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# First Meeting of the Regional Network of Medical Councils in SEAR Countries

*Report of a Regional Consultation  
Colombo, Sri Lanka, 19–21 December 2007*

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## 1. Introduction and background

All Member countries in the WHO South-East Asia Region are affected by health workforce-related problems either in terms of shortages of personnel or competencies of workforce or both. Lack of quality pre-service and in-service education and training and the current deficiencies in terms of ensuring ethical practice have been highlighted at many regional fora.

In many countries in the Region, medical education has not kept pace with the advancing public health needs and challenges. The need to align the pre-service training of medical doctors and other professionals to meet the current health needs, demands and challenges including those in the field of public health has been discussed on several occasions. The need to introduce/strengthen accreditation of medical schools has been discussed in many regional meetings. The need to expose medical undergraduates to an extensive course of medical ethics has also been recognized as a priority at the meeting held in New Delhi in February 2007 to establish the Network of Medical Councils.

In October 2006, the first landmark regional meeting of medical councils in countries of the Region was organized by the WHO Regional Office for South-East Asia (SEARO) in Bhutan. This meeting was an eye-opener to many representatives of medical councils of the Region who realized the need to have strong medical councils to regulate health professionals with an ultimate goal of providing good quality medical care. The meeting's recommendations included establishing a Regional Network of Medical Councils in the SEA Region and organization of annual consultations of medical councils on priority topics.

Complying with the request, a meeting was organized in WHO/SEARO, New Delhi, in February 2007 to establish the Regional Network of Medical Councils. At this meeting, attended by the Medical/Health Council representatives of 10 countries (Bangladesh could not participate), the Regional Network of Medical Councils of the SEA countries was established. WHO/SEARO was identified as the secretariat of this network for a period of two years. A workplan was developed for the secretariat to implement the identified activities during the first year.

Realizing the need to strengthen medical councils in the Region, SEARO has made a commitment to organize annual meetings which will bring together all medical and health councils of the Region to provide a synergistic effect. The first meeting of the Regional Network of Medical Councils in SEAR Countries was held in Colombo, Sri Lanka in collaboration with the Sri Lanka Medical Council which provided an opportunity to all SEAR countries to review the progress of the network and to identify a set of new activities that could be implemented in the 2008-2009 biennium.

## **Objectives**

- (1) To review the progress made by the Regional Network of Medical Councils in its first year of operation
- (2) To review and discuss the
  - (a) Module on teaching of ethics in the undergraduate medical curriculum
  - (b) Guidelines for accreditation of Medical Schools
  - (c) Roles and responsibilities of Medical Councils in ensuring patient safety, and
- (3) To identify a set of priority activities to be carried out by the Medical Councils secretariat in the biennium 2008-2009.

## **2. Inaugural session**

Dr H.H.R. Samarasinghe, President of the Sri Lanka Medical Council welcomed the participants and explained the role and responsibilities of the medical council taking examples from the Sri Lankan context. He thanked WHO/SEARO for taking active measures to strengthen the medical councils in the Region.

Dr Agostino Borra, WHO Representative to Sri Lanka, delivered the message from Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region. Expressing his gratitude to the Government of Sri Lanka and the Medical Council of Sri Lanka for assisting SEARO in organizing the regional consultation which was the first meeting of the Network of Medical Councils of the South-East Asia Region, he stressed the importance of

medical councils in streamlining the development of the medical profession.

He reiterated the responsibility of medical councils in regulating, monitoring and controlling the quality of professional conduct of medical practice with the ultimate goal of protecting the consumer. The need for medical councils to have statutory authority and legislative power to mandate registration and sometimes re-registration of all professionals practicing medicine was emphasized. Its role in maintaining standards of medical education, both undergraduate and postgraduate while ensuring Continuous Professional Development (CPD) through Continuing Medical Education (CME) was highlighted.

Detailing WHO/SEARO's action in strengthening the medical councils of the Region, the Regional Director recalled the recommendations of the regional meeting held in Bhutan in October 2006. Following-up on the recommendations of this meeting, he stated that WHO/SEARO took the leadership to establish the Regional Network of Medical Councils with a view to support and strengthen the medical councils of the Region. As a follow-up of these network activities, SEARO had organized this first meeting of the Regional Network of Medical Councils in SEAR countries.

Dr Ajith Mendis, Director-General Health Services, Ministry of Healthcare and Nutrition, Sri Lanka, in his inaugural address applauded WHO's efforts in strengthening the medical councils in countries of the Region. He emphasized the need to re-examine the roles and responsibilities of these councils to address the challenges of professionalism, and assured that the government of Sri Lanka would actively collaborate with WHO/SEARO in its efforts to strengthen the conduct of medical professionals in the Region.

Dr Sultana Khanum, Director, Department of Health Systems Development, WHO/SEARO, explained the background that led to the establishment of the Regional Network of Medical Councils in Countries of the Region. While reaffirming SEARO's commitment in strengthening the medical councils of the Region, she explained the objectives of the meeting and the desired outputs.

Dr Thushara Fernando, Focal Point for HRH/SEARO, the operational officer of the meeting, introduced the participants.

Dr H.H.R. Samarasinghe, President, Sri Lanka Medical Council was nominated as the Chairperson. Dr Somsak Lolekha, President, Thai Medical Council, was nominated as the co-chair person, and Dr Subodh Adhikari of the Nepal Medical Council was nominated as the rapporteur of the meeting.

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

#### **3.1 Network website**

Dr Thushara Fernando presented the progress during first ten months of the Network's operations. He informed that the 'module on ethics for undergraduate medical courses', 'medical accreditation guidelines' and the document on 'roles and responsibilities of medical councils in ensuring patient safety' would be presented at this meeting for discussion. He said that the documents on 'code of conduct' of medical councils of Member countries and the identification of research priorities would be disseminated in 2008.

The website on the Regional Network of Medical Councils was launched by Dr Sultana Khanum. The participants felt that the progress of the Network during its first ten months of operation was very satisfactory.

#### **3.2 Medical ethics**

Professor Dulitha Fernando and Dr Priyadarshani Galappatthy presented the draft module on Medical Ethics which was being developed by the Curriculum Development Committee of the Faculty of Medicine, Colombo, Sri Lanka on under-graduate medical education. It was mentioned that this module was intended as a generic module to identify the key components for an undergraduate medical curriculum and when used by other countries, making country-specific changes was highly recommended. The need for the individual medical school to develop its own modules for the undergraduate training programmes too was emphasized.

The module was structured under nine sections – introduction; learning outcomes; content; organization of the module; learning outcomes; proposed teaching/learning methods; student assessments; and



resource material, followed by annexures. Each section was outlined and elaborated on content. The need to include clinical ethics, professional ethics and research ethics was explained. Commenting on the organization of the module, it was stated that it was important to identify the stage at which it would be most suitable to incorporate this module into the medical curriculum. This entire module could be conducted as a whole during the period identified or could be split, providing theoretical input initially and the application and practical components of the module during the clerkship.

The participants, in three groups, examined the draft module and analyzed it in terms of comprehensiveness, presentation and feasibility of implementation. Emphasizing that learning ethics involved a life-long commitment, the participants felt that the curriculum should be introduced during the pre/para-clinical phase and the clinical phase of the training while covering the internship period as well. The need to sensitize trainers, senior doctors, examiners and medical council members with ethical education was highlighted.

### **3.3 Accreditation of medical schools**

Professor Nantana Sirisup of the Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand, presented the draft guidelines for 'Accreditation of Undergraduate Medical Schools'. She defined accreditation as 'the act or process of confirming compliance with developed standards in order to attest that a designated level of operational capacity existed in a medical school, educational facility and processes so as to assure its ongoing ability to function and to provide competence to their students. She also said that the development of these guidelines was based on a comprehensive review of available literature on accreditation of Medical Schools.

The document was arranged under five sections, i.e., the background, quality accreditation of medical schools, standards/criteria for accreditation, guidelines for accreditation and recommendations and conclusions. While outlining the content of each section she brought examples from widely accepted standards of medical education from different organizations. She referred to the World Federation of Medical Education (WFME)'s global standards on basic medical education, the standards recommended by the

American Medical Association's Liaison Committee on Medical Education (LCME standards) and standards for Accreditation of Medical Schools in the Caricom Community.

The participants, in three groups examined the draft of the proposed guidelines and analyzed the document in terms of comprehensiveness of the content, presentation of the document and feasibility of its implementation. The participants unanimously felt that there was a need to improve the quality of medical education in the Region. Although accreditation has been introduced as a relatively new concept in the Region, for decades the medical councils have been practicing 'granting recognition' to those schools that have been adhering to minimum standards set by the councils. However, the need to improve medical education through introducing the principles of accreditation were emphasized.

### **3.4 Patients' safety**

Dr Sivakumaran, a representative of the Sri Lanka Medical Council, presented the draft paper on 'Roles and Responsibilities of the Medical Councils in Ensuring Patient Safety' which was based on the discussions held at the workshop on 'Patients for Patients' Safety' in Jakarta in July 2007. Explaining why patient safety has been identified as one of the priority areas of work by the Regional Network of Medical Councils, he outlined the current concepts of patient safety which placed responsibility on deficiencies in healthcare system design, organization and operation. He highlighted the prevailing culture of blame and litigation which has arisen as a vicious cycle of adverse incidents, malpractice law suits, medical liability insurance, leading to practice of defensive medicine with rising costs of health care which had been noted by the 59<sup>th</sup> Session of the Regional Committee for South-East Asia vide resolution SEA/RC59/R3.

He described the roles and functions of medical councils in "Ensuring Patient safety" under seven headings. These were: restoring trust and reducing the risk of malpractice litigation; empowering consumers and patients to become more engaged in their own health care; strengthening accountability mechanisms to better ensure the competencies of physicians; improving the clinical and educational experience of pre-registration house officers and encouraging adherence to clinical guidelines to improve quality

and reduce liability risk; supporting communication and teamwork training to reduce the risk of medical error; integrating patient safety concepts and practices into medical education, training and induction schemes; and encouraging medical doctors to raise concerns about patients' safety.

The participants, in three groups, examined the draft document in terms of comprehensiveness of content, presentation of content and feasibility of its implementation. The participants were of the unanimous view that there was a need for medical councils to play a pivotal role in ensuring patients' safety. The need to restructure the medical councils' governance, council membership, regulations and processes to facilitate their role was stressed.

### **3.5 Way forward for medical councils**

Prof Ranjit Roy Chaudhury elaborated how medical councils could move forward in implementing these modules/guidelines at the country level. Commenting on the role and responsibilities of medical councils, he stated that they should ensure that each medical college taught medical ethics as part of the undergraduate curriculum in adequate detail with the core course covering ethical principles and theories of medical ethics. The need for integrating the clinical ethics component in clinical training in the form of applied ethics based on cases and scenarios too was presented. He said that the medical councils can ensure that a comprehensive learning module for medical ethics is made available to all medical colleges. The need to organize Continuing Medical Education (CME) to sensitize medical teachers and practicing doctors in medical ethics too was stressed.

Commenting on the role of medical councils in implementing guidelines on accreditation of medical schools, Prof Chaudhury stressed the need to advocate for medical councils to be the statutory authority for accreditation and de-accreditation. He requested the medical councils to collaborate within the Network of Medical Councils to develop minimum standards for accreditation based on the global WFME standards which have been modified for the SEA Region. The need to develop processes for accreditation of new medical colleges and for renewing of accreditation of existing medical colleges was emphasized. The need to develop the capacity of medical councils to implement accreditation programmes was stressed. While stating the need for medical councils to explore

mechanisms for inter-council recognition of medical schools, he requested all medical councils of the Region to send to WHO a list of accredited public and private medical colleges in their countries with specification of authority for accreditation.

Discussing the role and responsibilities of medical councils on patients' safety, he stressed the need to ensure transparency of the proceedings of the councils. While discussing the need to include legal and non-medical representatives in medical councils, he highlighted the need to strengthen the access to grievance procedures for patients. Its role in encouraging preparation, dissemination and use of clinical practice guidelines for common conditions prevalent in the country to improve prescription practices and reduce errors was underscored. While discussing the need to promote and ensure CME for practicing doctors, including on different aspects of patients' safety, he requested the medical councils to look into introducing periodic re-registration of medical practitioners, linked to CME. The importance of creating public awareness about patients' safety concerns and to help them differentiate between qualified and unqualified practitioners was highlighted. The need to introduce mechanisms for medical audit was brought up while strengthening the capacity to identify causes of errors and rectify procedures and systems in hospitals attached to medical colleges. The need to ensure that adequate inputs on patients' safety are included in the medical curriculum too, was discussed while building partnerships with other organizations in ensuring patient safety.

## **4. Meeting outcome**

### **Priority activities of the network**

The participants identified a list of priority activities and proposed that the Secretariat of the network facilitate the implementation of these activities during the 2008-2009 biennium. The list is given below:

- (1) Finalize and publish the module on ethics for undergraduate medical courses.
- (2) Publish the existing accreditation procedures and develop medical accreditation guidelines.

- (3) Finalize the document on 'roles and responsibilities of medical councils in ensuring patients' safety'.
- (4) Identify a list of research priorities.
- (5) Collect and collate the list of recognized medical schools in the SEA Region and make it available to all Member countries.
- (6) Develop a system through which the qualifications of medical practitioners can be verified.
- (7) Share the list of centres of excellence in medical education and health care among Member countries.
- (8) Provide assistance to the Medical Council of Indonesia to translate the vital documents to English
- (9) Develop a data-base through which documents of medical councils of the Region such as code of conduct/ethics, rules and regulations etc. can be readily available.
- (10) Develop guidelines to develop Continuing Medical education (CME) systems.
- (11) Identify the patient's rights and responsibilities in patient care. Make the members knowledgeable on legislation against criminal suit for unintentional medical error.
- (12) Organize the second meeting of the network of Medical Councils in December 2008.
- (13) Maintain the website of the Network of Medical Councils.

## **5. Conclusions and recommendations**

The following conclusions and recommendations were arrived at:

WHO/SEARO will continue as the secretariat of the Network of Medical Councils for another year. The progress of the network was very satisfactory during the first 10 months of its operation.

The three technical papers which were presented at the meeting were of high quality. Based on the discussions held at this meeting, the inputs will be incorporated in finalizing the documents and the final drafts were

provided to the writers. The authors agreed to finalize the documents based on the inputs provided by the participants.

The new set of activities identified by the representatives of medical councils should be implemented during the 2008-2009 period.

WHO/SEARO should explore, facilitate and support bilateral dialogues on reciprocal recognition of medical degrees/colleges between medical councils.

The second meeting of the Network of Medical Councils of the SEA Region should be held in Chiang Mai, Thailand in the 2<sup>nd</sup> week (8-10) of December 2008.

## Annex 1

# Programme

### Day 1, Wednesday, 19 Dec 2007

0900 – 0930 hrs     **Registration of Participants**

0930 – 1030 hrs     **Inaugural session**

- Lighting of the oil lamp
- National Anthem
- Welcome Address by *Dr H.H.R. Samarasinghe*, President, Sri Lanka Medical Council
- Background and objectives of the Meeting by *Dr Sultana Khanum*, Director, Health Systems Development, WHO/SEARO
- Message from *Dr Samlee Plianbangchang*, Regional Director, WHO/SEARO (to be read by WR Sri Lanka)
- Inaugural address by *Dr Ajith Mendis*, Director-General of Health Services, Ministry of Healthcare and Nutrition, Sri Lanka.
- Introduction of participants by *Dr Thushara Fernando*, HRH Focal Point, WHO/SEARO
- Group Photograph

1030 – 1100 hrs     Tea/ Coffee Break

1100 – 1230 hrs     **Plenary Session**

Nomination of Chairman and rapporteur

Review of progress made by the Network of Medical Councils in its first year of operation – A presentation by *Dr Thushara Fernando*, HRH Focal Point, WHO/SEARO

- Launching of the website of the Regional Network of Medical Councils by *Dr Sultana Khanum*, Director, HSD, WHO/SEARO

1230 – 1330 hrs     Lunch

- 1330 – 1415 hrs     **Presentation on:**
- (i) **Draft Module on “Teaching of ethics in the undergraduate medical curriculum”** – A presentation by *Prof Dulitha Fernando*, Dean, Faculty of Medicine, University of Colombo, Sri Lanka
    - Followed by Questions/Answers
- 1415 – 1530 hrs     **Group Work** on draft module on “Teaching of ethics in the undergraduate medical curriculum”
- 1530 – 1600 hrs     Tea/Coffee Break
- 1600 – 1700 hrs     **Plenary Session**
- Presentations on the group work
- Moderator: *Dr Jean K. Seeberg*
- 1900 – 2100 Hrs     Reception
- Day 2, Thursday, 20 Dec 2007**
- 0900 – 1015 hrs     **Plenary Session**
- Presentation on:**
- (ii) **Draft “Guidelines for accreditation of medical schools”** – A presentation by *Dr Nantana Sirisup*, Head, Department of Forensic Medicine, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand
    - Followed by Questions/Answers
- 1015 – 1045 hrs     Tea/Coffee Break
- 1045 – 1200 hrs     **Group Work** on draft “Guidelines for accreditation of medical schools”
- 1200 – 1245 hrs     **Plenary Session**
- Presentation on the Group Work
- Moderator: *Prof Khunying Kobchitt Limpaphayom*
- 1245– 1400 hrs     Lunch
- 1400 – 1445 hrs     **Presentation on:**
- (iii) **Draft of “Roles and responsibility of medical councils in ensuring patient safety”** – A presentation by *Dr Sabaratnam Shivakumaran*, Sri Lanka Medical Council, Colombo, Sri Lanka
    - Followed by Questions/Answers



1445 – 1600 hrs     **Group Work** on proposed “Roles and responsibility of medical councils in ensuring patient safety”

1600 – 1700 hrs     **Plenary Session**  
Presentation on the Group Work

- Moderator: (To be decided)

**Day 3, Friday, 21 Dec 2007**

0900 – 1015 hrs     **Plenary Session**  
Based on the discussions, **how medical councils can move forward in implementation of these modules/guidelines at the country level**

- Presented by: *Dr Ranjit Roy Chowdhury*

1015 – 1045 hrs     Tea/Coffee Break

1045 – 1145 hrs     **Priority activities to be carried out by the Medical Councils secretariat in the biennium 2008-2009 and discussions on the future of the network secretariat**

- Moderator: *Dr Sultana Khanum*, Director, HSD, WHO/SEARO

1145 – 1230 hrs     Conclusions and recommendations

1230 hrs             Closing session

## Annex 2

### List of participants

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### **Annex 3**

## **Message from Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region**

*(Read by Dr Agostino Borra, WHO Representative to Sri Lanka)*

First of all, I would like to express the gratitude of the WHO Regional Office to the Government of Sri Lanka and the Medical Council of Sri Lanka for assisting us in organizing this regional consultation, which is the first meeting of the Network of Medical Councils of the South-East Asia Region.

I see your presence at this meeting as a reflection of your firm and continued dedication and commitment to develop the medical profession in the Region.

Worldwide, medical councils have been entrusted with the role of regulating, monitoring and controlling the quality of professional conduct of medical practice with the ultimate goal of protecting the consumer who is the patient in most occasions.

They are primarily responsible to ensure the statutory authority and legislation of the profession which mandates registration and sometimes re-registration of all professionals practicing medicine. Further, they are responsible in maintaining standards of medical education, both undergraduate and postgraduate, while ensuring continuous professional development through continuing medical education. They ensure that the medical practitioners adhere to ethical practice and do not hesitate to take appropriate action against those who do not do so. All these actions finally ensure that service seekers are protected from unprofessional and unethical conduct.

Several countries of the WHO South-East Asia Region have fully functional medical councils with some of them with a history of over 75 years. 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.

Realizing the need to strengthen the medical councils of the SEA Region to meet the challenges of the 21<sup>st</sup> century, the SEA Regional Office had, for the first time, organized a consultation in October 2006 in Thimpu, Bhutan. The three-day consultation provided an opportunity for the representatives to compare the roles and responsibilities of their medical councils with some best practices drawn from all over the world. The consultation ended with several pioneering recommendations.

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 group recommended the Regional Office to facilitate the setting up of the Network of Medical Councils during 2007.

You may be aware that the representatives of the Medical Councils from 10 countries in the Region at a meeting in February 2007 had identified the objectives, terms of reference and other relevant issues such as membership, linkages and priority activities of the network and declared the establishment of network.

During this meeting, the representatives suggested that the Regional Office assume the role of the Secretariat of this network for an initial period of two years. A list of eight activities was identified for its first two years of operation. One of the priority activities was the organization of this regional consultation which we are inaugurating in Colombo today.

At this meeting you will discuss how far the work of the Secretariat of the network has progressed during its first 10 months of operation. I understand that the meeting will discuss three technical topics on “teaching of ethics in the undergraduate medical curriculum”; “guidelines for accreditation of medical schools” and the “roles and responsibilities of medical councils in ensuring patient safety”. The challenges I foresee for the medical councils is to work out ways to adapt and adopt these issues while carrying out their roles and responsibilities in tandem. I’m confident that there will be intense discussions to identify how the medical councils can take these recommendations forward.

Lastly, I would like to thank each and every one of you for being here amidst your busy schedules. I believe the meeting will be very productive and all of you will join the Regional Office to take this agenda forward. I believe you will enjoy the hospitality of Sri Lanka throughout your stay in Colombo.