

# **Second Meeting of the Regional Network of Medical Councils in SEAR Countries**

**Report of the Meeting  
Chiang Mai, Thailand, 10–12 November, 2008**



**World Health  
Organization**

Regional Office for South-East Asia

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



**World Health  
Organization**

Regional Office for South-East Asia

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## 1. Introduction and background

Future health professionals need to be professionally sound and equipped with regional competence to meet the health needs, demands and challenges in the field of public health. They also need to be humane with regard to patient care and have the knowledge of ethics and decision making skills while facing ethical issues in patient management. The issue of quality of education and inadequacy in competencies among health professionals in countries of this Region also need to be addressed.

Medical institutions in the South East Asia Region generally lack adequate mechanisms for quality control of education and training as well as for systematic monitoring and supervision. Medical institutions are currently being accredited as recognized medical institutions on the basis of certain criteria set by the medical councils. Though there are WHO/WFME recommended guidelines available from 2005, institutions in this Region are yet to develop and adapt their standard accreditation procedures and guidelines based on those recommendations.

The present undergraduate curriculums do not provide doctors with opportunities to develop competencies in ethical practice because teaching on ethics on is very limited. It is high time that a well structured ethics module is

incorporated in undergraduate teaching. This would help ensure that medical professionals are made aware about medical ethics which they can practice.

Health professionals also need to keep pace with emerging health needs and advances in their fields of practice. They should get opportunities for continuing education. Though there are piecemeal Continuing Medical Education (CME) activities organized by professional associations, these need to be systematized and standardized. A proper system of CME does not exist in countries of the region to ensure that medical professionals get regular opportunities to upgrade their technical and academic competencies.

Considering all these aspects the Regional Office developed a “Regional Strategic plan for Health Workforce Development in the South-East Asia Region” identifying the strategic areas. Accreditation and quality assurance have been also identified as strategic areas to be transformed into action by WHO and the countries.

During the meeting of medical councils of the Region in Bhutan in October 2006, the representatives of the medical councils realized the need to have stronger medical councils to regulate health professionals, their education, training and practice with the ultimate goal of providing good quality medical care.

Considering this, the Network of Medical Councils of the SEA Region was established during a meeting in WHO/SEARO, New Delhi, in February 2007. At this meeting, WHO/SEARO was designated as the Secretariat of this network for an initial period of two years.

WHO/SEARO made a commitment to organize regular meetings to bring together all medical and health councils of the Member countries to provide a synergistic effect and to strengthen councils in the Region. The first meeting of the Regional Network of Medical Councils in SEAR Countries was held in Colombo, Sri Lanka in December, 2007 in collaboration with the Sri Lanka Medical Council. The progress of the network was reviewed and a set of new activities identified for implementation in the 2008-2009 biennium. The activities are:

- (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 into 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) system.
- (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.

WHO/SEARO, along with the medical councils in the Region has been working on these activities while prioritizing the following:

- (1) Preparation of a module on teaching of ethics;
- (2) Preparation of guidelines for accreditation of medical schools;
- (3) Preparation of documents on continuing medical education (CME); and
- (4) Preparation of documents on Quality Assurance (QA) in Medical Education.

The objectives of the Second Meeting were:

- (1) To review the progress on the identified activities by the members of the Network of Medical Councils;
- (2) To finalize the "module on teaching of ethics" for the undergraduate medical students;



- (3) To finalize guidelines for accreditation of medical schools;
- (4) To discuss quality assurance (QA) in medical education and institutional QA mechanism;
- (5) To review the document on Continuing Medical Education (CME);  
and
- (6) To recommend and identify future activities of the network.

## 2. Inaugural session

The inaugural address was delivered by the Vice-President of Chiangmai University.

Dr M Muzaherul Huq, Regional Fellowship Officer introduced the participants and explained the roles and responsibilities of the medical councils.

Dr Maureen Birmingham, WHO representative to Thailand, delivered the message from Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region.

The Regional Director stressed the importance of medical councils for promoting the standards of medical education, facilitating exchange of information and resources to address common issues of concern i.e. ethical practice, quality of education and continuing medical education. He referred to developments from the Bhutan meeting of medical councils of this Region in 2006 followed by meetings in 2007 in India and Sri Lanka. In these meetings the priority activities of the network were identified and an activity plan was also chalked out for 2007-2010.

The Regional Director congratulated the Medical Council of India on its Platinum Jubilee and pointed out that WHO SEARO has been continuously working with the medical councils and similar organizations of countries in the Region in strengthening their role. Most countries of the WHO South-East Asia Region have fully functional medical councils, some with a history of as long as 70 years.

He also said that the second meeting of the network of medical councils of the South-East Asia Region had being organized to review the progress made by the network, to finalize the module on teaching of ethics in the undergraduate medical curriculum as well as the guidelines for accreditation of medical schools,

and to discuss papers on quality assurance in medical education and continuing medical education. Future activities of the network will also be identified in this meeting. The transfer of the secretariat of the Network of Medical Councils from WHO/SEARO to Nepal Medical Council needs to be formalized. He thanked the Nepal Medical Council for this endeavour.

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

#### **3.1 Review of progress on activities identified in the first meeting of the network**

Dr. M. Muzaherul Huq reviewed the progress of the network. He highlighted the importance of medical councils in ensuring professionalism and ethical practice by health professionals. He further added that WHO/SEARO is working with the medical councils in the Region in a co-ordinated manner to provide quality health care to the people by ensuring quality of education and training to health care providers. He gave a brief account of activities undertaken by WHO/SEARO in the past years and the topics covered in the first meeting of the network in Colombo, Sri Lanka, in December 2007.

The topics included a review of the progress made by the regional network, discussion on the module of teaching ethics in the undergraduate medical curriculum, guidelines of accreditation of medical schools and the roles and responsibilities of medical councils in ensuring patient safety.

Dr. Huq presented the activities of the network to be undertaken during 2007-2008 and highlighted the achievements. These were: (i) to finalize and publish the module on ethics for undergraduate medical courses, publish the existing accreditation guidelines; (ii) develop guidelines to develop continuing medical education system; and institutional quality assurance mechanism.

#### **3.2 Presentation on the roles and responsibilities of the World Federation of Medical Education (WFME)**

Prof. K. Kobchitt a member of WFME and the president of the South-East Asia Regional Association of Medical Education (SEARAME), made a presentation on the roles and responsibilities of WFME. She stressed the need for setting a global standard for medical education. In this connection she described the milestones of the WFME global standards since 1997.

In her presentation the use of standards were highlighted. Accreditation was identified as the most important way of institutional quality assurance. The global status of accreditation in higher education was also shared. In many countries, there are national systems for accreditation/recognition of medical schools. She mentioned the number of countries by Region, which are currently following this system.

WFME has also developed an accreditation guideline. This guideline covers the fundamental requirements, the legal framework, organizational structure, standard or criteria, the process of accreditation, decision on accreditation, public announcement of decision and benefits of accreditation.

Prof. Kobchitt also pointed out the elements of proper accreditation in which transparency was given utmost importance. Among others, independence from government and providers and involvement of external experts were duly stressed.

There are many advantages of accreditation in medical education. It provides a periodic stimulus to undertake systematic self-examination, encourages diversity, respects autonomy, supports and fosters educational initiative and allows for mutual exchange of ideas and solutions. In this connection, she also mentioned some limitations and weaknesses.

Finally, Prof. Kobchitt recommended that countries in the South-East Asia Region should use WHO/WFME guidelines (2005) in setting up their national accreditation system. She stressed the need for quality assurance in medical education where WFME's global standard guideline may be used as a tool. WFME had also prepared a directory of educational institutions for the academic professions in health care called "Avicenna Directory", in partnership with WHO and the University of Copenhagen. The Avicenna Directories of health professions educational institutions is a tool to accredit the accreditators.

### **3.3 Presentations from countries**

#### ***Bangladesh***

Dr. Md Zahedul Haque Basunia and Dr. Md Humayun Kabir Talukdar of Bangladesh Medical and Dental Council in their presentation gave an account of intake of medical students in medical schools and intake of postgraduate students in different institutes per year. Out of 47 medical schools, 32 are private and 15 are public schools. Around 4646 students get admission in these medical schools and around 735 students get admission per year in 11 dental

schools. Bangladesh Medical and Dental Council is the regulatory body for all the undergraduate and postgraduate medical and dental education.

The present accreditation system in Bangladesh involves Ministry of Health, Deans of faculty of Medicine of the Universities and Bangladesh Medical and Dental Council with specific roles to play. There are defined criterion for student intake at undergraduate and post graduate courses and to get registration before practicing medicine. It is implied for all registered medical and health professionals have to have certain credits for renewal of their license at 5 years interval.

The CME programs with credits include participation in academic seminars, symposia, workshops, clinical meetings, conferences and short courses. There is an accreditation body represented by academic departments and Directorate of Health Services. Some issues need to be discussed and resolved as the medical and health care providers include paramedics and indigenous practitioners as well. There is lack of equal opportunities among all professions including administrative categories who also do not have the opportunity for CME

## **India**

Prof. Dr. D.J. Borah presented the country paper for India highlighting the roles and responsibilities of the Medical Council of India.

India is a vast country having a large number of medical colleges. Presently there are 278 medical colleges with nearly 30,000 undergraduates admitted annually, along with nearly 9,000 post-graduate students. These institutions had 25,000 medical teachers.

The primary function of accreditation is done by the Medical Council of India which has a system of inspection, evaluation, recognition and monitoring the standard of education and other aspects of each medical college.

The Medical Council of India (MCI) was established through an Act of Parliament. Under the Act, different rules and regulations have been framed covering all aspects of medical education registration, disciplining, ethics, curriculum, conferring, denying and withdrawal of recognition of courses and colleges. The MCI has revised committees such as the post-graduate committee, ethics committee, registration committee, migration, finance committee etc.

The educational programme is set by MCI through curriculum guidelines which are adopted and improved by the universities. Similarly, MCI lays down

assessment criteria with regard to qualification and experience of examiners, type of examination and marking etc. Eligibility criteria for admission and procedure of selection of under graduate and post graduate students are also laid down by MCI.

Continuing medical education is an integral part of India's medical education scenario. Regular CME programmes are organized by professional associations, medical institutions and national bodies.

CME is presently sought to be linked with re-registration in India. Under this provision doctors will have to be re-registered every five years after initial registration. Doctors shall have to earn and accumulate 30 credit points over five years. A CME credit book has to be maintained and a certificate given to the participants.

There is a need for structured courses to develop the knowledge and skills of doctors and for training of teaching methodology for medical teachers. The Medical Council of India has already taken steps on these issues.

## ***Bhutan***

The Bhutan Medical and Health Council is the regulatory body for the health profession and is responsible to enhance knowledge, skills and attitude of health professionals to improve and strengthen the quality of health care.

There is a system of continuing medical education in Bhutan. All registered medical and health professionals including traditional practitioners (public and private) require a minimum of 30 credits of CME during a period of five years for renewal of their license, with a minimum of six credits six working or instructional hours means 1 credit. There is a CME credit passbook. CME guidelines and CME credit passbook were developed in 2007.

### *CME creditable courses are organized as:*

Seminars, workshops, symposia, conferences, clinical updates/meetings, short courses < 10 days

There is a proposal of renewal of practicing license every five years which will be implemented by 2012.

There is an accreditation body comprising of representatives from the following:

- Department of Medical Services
- Department of Public Health
- Royal Institute of Health Sciences
- National Institute of Traditional Medicine
- Teaching hospitals
- Human Resource Division
- Representatives from clinical departments.

CME programme proposals originating from the following are considered for acceptance in Bhutan.

- Human Resource Division
- Royal Institute of Health Sciences
- National Institute of Traditional Medicine
- Ex-country CME creditable courses
- Conducted by professional society/organization

### *Problems/experiences*

The Medical and Health Act covers doctors, dentists, nurses, paramedics, indigenous health staff etc. Therefore, it is difficult to implement. Equal opportunities can not be provided to medical and health professionals for obtaining CME credits.

Those in the administrative category find it very difficult to obtain CME credits. In remote areas, lack of modern communication media like internet, phone etc. is another problem.

In places where there is only one professional working it is not easy for him to attend a CME programme.

### *Nepal*

Dr. N.M. Upadhyay, Registrar, Nepal Medical Council, in his presentation said that the Nepal Medical Council (NMC), since its establishment in 1964 is committed towards quality medical education. NMC conducts licensing examination for doctors before they can practice.

One of the duties of the NMC is to give accreditation to medical colleges. The government of Nepal consults NMC before granting permission to open new medical/dental colleges in the country.

Within a short period of time NMC has done tremendous work in medical education. After conducting workshops and seminars it has published several guidelines, e.g.: minimum requirements for under-graduate medical and dental education, regulation for postgraduate medical (dental education, national guidelines for internship training, self-appraisal forms for accreditation process etc.)

About 1200 MBBS/BDS graduates are produced annually by the 16 medical and dental colleges in Nepal.

### *Process of accreditation*

Medical institutions have to declare facts and figures about their respective institution through the self-appraisal form. After submission of the form to NMC, the education committee evaluates the form and sends a multidisciplinary inspection team, consisting of 5-7 members for site verification. The inspection team stop at the site for 2-3 days, interacts with the management, faculty members, students and if necessary, with local people too.

The Medical Council also observes the assessment system of the university during their examination and gives suggestions, if any.

### *Sri Lanka*

Dr. Nanda Amarasekera in his presentation said that the education committee of the Sri Lankan Medical Council (SLMC) has laid down it's guidelines for accreditation of medical schools. These guidelines were revised six years ago. Any institute which seeks accreditation from SLMC has to follow these guidelines.

Information sought from medical schools seeking approval of their degrees includes: country and location, in-campus/ out-campus course; time of initiation of the course and language of instruction; year of registration in the country of origin; entry criteria and number of students admitted each year. In addition, the number of total beds in the hospital for the training of the students, admission per month ,outdoor attendance per month, bed occupancy rate etc. are also sought.

The teaching faculty, their number and qualifications; library and laboratory facilities; curriculum and the form of teaching; assessment system; internship programme; students welfare and recreational facilities etc. are also investigated before permission is granted to open a medical school.

### **Indonesia**

Dr. Mulyohadi Ali, Indonesian Medical Council, in his presentation said that in order to protect the people as acceptors of the health care services and improve the quality of services of physicians and dentists, the Indonesian Medical Council was established in 2005.

The Council is responsible for the registration of physicians and dentists, for validating standards of education and for the development of medical practice in an organized manner. The plan for developing accreditation system is in progress. The role of the Council in quality assurance is to encourage and facilitate the implementation of internal evaluation in medical and dental schools. Steps have also been taken in the areas of ethics teaching, continuing medical education and continuing professional development.

### **Thailand**

In her presentation, Dr. Nantana Sirisap said that there are 18 medical schools in the country with a total production of 1400 doctors per year. The Ministry of University Affairs (MUA) has stipulated that institutions of higher education should establish an internal system for quality control at institutional, faculty and departmental level to ensure the quality of product. There are systems for external quality assurance and international accreditation.

Nine quality factors have been established by MUA. All educational institutions go through an external quality evaluation at least once every five years. The result of the evaluation is submitted to the relevant agencies and made available to the general public. Dr. Nantana also presented the draft of the guideline of accreditation. The draft guideline for accreditation of medical schools was introduced as a concept paper for discussion at the first meeting of the regional network of medical councils.

### **Myanmar**

Dr. Myo Thwe highlighted the roles, responsibilities and initiatives being taken by the Medical Council of Myanmar, set up as the Burma Medical Council in



1915. Since 2003 the period of pre-registration for newly qualified doctors has been raised to three years. CME is not mandatory. Regulation on medical ethics for medical practitioners are in place.

### *Maldives*

Dr Fathima Nadhiya and Dr. Niasha Ibrahim said that the Medical Council Board of Maldives had 10 members from different sectors.

The registrar of the medical council registers doctors who have qualified abroad and who practice medicine in the country. The medical council uses the result of examination for registration. The council provides in-service training. There is no mechanism to deal with students graduating from unrecognized medical colleges. A mechanism is also needed to cover standardization and accreditation aspects and ethical questions.

### *Timor-Leste*

Mr Domingos Soares, Director, Academic Institute of Health Science and Dr Avelino Guterres said that Timor-Leste does not have a medical council. There is a Medical Association which is trying to take the initiative of establishing the medical council.

**In the evening two meetings were organized. One for the representatives of the medical councils of the regional countries and the other for the representatives of SEARAME and SEAPHIEN.**

**A. Meeting of the Network of Medical Councils:** Chaired by the Chairman, Nepal Medical Council.

- (1) The meeting formed an ad hoc committee with the representatives of participating members from medical councils. The meeting decided to hold the 3<sup>rd</sup> Network meeting in Kathmandu in 2009.
- (2) The secretariat will formulate a draft constitution of the network and share it with the countries.

**B. Meeting of representatives of SEARAME, SEAPHIEN, Temporary advisers:** Chaired by Dr K. Kobcitt, President, SEARAME.

The groups discussed the steps/ activities to be undertaken in 2009.

## 1. Ethics

After the module is finalized SEARO and WHO country offices should support the development of a handbook/ guideline for teaching of medical ethics to teachers, organize teachers' training for teaching of ethics and organize a meeting with deans / directors/ principals to inform and implement the ethics module.

## 2. Accreditation

Medical schools should be oriented on the accreditation process of medical schools as well as writing of self-evaluation report.

### 3.4 Group Work

Group work was conducted on strategic implementation of accreditation guidelines and the role of medical councils—chaired by Prof. K. Kobchitt, president SEARAME. The facilitators were Prof. Ainun Afroza, Dr. Prakin Suchaxaya and Dr. Muzaherul Huq. The groups made recommendations with regard to: Goal of accreditation system; scope of the guidelines; accreditation process; accreditation criteria; and accreditation tools.

The conclusion of the group work was that every country needs to have its own accreditation system with a clearly defined goal. A concept paper with a standard guideline document should be circulated to individual countries for review. All the participants agreed to have a "common minimum" standard to be accepted by each Member country even if the process may differ.

### 3.5 Ethics module for undergraduate medical course

Prof. Dulitha N. Fernando introduced the ethics module with a brief description of the stages of its development. The draft was initially prepared by a group of academics from the Faculty of Medicine, University of Colombo. This document was presented and discussed at the first meeting of the Network of Medical Councils of SEAR countries, held in December 2007 and the final document was prepared following an Expert Group Meeting held in September 2008.

The presentation highlighted the wide variation in the teaching of medical ethics in the undergraduate curriculum. The document has to be considered as a generic module which would require country-specific and institution-specific

changes. It was suggested that the teaching should be introduced during the pre/ para clinical phase and continued throughout the undergraduate years and, if feasible, continued during the internship period.

The table of contents, starting from the introduction, module learning outcomes and content areas were presented in brief. The content areas included two broad sections: core areas including principles of medical ethics and the other i.e. ethics in clinical practice, which included several sub-topics. A list of specific ethical issues was also included.

There is a need to sensitize trainers, senior medical professionals, examiners and members of the medical council, where relevant.

Aspects related to the organization of the module focusing on when and how it should be introduced, duration, integration with other components of the curriculum needed to be considered at institutional level. The role of ministries of health, medical councils and administrative authorities of the institutions were discussed along with other aspects relevant to the implementation of a programme for teaching of ethics at undergraduate level.

This was followed by a presentation of the expected learning outcomes in each of the content areas, proposed teaching/ learning methods and methods of assessment.

### **3.6 Concept paper on Continuing Medical Education (CME): An approach towards Continuous Professional Development (CPD)**

Prof. AKM Nurul Anwar presented the concept paper on CME/ CPD. He described it as a process of continuing learning needed to upgrade/ maintain professional competence. However, clinical updates alone are inadequate to practice effectively in health care service.

Continuing professional development includes wide ranging competencies that extend beyond clinical updates, needed to practice high quality medicine that ensures improved patient care, outcome and satisfaction.

Therefore, in CPD, the scope of CME is broadened from the clinical updates to include broader skills like behaviour change communication, the multidisciplinary context of patient care, ethics, management, team building, information technology, audit, quality assurance etc. There is a move from CME

to CPD all over the world to meet the needs and demands of the patients, health services and professional obligations.

Prof Anwar described the specific components of CME and CPD as follows:

- (1) Continuous acquisition of knowledge, skills and attitude for competent practice
- (2) Application of medical knowledge and judgment for rational prescribing and quality care in practice
- (3) Integration into practice of innovations shown to enhance patient care outcome and satisfaction
- (4) Enhancement of team learning and performance in multidisciplinary practice setting
- (5) Demonstration of professional ethics and quality assurance in practice.

In his paper Prof Anwar also described how CME and CPD can be ensured. Traditionally it is the responsibility of the individual doctor to remain updated and competent. He is expected to identify his /her learning needs through personal experience, reflections and self-assessment. Evidence-based studies suggest that no practitioner can hope to remain competent for more than a few years after graduation without a programme of active learning. One response to this challenge has been to link CME and CPD to mandatory re-licensure or re-certification. Most systems are based on an hours-related credit system. Centralized re-certification examinations are difficult to tailor to the needs of individual practices and is perceived as threatening. Trials on the effectiveness of educational interventions suggest that didactic sessions do not appear to be effective in changing professional performance. Interactive CME sessions that enhance participant activity and provide an opportunity to practice skill can effect change in professional practice, and on occasions, health care outcomes.

There is justification for innovative strategies like practice audit for need assessment in designing need-based CME courses. Interactive participatory CME courses in practice setting should be given preference.

Prof N Anwar stressed that the first activity should be to prepare a comprehensive CME and CPD guideline for countries in the Region. The CME and professional development guideline should look into: process and strategies; operational mechanism including motivating health professionals;

professional and academic bodies; opinion leaders and law makers. The role of medical councils and their accreditation bodies in the CME programme and in credit allocation and the needs of accredited institutes in developing and conducting need-based CME programmes should be identified. He recommended that SEARO should take the initiative in formulating such a comprehensive guideline.

### 3.7 Concept paper on quality assurance in medical education

In his presentation, Prof Ranjit Roy Choudhury, stressed the importance of developing a system for introducing quality assurance in medical institutes. People's expectation is increasing and some countries are attracting patients to their shores. To handle the situation every country should make an effort to produce quality doctors through quality medical education. An increase in the number of medical colleges in countries without a concomitant increase in the number of teachers is an important cause for the deterioration in quality. It is the mandate and the responsibility of the medical councils to ensure the quality of education and training of doctors.

Quality is difficult to define therefore it can not be easily measured. Quality assurance is a mechanism for internal quality assessment and external quality assessment. To develop a system of quality assurance, The following steps should be taken: define specific goals and obstacles; prepare a plan of action; identify procedures to achieve objectives and maintain proper documentation.

Communication skills have been identified as an important area which needs proper attention to improve the quality of service to people. Compassion and the ability to have a built-in empathy between the doctor and the patient is another quality that needs to be instilled into the training of a medical student.

He quoted Charles Boelen's definition of medical education as "the science and the art of preparing physicians to function properly in society". In 1994 WHO and the Educational Commission for Foreign Medical Graduates co-sponsored a consultation entitled "Towards a global consensus on quality medical education: serving the needs of populations and individuals". It stressed that the educational process in medical schools must be subjected to inspection and a medical institute's responsiveness to societal should be evaluated. Moreover, WHO has drafted "Educational guidelines for basic medical education".

Prof. Choudhury described the measurement tools in quality assurance of medical education. Some strategies to achieve quality assurance in medical education were also recommended. These included: Self-study in each faculty/ department; the institute should develop different mechanisms for enhancing quality. The quality system model should be acceptable; basic structure should be developed; quality assurance capability should be developed at all levels; support from administrators to create an internal quality and assessment unit which can issue certificates for attaining the quality.

### **3.8 Guideline for accreditation of medical schools: Review of existing accreditation procedures— Dr. Nantana Sirisup**

The draft guideline for accreditation of medical schools was introduced as a concept paper for discussion in the first meeting of the regional network of medical councils in SEAR countries during 19-21 December 2007 in Sri Lanka.

The guidelines for accreditation presented by Dr Nantana and the guidelines of WHO/WFME on accreditation presented by Prof. Kobchitt was discussed in detail. An agreed guideline on accreditation was adopted unanimously taking into consideration of the standards and criteria from WHO/WFME guidelines.

It was recommended that the SEAR Accreditation guidelines with the minimum standards for accreditation of medical schools are to be followed by the councils with formal approval and ratification.

## **4. Meeting outcome**

The following was the outcome of the meeting:

- Reviewed Progress of the activities of the network and identified further course of activities.
- Finalized and adopted the 'Module on Teaching Ethics' for implementation by the councils through medical schools.
- Adopted the "Accreditation Guidelines for Medical Schools" to be implemented by the councils.

- Agreed on the 'Concept paper on "Quality Assurance" in medical education and institutional quality assurance mechanism and decided to develop "SEAR Guidelines on Quality Assurance in Medical Education.
- Agreed on the 'Concept Paper on "Continuing Medical Education" and decided to develop "SEAR Guidelines for CME".

## 4.1 Conclusions

The progress of the network with WHO/SEARO as the secretariat was very satisfactory during the first 10 months of its operation.

The following three technical papers presented at the meeting were of high quality:

- (1) Accreditation guideline
- (2) Concept paper on Quality Assurance in Medical Education.
- (3) Concept paper on Continuing Medical Education.

The Ethics Module for undergraduate teaching was approved for implementation. The participants felt that there is need to develop a handbook and a facilitator's guide for proper implementation of the ethics module.

## 4.2 Recommendations

The participants made five recommendations as follows:

- (1) The Nepal Medical Council was entrusted with the responsibility of the Secretariat of the Network of Medical Council, to formulate the constitution of the network. The constitution will be shared, discussed and adopted in the 3<sup>rd</sup> Network meeting which will be organized in Nepal in September 2009.
- (2) The members of the network will develop a strategy for implementation of the Ethics Module in undergraduate medical education.
- (3) The SEAR Accreditation Guidelines with the minimum standards for accreditation of medical schools are to be followed by the councils with formal approval and ratification. These guidelines are non-binding and flexible.

- (4) WHO will support and facilitate the development of 'A Handbook on Medical Ethics' and 'A Facilitators' Guide' for ethics teaching.
- (5) WHO will support the development of "An institutional Quality Assurance Mechanism" for medical schools and develop a guideline on a national system of Continuing Medical Education (CME).



## Annex 1

# Programme

*Day 1 - Monday, 10 November 2008*

0900-0930	Registration	
0930-1030	Inaugural Session	
	Inaugural address by the Vice President, Chiang Mai University	<i>Assoc. Prof. Dr. Jakkapan Sirithuyalug</i>
	Message from Dr Samlee Plianbangchang, Regional Director, WHO/SEAR (to be read by WHO Representative to Thailand)	<i>Dr Maureen Birmingham, WHO Representative to Thailand</i>
	Introduction of participants	
	Background and objectives	
	Group photograph	<i>Dr Muzaherul Huq, WHO / SEARO</i>
1100-1200	<b>Plenary Session I</b>	
	<b>Chairman</b> : Nepal Medical Council	<i>Dr Som Nath Arjyal, Chairman</i>
	Review of progress made in the activities identified in the first meeting of the network	<i>Dr Muzaherul Huq, WHO / SEARO</i>
1300-1330	Presentation on “ <b>Guideline proposition in the context of WHO/WFME guidelines</b> ”	<i>Prof. K. Kobchitt, WFME</i>
1330-1400	Discussions	

1400-1500	Presentation by <b>Bangladesh</b> Presentation by <b>India</b> Presentation by <b>Indonesia</b> Presentation by <b>Myanmar</b>
1500-1530	Discussions
1600-1630	Presentation by <b>Nepal</b> Presentation by <b>Sri Lanka</b> Presentation by <b>Thailand</b>
1630-1700	Discussions
1700-1830	Meeting of the Network of Medical Councils (Only for all nominated representatives from Countries) – <b>Chairman : Dr Som Nath Arjyal,, Chairman, Nepal Medical Council</b> and Meeting of representatives of SEARAME, SEAPHEIN, Temporary Advisers and remaining participants – Group work on strategic implementation of Accreditation guidelines and role of medical councils – <b>Chairman : Prof. Khunying Kobchitt Limpaphayom, President, SEARAME</b>
1900-2100	Reception
<i>Day 2 - Tuesday, 11 November 2008</i>	
0900-1030	<b>Group Work on Accreditation Guidelines</b>  Moderators : <i>Prof. Hans Karle Assoc. Prof. (Dr) Nantana Sirisup</i>  Facilitators : <i>Prof Ainun Afroza Dr Prakin Suchaxaya Dr Muzaherul Huq</i>
1100-1200	Group Work on Accreditation Guidelines <i>Contd.</i>
1200-1230	Presentation of Group Work <b>Plenary Session II</b> Chairman : Medical Council of India <i>Dr D J Borah Principal, Jorhat Medical College</i>
1300-1500	Presentation of <b>Draft Module on “Teaching of ethics in the undergraduate medical curriculum”</b> <i>Prof Dulitha Fernando, Sri Lanka</i>  Discussions and approval of the module after discussions

1530-1700	<p>Presentation of <b>Concept Paper on “Quality Assurance in Medical Education”</b></p> <p>Discussions and agreement on Concept Paper</p>	<p><i>Prof Ranjit Roy Chaudhury, India</i></p>
<p><i>Day 3 - Wednesday, 12 November 2008</i></p>		
0900-1030	<p><b>Plenary Session III</b></p> <p><b>Chairman</b> : Thailand Medical Council</p> <p>Presentation of <b>Paper on “Continuing Medical Education – an approach towards Continuous Professional Development”</b></p> <p>Discussions and agreement on concept paper</p>	<p><i>Dr Somsak Lolekha, President</i></p> <p><i>Prof A K M Nurul Anwar, Bangladesh</i></p>
1100-1130	<p>Presentation on Bhutan’s experience in Continuing Medical Education (CME)</p> <p>Presentation on Nepal’s experience in CME</p> <p>Presentation on India’s experience in CME</p>	<p>Bhutan Medical Health Council</p> <p><i>Prof Ramesh Adhikari, Nepal</i></p> <p>Medical Council of India</p>
1130-1200	Discussions	
1200-1230	Lunch Break	
1230-1330	Presentation of draft accreditation guideline	<i>Assoc. Prof. (Dr) Nantana Sirisup</i>
1330-1500	<p>Discussions on recommendations on implementation strategies of :</p> <p>1) ethics module</p> <p>2) institutional QA system</p> <p>3) CME system (30 minutes each)</p>	
1530-1600	Finalization of Recommendations	
1600-1630	<p>Closing Session</p> <p>Vote of Thanks</p> <p>Closing Remarks</p>	<i>Dr Muzaherul Huq</i>

## Annex 2

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### Annex 3

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

(Read by Dr Maureen E Birmingham, WHO Representative to Thailand)

Medical councils are legal bodies primarily responsible for ensuring good professional education and practice to ensure quality health care. The councils promote standards of medical education and continuous professional development through continuing medical education. They are also responsible for promoting ethical practice by medical professionals.

Medical councils play a vital role in the quality development of health professionals, thereby contributing to better functioning of the health system. The Regional Network of Medical Councils is working in close cooperation for better health in countries of the Region. The Regional Network was established at the Regional Consultation on Medical Councils in Countries of WHO's South-East Asia (SEA) Region held in Bhutan in 2006. The network facilitates exchange of information and resources to address common issues of concern, which include ethical practice, quality of education and continuing education.

The first meeting of the Regional Network of Medical Councils in SEA countries, held in Colombo (Sri Lanka) during December 2007, reviewed the progress made by the network in its first year of operation and identified a



set of priority activities to be carried out by the Medical Councils Secretariat in the 2008-09 biennium in line with the action plan of 2007-2010. Among these priority activities are developing an undergraduate teaching module on ethics as well as developing guidelines for accreditation of medical schools and a system of continuing medical education.

WHO/SEARO has been continuously working with the medical councils and similar organizations in countries of the Region in strengthening their role.

Most countries in the WHO South-East Asia Region have fully functional medical councils, some with a history of as much as 70 years. The Medical Council of India is celebrating 2008 as its Platinum Jubilee Year and, should be congratulated.

DPR Korea and Timor-Leste do not have medical councils, but are in the process of establishing them. WHO and the network will provide all possible assistance to these countries in this endeavour.

This second meeting of the network of medical councils of the South-East Asia Region is being organized to review the progress made by the network, to finalize the module on teaching of ethics in the undergraduate medical curriculum as well as the guidelines for accreditation of medical schools, and to discuss papers on quality assurance in medical education and continuing medical education. Future activities of the network will also be identified in this meeting. Also, the transfer of the secretariat of the Network of Medical Councils from WHO/SEARO to Nepal Medical Council will be formalized. The Nepal Medical Council deserves our thanks and congratulations for this endeavour.

With your active participation, there will be intense and fruitful discussions in this meeting leading to pioneering recommendations and suggested outcomes, which will contribute to the development of a better health workforce and also strengthen health systems.

Your attendance and valuable technical inputs for the success of this important meeting are much appreciated.

The Network of Medical Councils of the South-East Asia Region was established in February 2007. The first meeting was held in Colombo, Sri Lanka from 19 to 21 December 2007. The second meeting was held in Chiang Mai, Thailand from 10 to 12 November 2008. The objectives of the meeting were to review the progress on the identified activities by the members of the network to finalize the "module on teaching of ethics" for the undergraduate medical curriculum; to finalize guidelines for accreditation of Medical Schools; to discuss Quality Assurance (QA) in Medical Education and Institutional QA mechanisms; to review a document on Continuing Medical Education (CME), and to recommend and identify future activities of the network.

The meeting finalized and adopted the "Module on Teaching Ethics" for implementation by the councils through medical schools; accreditation guidelines for medical schools to be implemented by the councils; agreed on the concept paper on quality assurance" in medical education and institutional quality assurance mechanism; decided to develop "South-East Asia Regional Guidelines on Quality Assurance in Medical Education; agreed on the 'Concept Paper on "Continuing Medical Education; and decided to develop regional guidelines for CME.

The Nepal Medical Council, who was entrusted the responsibility of the Secretariat of the Network of Medical Council will carry forward all the activities in collaboration and coordination with the member councils.



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