annex 1**

# **Programme**

### **Day 1, Thursday, 15 February 2007**

0830 – 0900 Hrs

Registration of Participants

0900 – 0930 Hrs

#### **Inaugural Session**

- Welcome Remarks by Dr Sultana Khanum, Director, Department of Health Systems Development, WHO/SEARO
- Opening speech by Dr Myint Htwe, Director, Programme Management, WHO/SEARO
- Objectives of Consultation, and Introduction of Participants - Dr Thushara Fernando, HRH Focal Point, Department of Health Systems Development, WHO/SEARO
- Nomination of Chair, and Rapporteur
- Group Photograph

1000 – 1200 Hrs

#### **Terms of Reference of the Network**

- Recommendations of the Medical Council Meeting held in Bhutan – A presentation by Dr Prakin Suchaxaya, Regional Adviser (Nursing), Department of Health Systems Development, WHO/SEARO
- Discussions
- Identifying Priorities for Action

1300 – 1500 Hrs

- Presentation of draft Terms of Reference of the Network of Medical Councils – Dr Thushara Fernando
- Discussions
- Finalization of ToR

1530 – 1700 Hrs

**Finalization of relevant issues of Network**

Discussions on:

- Membership
- Membership Fee
- Other Linkages
- Establishment of Secretariat
- Memorandum of Understanding

**Day 2, Thursday, 16 February 2007**

0900 – 0915 Hrs

Presentation of Finalized ToR for consensus –  
Revisiting the first day's discussions

0915 – 1015 Hrs

**Development of an action plan for the Network for  
the period 2007-2009**

1045 – 1200 Hrs

Action Plan....contd.

1300 – 1330 Hrs

Presentation of the Action Plan

1330 – 1430 Hrs

**Thematic Area for the next Councils' Meeting**

- Discussions

1430 Hrs onwards

**Closing Session**

## Annex 2

### List of participants

#### Bhutan

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### **Other Agencies**

#### **SEARAME**

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### **Secretariat**

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### **Annex 3**

## **Inaugural address by Dr Myint Htwe Director, Programme Management, WHO/SEARO**

Distinguished participants, Ladies and Gentlemen,

First of all, on behalf of the Regional Director, who is away on duty travel, and also on behalf of the WHO Regional Office for South-East Asia, I would like to extend a warm welcome to you all. Your kind presence at this meeting is a reflection of your dedication and commitment to develop the medical profession in this Region from various perspectives.

Medical Councils, which you have been entrusted with, have important roles in regulating, monitoring and controlling the quality of professional conduct of medical practice. In fact, the ultimate goal is to protect the consumers who are our clients on many occasions. WHO fully acknowledges that Medical Councils play a vital role in the development of the medical profession in a country, be it public health or clinical sciences. WHO is also aware of the mutually supportive role of the ministries of health, Medical Councils and the work of WHO and other UN agencies and partners.

It is important to note that Medical Councils are responsible in maintaining standards of medical education, both at the undergraduate and postgraduate levels, while ensuring continuous professional development through Continuing Medical Education. This is very much supportive of WHO's work. Without this, WHO's efforts will not be 100% effective and will not have a great impact.

WHO/SEARO is also paying attention to the ethical aspect of the medical profession. In that context, the Medical Council's role is vital, not only from the perspective of providers but also, and especially, for the consumers – the community at large. Medical Councils also enable us to protect service seekers from professionals who may try to exploit them by unprofessional conduct and unethical means.

Within the WHO South-East Asia Region, many countries have fully formed and functional medical councils with some of them established over 100 years ago. At the same time, countries such as DPR Korea and Timor-Leste have shown the highest interest in establishing functional Medical Councils and are in the process of doing so. WHO is also supporting these efforts.

Realizing the need to strengthen Medical Councils of the SEA Region to meet the challenges of the 21st century, you all are aware that WHO/SEARO organized a consultation in October 2006 in Thimphu, Bhutan.

The three-day consultation provided an opportunity for representatives from individual countries to compare the role and responsibilities of their Medical Councils with other Medical Councils in the Region. The draft report of the October 2006 meeting is also available with us.

The consultation further provided an opportunity for them to examine the current roles and responsibilities against some of the best practices of Medical Councils drawn from all over the world which was highlighted in the technical presentations.

The consultation made with several recommendations which were pioneering in nature. One of the important recommendations was to develop a Regional Network of Medical Councils with a view to support and strengthen the Medical Councils of the Region to carry out their mandates effectively and efficiently.

The participants attending the Bhutan consultation were of the unanimous view that this may be achieved through setting up a SEA Regional Network of Medical Councils to enhance networking, sharing of information and organizing periodic meetings on important topics.

They felt that within this network, various sub-committees or taskforces could be set up to work on different aspects of the roles such as continuing professional development, ethical standards, accreditation, etc. The group also recommended that, during 2007, WHO/SEARO should set up the Network of Medical Councils in the Region.

This meeting has been organized with the objective of finalizing the TOR for the Network and to discuss other relevant issues such as membership, linkages, priority collaborative activities etc.

We will seriously consider your sage advice and proposals and recommendations in our 2008-2009 work-plans which are about to start and also incorporating them in the Medium Term Strategic Plan (MTSP) from 2008-2013, a six-year master plan of WHO.

I would like to take this opportunity to thank Professor Ranjit Roy Chaudhury for his contributions to the whole process of the Medical Councils meeting in Bhutan.

Lastly, I would like to thank each and every one of you, who are very senior officials, for being here on such short notice amidst your busy schedules. I believe the meeting will be very productive and all of you will join WHO/SEARO in taking this agenda forward. I hope you will enjoy your stay in New Delhi.

## Annex 4

### Country priority activities

#### Bhutan

##### Activity

1. Develop standards and guidelines
2. Develop and strengthen capacity of the secretariat
3. Build linkages with other professional bodies
4. Ensure uniform standards of education and training
5. Create awareness among doctors and health professionals

#### DPR Korea

##### Activity

1. Further strengthen the activities of the medical association
2. Have closer contacts and cooperation among the medical councils of Member countries
3. Exchange of information among medical councils of Member countries

#### India

##### Activity

1. Ensure uniformity of medical education
2. Update the existing curricula
3. Annual maintenance of the medical register
4. Bring in relevant changes in the regulations from time to time
5. Continuous monitoring of the council activities

## **Indonesia**

### **Activity**

1. Introduce Continuous Professional Development for re-registration
2. Accreditation of medical schools according to World Federation of Medical Education (WFME) standards
3. Regulation of foreign doctors from countries in the South-East Asia Region

## **Maldives**

### **Activity**

1. Revision of Council Regulations
2. Ensure legal backing for the Council
3. Build capacity of current council members
4. Develop linkages with other councils
5. Develop a mechanism to recognize and accredit medical degrees of different countries

## **Myanmar**

### **Activity**

1. Ensure registration and maintenance of registers
2. Ensure Continuing Medical Education/ Continuous Professional Development opportunities
3. Disciplinary measure, advocacy , education , and action
4. Ensure ethical standards
5. Standardization and accreditation of medical education and health care services

## **Nepal**

### **Activity**

1. Accreditation and reciprocal recognition
2. Formation of an ethical board, disciplinary action
3. Ensure continued professional development
4. Ensure registration and re-registration
5. Develop the regulatory mechanism for international medical studies

## **Sri Lanka**

### **Activity**

1. Quality assurance of (a) foreign qualified doctors (b) locally qualified doctors from recently established new schools
2. High cost of litigation – presenting doctors, when charges are framed and court proceedings initiated
3. Changes in the ordinance to include lay people in some committees of the medical council
4. Develop a user-friendly process to receive complaints
5. Establish a separate committee for the process of holding examinations for foreign qualified doctors and to give them courses in subjects they are weak in.

## **Thailand**

### **Activity**

1. Licensing and re-registration to practice
2. Medical education standards and licensing examinations, Part I, II and III
3. Non-medical members to be included in the medical council committees
4. Patient safety and workload of medical doctors
5. Continuing medical education – management of the office

## **Timor-Leste**

### **Activity**

1. Strengthen effectiveness of the role and functions of the Health Professional Council
2. Registration of all health professionals including foreigners
3. Registration of Medical Association in Ministry of Justice, and development of ethical code for doctors
4. Establishment of a Medical Council
5. Accreditation of the medical schools