The Medical Councils Network of the WHO South-East Asia Region (MCN-WHOSEAR) was established with support from the WHO Regional Office for South-East Asia in February 2007 to provide a forum for sharing of information, expertise and resources among member medical councils. The MCN-WHOSEAR aims to strengthen the regulation of medical education and practice, and to improve the standards of professionalism in countries of the South-East Asia Region in order to safeguard the public interest.

Since its establishment, the Network has undertaken several initiatives for improving the quality of medical education and practice in the Region. With the emerging health challenges of the Twenty-first Century, there are some concerns on competencies of medical graduates to effectively address the health challenges as well as the quality of medical education to equip the medical graduates with the required competencies.

The MCN-WHOSEAR therefore organized the Fifth Technical Meeting of the MCN-WHOSEAR on quality and regulation of medical education during 12–13 August 2013 in Bangkok, Thailand. Eighty-one participants, including medical council representatives and other key stakeholders of medical education and practice, from all 11 countries of the South-East Asia Region attended the meeting. This publication contains an account of the deliberations and the recommendations made during the meeting.
Quality and regulation of medical education

Fifth Technical Meeting of the Medical Councils Network of WHO South-East Asia Region
Bangkok, Thailand
12–13 August 2013
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<tr>
<td>AAAH</td>
<td>Asia-Pacific Action Alliance on Human Resources for Health</td>
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<td>HRH</td>
<td>Human Resources for Health</td>
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<tr>
<td>MBBS</td>
<td>Bachelor of Medicine, Bachelor of Surgery</td>
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<td>MCN-WHOSEAR</td>
<td>The Medical Councils Network of the WHO South-East Asia Region</td>
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<td>SEARAME</td>
<td>South-East Asian Regional Association for Medical Education</td>
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<td>SEAPHEIN</td>
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<td>SEARO</td>
<td>Regional Office for South-East Asia</td>
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<td>UHC</td>
<td>Universal Health Coverage</td>
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<td>WFME</td>
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1. Introduction

The Medical Councils Network of the WHO South-East Asia Region (MCN-WHOSEAR) was established in February 2007 with support from the WHO Regional Office for South-East Asia. The Network provides a forum for sharing of information, expertise and resources among member medical councils of the Region, facilitating proactive coordination, cooperation and collaboration.¹

The MCN-WHOSEAR aims to strengthen the regulation of medical education and practice, and to improve the standards of professionalism in countries of the South-East Asia Region in order to safeguard the public interest. Since its establishment, the Network has undertaken several initiatives for improving the quality of medical education and practice in the Region.

In collaboration with the WHO Regional Office for South-East Asia, the MCN-WHOSEAR developed Guidelines for accreditation of medical schools in countries of the South-East Asia Region, published in 2009. These guidelines are to be used as tools for assuring the quality of medical education in the Region. It was therefore desirable to determine to what extent these guidelines were being used in countries.

Furthermore, with the emerging health challenges of the twenty-first century, medical schools will need to equip their graduates with the required competencies to effectively address these challenges. It is imperative that the medical councils identify core competencies that medical graduates of the Region should possess, for medical schools to follow. This will ensure comparable standards of medical education within countries and in the Region.

¹ The term “member medical councils” is generally used in this report to refer to a medical council and the government-designated body responsible for regulating medical education and practice in a country where there is no medical council.
It is also desirable to review the medical education systems as well as registration and licensing of medical professionals in countries of the Region, to have a clear picture of the current situation and areas requiring special attention. This will enable the medical councils to determine measures for further strengthening medical education and regulation.

It was against this backdrop that the Executive Committee of the MCN-WHOSEAR, in its first meeting in Yangon, Myanmar in August 2012, decided to convene the Fifth Technical Meeting of the MCN-WHOSEAR to deliberate the above-mentioned matters. The Executive Committee also decided that preparatory studies should be carried out in order to have a productive meeting. Consequently, the Medical Council of India was assigned to study “registration and/or licensing of medical professionals in countries of the South-East Asia Region”; Indonesian Medical Council was to work on “proposed core competencies of medical graduates of the South-East Asia Region”; Sri Lanka Medical Council was to study “medical education systems in countries of the South-East Asia Region,” while Medical Council of Thailand was to study “Country’s application of the Guidelines for accreditation of medical schools in countries of the South-East Asia Region.”

In light of the above, the MCN-WHOSEAR organized the Fifth Technical Meeting of the MCN-WHOSEAR on “Quality and regulation of medical education” from 12 to 13 August 2013 in Bangkok, Thailand. The participants were key stakeholders in medical education and regulation, including representatives of medical councils, medical associations, policy-makers in the health and education sectors, senior health service managers, deans of medical schools, medical educators, medical education experts, educational quality-assurance bodies, and health professional education/human resources for health-related regional networks. A total of 81 participants attended the meeting, i.e. 40 country participants from the 11 Member States of the South-East Asia Region, 23 special invitees (three from health professional education/human resources for health-related regional networks, and 20 from medical schools in Thailand), two resource persons, two observers, and 14 Secretariat members (10 from the Medical Council of Thailand, one from WHO Regional Office for South-East Asia and three from WHO country offices). The agenda and list of participants are provided in Annexes 1 and 2 respectively.
The meeting was chaired by Dr Damodar Gajurel, President of Nepal Medical Council and the co-chairperson was Dr Samuel Kyaw Hla, Acting Chairman of Myanmar Medical Council. Dr Ananda Hapugoda, Vice-President of Sri Lanka Medical Council and Dr Boonmee Sathapatayavongs, Director, Center for Medical Competency Assessment and Accreditation of the Medical Council of Thailand were rapporteurs.

2. Objectives

2.1 General objective

The meeting aimed at improving the quality of undergraduate medical education and strengthening the regulation of medical professionals in countries of the South-East Asia Region.

2.2 Specific objectives

The specific objectives of this meeting were as follows:

1. to critically review the medical education systems in countries of the South-East Asia Region and identify areas for further improvement;

2. to assess in the application of the Guidelines for accreditation of medical schools in countries of the South-East Asia Region (2009) countries and the need for guideline modifications to further enhance the standards of medical education;

3. to critically review the proposed core competencies of medical graduates of the South-East Asia Region;

4. to determine measures to further improve registration and/or licensing of medical professionals in countries of the South-East Asia Region for live/up-to-date registration for effective management of the medical workforce.
3. Inaugural session

3.1 Welcome remarks by the Chairperson of the Network

Dr Somsak Lolekha, Chairperson, Medical Councils Network of the WHO South-East Asia Region and President, Medical Council of Thailand, welcomed distinguished guests and participants to the meeting. He said that the Medical Council of Thailand was honoured to function as the Secretariat of the MCN-WHOSEAR for the next three years.

Dr Lolekha recalled the regional consultation on medical councils organized by the WHO Regional Office for South-East Asia in Thimphu, Bhutan in October 2006, to promote collaboration among medical councils in the Region. That meeting recommended establishing a regional network to facilitate the exchange of information and resources. Consequently, WHO Regional Office for South-East Asia took actions for establishing the Medical Councils Network in 2007 and served as the Network Secretariat in the first two years of its operation. In November 2008, the Regional Office handed over the responsibility of the Network Secretariat to the Nepal Medical Council, who in turn, handed over the Secretariat’s function to the Medical Council of Thailand at the end of 2012.

The Network’s Chairperson thanked Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia for his continuing support for the establishment of the MCN-WHOSEAR. He further informed that the Executive Committee of the Network, in its first meeting in Yangon, Myanmar in August 2012, decided to convene the Fifth Technical Meeting of the MCN-WHOSEAR in Bangkok in conjunction with the Second Meeting of the Executive Committee.

Before concluding, Dr Lolekha thanked the medical councils of India, Indonesia, Sri Lanka and Thailand for carrying out the assigned studies for discussion in this meeting. He expressed hope that this meeting would facilitate sharing of experiences and lessons learnt that would eventually lead to strengthening the quality and regulation of medical education in the Region.

The full text of the Chairperson’s remarks is given in Annex 3.
3.2 Inaugural address by H.E. Dr Pradit Sintavanarong, Minister of Public Health

H.E. Dr Pradit Sintavanarong, Minister of Public Health, the Royal Government of Thailand, welcomed the distinguished guests and participants to the meeting. He stated that he was pleased that the Medical Council of Thailand had been entrusted with the Network Secretariat’s function, and was confident that it could effectively facilitate and coordinate the work of the Medical Councils Network of the WHO South-East Asia Region to safeguard public interest.

The Minister of Public Health emphasized that a medical council has an instrumental role to play in regulating medical education and practice. Networking of medical councils in the Region is beneficial for sharing of experiences and resources, and for working together to strengthen an individual council’s capacity. He thanked the Regional Director, WHO South-East Asia, for his support for the establishment of the Network.

His Excellency pointed out that the health challenges that all countries in the Region had faced in the recent past necessitated significant changes in national health policies; the health systems should have a good balance between public health and medical services. This would have an impact on the work of medical doctors and how they were educated.

The Public Health Minister highlighted that the current Thailand health development plan placed great emphasis on health promotion and disease prevention, and also aimed at universal health coverage. As such, “our medical doctors will also need to be equipped with competencies to meet the health needs, demands and challenges in the field of public health.”

With these challenges, the standards of medical education as well as the criteria for accreditation of medical educational schools would need to be updated. The medical councils and its Network, therefore, have crucial roles to play in this regard.

While wishing the participants and organizers success in their deliberations, His Excellency expressed his belief that this meeting would provide an opportunity for each country to learn and share experiences on how to improve the quality of undergraduate medical education, as well as
strengthen the regulation of medical professionals and practice. He assured full support of the Ministry of Public Health to the Medical Council of Thailand to enable it to effectively function as the Network Secretariat.

The full text of the Public Health Minister’s address is given in Annex 5.

3.3 Address by the Regional Director, WHO South-East Asia

Dr Samlee Plianbangchang, the Regional Director, WHO South-East Asia, expressed his best wishes for long life to Her Majesty, the Queen Sirikit of Thailand, on the occasion of her eighty-first birthday on 12 August 2013 and thanked the Chairperson of the Network for inviting him to speak at the meeting. He highlighted the important role of the Network in improving the quality of medical education and practice in the Region, and the importance of the meeting’s agenda.

The Regional Director recalled the historical changes in medical practices over the centuries, which had evolved to become almost purely science-based. The increased complexity of health challenges has had an impact on advancements in medical science, leading to increased longevity that has contributed to demographic and epidemiological transitions. The world today has more elderly people, many with chronic noncommunicable diseases, who need long-term, or even lifelong, care and treatment through medical interventions. Medicines and medical devices have been developed and used extensively, leading to skyrocketing health-care costs. Dr Samlee observed that the medical profession has a critical role to play in the containment of increasing health-care costs, addressing inequities in health, and ensuring the fair sharing of benefits from advancements in health and medical science among the population.

The Regional Director also drew the attention of participants to the increase in consumer awareness of the fundamental right to quality medical care, and invited them to examine why the medical community could not adequately meet people’s expectations, and what had gone wrong in their medical practices, in order to take the appropriate corrective actions. He also called for collective action to redesign national health-care systems towards ensuring adequate health protection and health promotion through provision of promotive and preventive care, delivered at the primary health
care level mainly by community-based health workers, with technical back-up support by medical professionals as required. This would enable medical professionals to have more time to focus their work on more difficult and specialized care.

As part of the WHO’s commitment in this direction, Dr Samlee mentioned several regional meetings held and supportive actions initiated, such as: enhancing the teaching of public health in medical schools; strengthening the role of family/community physicians in primary health care; improving doctor–patient relationships; promoting ethical medical practice, and; strengthening the role of medical education in addressing the current health challenges.

The Regional Director highlighted the importance of enabling medical graduates to acquire the competencies needed to effectively support national health-care systems in serving the entire population, within the context of universal health coverage. They are expected to serve people without any prejudice or partiality, perform their role as medical practitioners who are socially responsible, and be professional leaders who can spearhead initiatives for health for all people.

The full text of the Regional Director’s address is given in Annex 4.

4. Recent initiatives to strengthen medical education and practice

Dr Budihardja Singgih, Regional Adviser for Human Resources for Health, WHO Regional Office for South-East Asia, underscored that the health of populations in the twenty-first century is characterized by uncertain, fast and very complex changes. This is due to significant changes in the socioeconomic, political, technological and cultural environment, which are occurring simultaneously and creating a pocket of turbulence. It will jeopardize the achievement of universal health coverage, which in its simplest form means the desire to ensure that all people are able to access and benefit from quality health services, without incurring financial hardship.
All these challenges create a need for health systems reform or health systems strengthening, but intended benefits can only be achieved when there is effective human resources for health (HRH) management to ensure equitable access to quality health care for all. Medical doctors are a vital part of the health workforce, but they are in under-supply in rural and remote areas. Furthermore, there is increasing patient awareness of unethical medical practices such as unnecessary tests, hospitalization or surgery. Some such cases have been taken to court, leading to an uproar from medical associations that their noble profession is being maligned.

Medical education and practice is part of health services as well as a system of health workforce development, which is also a part of national human resource development. Problems arising from any of the subsystems will affect the whole system, and vice versa. Therefore, the efforts to strengthen medical education and practice need a system-wide approach, with clear government health policies, strategies and plans as a driving force of the systems.

Dr Singgih presented recent Regional Office initiatives on the strategic framework for strengthening undergraduate medical education in addressing the current health challenges, and Suggested actions for development of national human resources for health observatories in the South-East Asia Region, which were developed based on a systems approach. The strategic framework for strengthening undergraduate medical education was critically reviewed before its finalization at a regional meeting on the role of medical education in addressing the current health challenges in June 2012. This framework identifies five key strategic directions for countries/medical schools to consider for producing medical graduates with broader competencies meeting the health system’s needs. These include: (1) aligning medical education with the needs of health systems; (2) strengthening quality assurance in medical education; (3) emphasizing social accountability; (4) strengthening curriculum and the teaching–learning process; and (5) promoting an enabling environment. Actions under each strategic direction were presented.

In addition, Dr Singgih outlined other initiatives for strengthening medical education that were presented at the above-mentioned regional meeting. These included the Global Consensus for Social Accountability of Medical Schools; community-based medical education innovations in undergraduate medical education in India; Nepal’s initiatives to strengthen
medical education to address the current health challenges; learning to meet health challenges through patient, family, and community-centred approaches in Sri Lanka; national system for competency-based assessment of medical graduates in Indonesia; and, medical competency assessment to ensure the quality of education and meet the health challenges in Thailand.

Further, it was brought to the attention of participants that the national HRH observatory is a platform where key HRH stakeholders from all concerned sectors interact on HRH matters in addressing the HRH challenges in the country with the use of valid and reliable HRH information. Hence, the HRH observatory could also be used to facilitate dialogue among key stakeholders for strengthening medical education and practice in the country. This might be started as an informal group with involvement of the ministries of health and education and other stakeholders to address the issues related to quality of medical education and practice including the availability, accessibility, acceptability and quality of medical graduates in the country.

The plenary discussion following the presentation underscored the importance of ensuring the availability of the medical workforce to the underserved and unreached areas, which is a part of the social accountability of medical schools. Further, it was suggested that health concepts should be incorporated into political machines to ensure sustainable outcomes.

It was felt that the HRH observatory could help strengthen medical education and practice. However, leadership in coordinating the platform for policy dialogue in the national HRH observatory is crucial. It would be beneficial to include other relevant ministries, such as environment, who also have some impact on health. It was further suggested that the HRH observatory should include non-health parameters related to HRH development; and that the non-medical-health workforce providing services to the community should also be recognized and harnessed.

It was noted that medical students need to learn evidence-based medicine and receive comprehensive training. In addition, it is crucial to develop their critical thinking abilities to enable them to deal effectively with emerging health challenges. It is imperative to identify how to further improve the competencies of medical students, and desirable to have agreed regional core competencies that medical graduates should possess.
Countries need to identify what is missing in their current education programme/graduates and take appropriate measures to develop the required competencies. It is also desirable to study the situation of the public and private medical schools to be well aware of how medical doctors are educated. Moreover, education under the private medical schools should be closely monitored.

There was concern about the shortage of faculty members in medical schools, and how to motivate medical doctors to become faculty members. It was noted that the faculty shortage was more prevalent in preclinical areas; therefore, a different system for teaching or alternative approaches should be considered, such as using e-learning/e-teaching or specialists to teach preclinical areas.

Concern was also expressed about the competencies of medical doctors in rural and remote areas. It was suggested that the medical councils could also organize continuing medical education programmes for improving/updating the competencies of medical doctors in rural and remote areas.

5. **Medical education systems in countries of the South-East Asia Region**

Dr Ananda Hapugoda, Vice President of Sri Lanka Medical Council, gave a presentation on the medical education systems in countries of the South-East Asia Region. He highlighted that “an effective medical education system would nourish innovations at the lowest cost to create efficient and companionate healers who will respond to the country-specific health-care needs to contribute to building a healthier and developed country.” He then provided brief description of the medical education systems in Sri Lanka, India, Indonesia and Thailand.

In Sri Lanka, medical education is completely free up to the postgraduate programme. The Bachelor of Medicine and Bachelor of Surgery programme is five years’ duration with an additional one-year internship. This programme admits students who completed the twelfth grade. The medical graduates get a license from the Sri Lanka Medical Council. Foreign medical graduates have to take the licensing examination if they are from a
recognized foreign university. For the post-graduate programme, the duration of training is usually two to three years with an additional one-year foreign attachment. Admission is based on competitive examinations. Sri Lanka Medical Council has legal provisions to oversee the standard of overall medical education, and the Quality Assurance and Accreditation Council of the University Grants Commission of Sri Lanka prevails on the government universities with a limited mandate for self-assessment. The Sri Lanka Medical Council does not have accrediting or site-visit committees to spearhead an active accreditation process. At present, the accreditation of foreign universities is done once and not followed up. It is envisaged that the accreditation of private medical schools could be complicated, although at present there are only eight public medical schools in the country and no private medical schools.

In India, the medical education system is similar to that of Sri Lanka. The Bachelor of Medicine and Bachelor of Surgery programmes in India are also five years’ duration, and high school graduates are admitted.

The medical education system in Thailand differs from those of India and Sri Lanka. The duration of the undergraduate medical education programme is six years. The quality of medical education is properly maintained with the involvement of three powerful regulatory bodies, namely the Medical Council of Thailand, the Ministry of Education and the Consortium of Thai Medical Schools.

In Indonesia, the entrance requirement for medical schools is a graduate possessing a science degree, and the medical education programme is of 4–4.5 years duration.

Dr Hapugoda highlighted common issues in the Region associated with private medical schools that need to be addressed. These included the maintenance of standards, slow conversion from traditional to problem-based curriculum, substandard entrance criteria, inadequate exposure to clinical subjects, inadequate clinical materials, and the high cost of education.

During the plenary discussion, participants provided information about their medical education systems to complement Dr Hapugoda’s presentation.
Bhutan has no medical college, although the government is in the process of establishing one. At present, Bhutanese medical students are graduating from different foreign medical colleges. It was recommended to develop a common licensing examination system for graduates from different colleges of the Region to ensure quality.

Bangladesh has 22 government medical colleges and 54 nongovernment medical colleges. All of them have to fulfil the requirements for registration with the Bangladesh Medical and Dental Council, and follow the approved undergraduate medical curriculum. There is a pre-admission national examination for admitting medical students to both government and nongovernment medical colleges. Foreign doctors need to take an examination before certification.

In Myanmar, all six medical schools use the same medical curriculum and follow the same standards. Now that a private medical university is coming up, the country is grappling with the issue whether the same curriculum should be followed by the private university. Medical graduates from foreign countries would be assessed by the licensing examination.

Timor-Leste has only one medical college, which was established with the Cuban Government’s support. There is the challenge of ensuring quality of education and its relevance to the country’s need. Medical graduates are obliged to serve the government for five years after graduation.

The meeting underscored the challenges in (i) ensuring the quality of the rapidly growing number of private medical colleges, and (ii) ensuring the quality and competence of graduates from foreign medical colleges. Member States with a growing number of private medical colleges (such as Bangladesh, India, Indonesia and Nepal) are facing the challenge of ensuring the quality of education in these colleges, and countries with medical students studying in other foreign countries are facing the challenge of ensuring their competence upon graduation.

It was felt that the medical council in some countries, even though it is the statutory body, did not really have the power to regulate the education and practice of medical professionals. The meeting recommended strengthening the legal mandate of medical councils, and mobilizing political support to enable medical councils to recognize medical colleges that fulfil the requirements and withdraw the recognition in cases where the
requirements are no longer fulfilled. Further, it is believed that if the 11 Member States joined hands to work together as a “consortium”, then the medical councils’ network would have a stronger voice.

Moreover, the meeting proposed to (i) prepare and adopt a regional medical curriculum outline based on a set of agreed core competencies, and (ii) encourage innovative approaches in medical education, including e-learning, and share best practices.

6. Core competencies of medical graduates of the South-East Asia Region

Dr Hardyanto Soebono, Chairman, Indonesian Medical Council introduced the proposed core competencies of medical graduates of the South-East Asia Region. He stressed that a standardized set of core competencies for medical graduates is becoming more and more important due to globalization and mobility of health professionals, both within the Region and beyond.

Six characteristics of competencies are: (i) context-bound, (ii) indivisible (knowledge, skills and attitudes are integrated), (iii) subject to change, (iv) connected to activities and tasks, (v) interrelated, and (vi) learning and development processes are conditional for competencies. In addition, WHO has defined an ideal doctor as the “five-star doctor” with five core responsibilities, i.e. (i) care provider, (ii) decision-maker, (iii) communicator, (iv) community leader and (v) manager.

The proposed seven core competency areas for medical graduates of the South-East Asia Region that were put up for consideration at the meeting were: (1) noble professionalism, (2) self-awareness and personal development, (3) effective communication, (4) management of information, (5) scientific foundation of medicine, (6) clinical skills, and (7) management of health problems. Dr Soebono presented detailed information of each competency area, as provided below.

**Area 1: Noble professionalism.** To behave in a professional manner in medical practice and support moral and ethical health policy as well as
understand the ethical issues and medico-legal aspects of the practice of medicine, and implement the principle of patient safety.

Components of this competency are: (1) demonstrating a professional attitude; (2) behave professionally in working together; (3) being a member of a professional team of health services; (4) able to practice medicine in a multicultural society; (5) meeting medico–legal aspects in medical practice; and (6) implementing patient safety in medical practice.

**Area 2: Self-awareness and personal development.** To conduct medical practice with full awareness of competencies and limitations, to solve emotional, personal, health and welfare problems which may affect professional ability, to undertake lifelong learning, and plan, implement and monitor continuing professional development programme.

Components of this competency include: (1) implementing introspection to recognize self-competence; (2) perform lifelong learning, and (3) continue to develop new knowledge.

**Area 3: Effective communication.** Able to explore and exchange information verbally and nonverbally with patients of all ages, as well as family members, community, colleagues and other professionals.

Components of this competency are: communicating with (1) patients and family members, (2) colleagues, (3) community, and (4) other professionals.

**Area 4: Management of information.** Able to access, manage and critically evaluate the validity and applicability of information to explain and resolve a problem or to take decisions in relation to health services at the primary level.

Components of this competency include: (1) using information and communication technologies to help diagnosis, therapy, prevention and health promotion, and maintenance and monitoring of the health status of the patient; (2) understanding the benefit and limitation of technology; and (3) utilizing health information.
**Area 5: Scientific foundation of medicine.** Able to identify, describe and design solutions to health problems scientifically according to the latest medical sciences and medicines.

Components of this competency include: (1) applying the concepts and principles of biomedical science, clinical, behaviour, and health science communities in accordance with primary level health services; (2) summarizing the interpretation of history, physical examination, laboratory testing and appropriate procedures; and (3) determining the effectiveness of an action.

**Area 6: Clinical skills.** Perform clinical procedures according to clinical problems, needs of patients and its authority.

Components of this competence include: (1) obtaining and recording accurate information and rules about patients and their families; (2) conducting clinical and laboratory procedures; and (3) performing clinical emergency procedures.

**Area 7: Management of health problems.** Manage health problems of individuals, families, or society in a comprehensive, holistic, sustainable, coordinative and collaborative manner in the context of health care at the primary level.

Components of this competency are: (1) managing diseases, illnesses and problems of patients holistically as part of the family and society; (2) preventing disease and other health problems; (3) imparting health education to promote health and disease prevention; (4) mobilizing and empowering communities to improve health care; and (5) managing human resources and facilities effectively and efficiently.

Dr Soebono further proposed the principles of assessment of the core competencies. These are (i) accountability, (ii) contextual content, (iii) validity and reliability, and (iv) participation and collaboration.

After the presentation, the participants were divided into three groups for the group work session. Each group was requested to critically review the proposed core competencies for medical graduates for their validity, relevance and practicality within the context of countries of the South-East Asia Region. They were also asked to recommend the core competencies
that the medical graduates of the South-East Asia Region should possess. The group was further informed that in case the group could not come up with the recommended core competencies, they should suggest actions for MCN-WHOSEAR to pursue for identification and agreement on the core competencies of the medical graduates of the Region.

The outcomes of the groups’ deliberations were presented at the plenary session, and followed by a plenary discussion. The outcomes of the group work are provided in Annex 7.

While two groups were supportive of the proposed core competencies and provided some suggestions for further improvement, one group felt that the WHO concept of the “five-star doctor” should be used to frame the core competencies of the medical graduates of the Region instead. Thus, further work in this area is needed before the recommended core competencies can be reached.

The plenary discussion following the presentations called for special attention on ethical aspects, and the need to ensure that medical graduates also have the necessary competencies to manage public health problems. Research capacity and skills, including research proposal development, are also important for the medical graduate. Further, it is desirable to consider an objective method to assess personal development and commitment.

7. **Country application of the Guidelines for accreditation of medical schools in countries of the South-East Asia Region (2009)**

Dr Nantana Sirisup, a representative of the Consortium of Thailand Medical Schools and Medical Council of Thailand, presented the results of the study on countries’ application of the *Guidelines for accreditation of medical schools in countries of the South-East Asia Region*. These guidelines, which were developed in collaboration with WHO Regional Office for South-East Asia, were reviewed and endorsed at the Second Meeting of the Network in 2008. It was envisaged that the national accrediting authorities would adapt these guidelines for use in the country.
Dr Sirisup underscored the need for quality improvement in medical education due to the significant increase in the number of medical schools in the Region in order to safeguard the quality of health care systems, particularly in light of globalization and the increasing mobility of the medical workforce. The Executive Committee of the MCN-WHOSEAR, therefore, in its first meeting in August 2012, requested that the Medical Council of Thailand assess countries’ application of the guidelines for further discussion in the Fifth Technical Meeting of the Network in 2013.

This study was carried out through a questionnaire survey. The questionnaire was designed following the Guidelines for accreditation of medical schools in countries of the South-East Asia Region. The questionnaire comprised two parts, i.e. part I general information, and part II dealing with the implementation. The questionnaire also contained a question for the country that did not have an accreditation process.

Part I asked about the number of medical schools, both public and private, professional/national regulatory authority, and the presence of accreditation systems for medical schools and teaching hospitals.

Part II aimed to assess maturation of the accreditation process of the country. Questions focused on the guidelines and the main elements of the accreditation process, in case the guidelines were used, which comprised (i) legal framework, (ii) organization structure, (iii) standard and criteria, (iv) process of accreditation, (v) main element in the process of accreditation, (vi) decision on accreditation, and (vii) public announcement.

The questionnaire was distributed to all medical councils in all 11 countries of the Region and responses were received from eight countries. The results revealed that two countries did not have a medical school. For those six countries with medical schools, one country did not employ accreditation. For those five countries with an accreditation system in place, one country did not accredit the teaching hospital; four countries used institutional/national standards as criteria for accreditation, while one country aimed for international standards. Dr Sirisup clarified that the reason this country aimed for international standards was to provide their medical graduates with the opportunity for further study/employment in a foreign country, in order to fulfil the host country’s requirements.
Furthermore, Dr Sirisup brought to participants’ attention that the accreditation guidelines were adapted for use only in three countries. It might be beneficial to consider establishing a regional mechanism to facilitate, support and monitor the accreditation of medical schools in countries of the Region in order to improve the quality of medical education in the Region.

Following the presentation, the Chairperson requested each member medical council to share their experiences in accrediting/recognizing the medical schools in the country.

**Bangladesh:** The requirements of recognizing a medical college by Bangladesh Medical and Dental Council are based on the quantitative and qualitative criteria of the Bangladesh Medical and Dental Council and not on the content of the accreditation guidelines. Lack of coordination between the three bodies involved in regulating medical colleges (the Ministry of Health and Family Welfare, the universities, and the Bangladesh Medical and Dental Council) is a great challenge, especially in regulating the rapidly growing number of nongovernment medical colleges. There is a need for a formal coordinated process of joint assessment and recognition.

**Bhutan:** The country does not have a medical college, although it is in the process of establishing one. Bhutan would like to see a regional mechanism in place for accreditation of medical schools. They expressed the need for a common list of recognized foreign medical colleges to ensure that their medical students are admitted to recognized medical colleges.

**Democratic People’s Republic of Korea:** There is no medical council. The medical school is under the university, and the regulation of the medical school and education is the responsibility of the university.

**India:** The process followed by Medical Council of India is in the form of recognition rather than accreditation. The medical school needs to submit a self-assessment report and a team of assessors will visit to assess the school. There is now a mechanism to introduce separate accreditation mechanisms for the hospital and laboratory. The next course of action is to introduce accreditation of medical colleges. Furthermore, the state medical councils are expected to work out the training programme and number of medical doctors required, as per local needs.
**Indonesia:** The Council recognizes medical and dental schools, based on standards developed earlier as per the country context and not on the content of the accreditation guidelines. The plan to develop an accreditation system is not yet in operation. The country is also facing the challenge of regulating the rapidly growing number of private medical colleges and ensuring the quality of medical graduates.

**Maldives:** Although the country does not have a medical college, they are concerned about their graduates from foreign medical colleges. A country that sends students for medical training abroad also needs to have some criteria to recognize the medical school abroad. Maldives wishes to see some sort of reciprocal recognition of medical colleges within the Region by the respective medical councils.

**Myanmar:** The medical school is under the jurisdiction of the Department of Medical Sciences, Ministry of Health. All the five medical schools in the country (four under the Ministry of Health and one under the military) use the same curriculum and follow the same assessment process. There is a process within the health ministry for regulating the quality of medical education even though it is not called accreditation. At present the Myanmar Medical Council is under the influence of the Ministry of Health, but the legislation is now being renewed to give more autonomy to the Council. The regulation of medical education that is currently under the Department of Medical Sciences will also be shifted to the Council.

**Nepal:** The Council still looks at the quantitative aspects of the medical schools in their accreditation criteria, which will be there until they trust the medical schools. There are two related problems with the accreditation guidelines. The general qualitative criteria are not specific enough to enable measurable assessment and there is a need to have more quantitative elements which are measurable as per the student’s admission capacity. The shortage of teachers in Nepal is also similar to that in India. There is an attempt to revise the guidelines to allow visiting faculty to address the shortage of full time faculty, especially in basic medical sciences. The curriculum is not unified and universities have flexibility in designing the curriculum.

**Sri Lanka:** Both the Sri Lanka Medical Council and the University Grants Commission play a regulatory role. There is limited role for the Medical Council in conducting site assessment. The Council’s mandate is to develop
standards and recognize medical colleges based on their applications, but it has no power to withdraw the recognition, in case the standards are no longer fulfilled. It does not have a functioning technical assessment committee.

**Thailand:** The Medical Council of Thailand delegated the accreditation responsibility to the Consortium of Thai Medical Schools. The Consortium further requested the Faculty of Medicine, Chulalongkorn University and its WHO Collaborating Centre for Medical Education to lead this work. The work is ongoing. They are following the revised standards of the World Federation for Medical Education (WFME) 2012.

**Timor-Leste:** There is no medical council. The medical college is under the university, and the recognition of the medical college is part of the recognition of the university. The college is run by the Cuban Brigade.

The plenary discussion following the presentation suggested that the Network should critically review the accreditation guidelines to determine why they were not being followed by countries. The guidelines should also be updated to keep pace with the revised WFME standards (2012). It is viewed that the revised WFME standards are flexible and could be adapted to regional and country contexts. The experiences of a medical school in Thailand in using the WFME framework to assess the teaching hospitals were found to be useful for future development. It was further suggested that the social accountability aspect of the medical school should receive special attention in the accreditation.

Moreover, WHO should advise its Member States to accredit their medical schools, following the published guidelines, before recognizing them. It will be beneficial for all medical schools to undergo accreditation in order to gain recognition by its own government (before their names are put on the global list). This will ensure the quality of medical education in the Region.
8. Registration and/or licensing of medical professionals

Dr R K Srivastava, Chairman, Board of Governors, Medical Council of India presented details of the registration of medical professionals in India. India produces about 870,000 medical graduates annually. There are annual admissions of 50,000 students at the undergraduate level and 20,000 at the postgraduate level. He informed that in 2012 there were 20,000 medical graduates from foreign medical schools, and only 40,000 passed the licensing examination (pass percentage was 28%).

Registrations are categorized as (i) provisional (after 4.5 years’ medical study, for completing internship), (ii) permanent (after internship, to practice medicine), (iii) temporary (for foreign nationals to attend conferences/demonstration surgeries, etc.), and (iv) additional qualification (for advanced medical degree). The medical graduates can apply for registration directly with the Medical Council of India, or through one of the 24 state medical councils. The Indian Medical Register is maintained at the Medical Council of India, and has all registrants, whether direct to the Medical Council of India or through the state medical councils. (The Medical Council of India registration allows those doctors to practice anywhere in country; however, the doctors are required to have State Medical Council Registration for practice in that state.) The Indian Medical Register is not yet fully computerized, so additional information has to be entered periodically. Removal of registration is done in the case of death or permanent debarment for an unethical act.

The Council also takes action for deregistration/cancelation/suspension of the registration as punishment for unethical acts/malpractice. This is time-bound for a specified duration, and notified on the website. It can be done as independent action by the Medical Council of India or the state medical council, although the Medical Council of India is the designated appellate authority for all state councils. There are also some issues related to registration, such as a lack of uniformity in the format of certificates, or signatories of certificates.

Dr Srivastava presented a comparison of the practices in all 11 countries of the Region with regard to registration/licensing, and education of medical professionals (Tables 1 and 2, respectively). These were based
on information gathered from the respective medical council’s webpage and done in comparison with the practices in India.

**Table 1: Important practices in registration/licensing of medical professionals in countries of the South-East Asia Region**

<table>
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<td>Y</td>
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<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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<td>Y</td>
<td>Y</td>
<td>X</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Note:** BAN = Bangladesh, BHU = Bhutan, DPRK = Democratic People’s Republic of Korea, IND = India, INO = Indonesia, MAL = Maldives, MMR = Myanmar, NEP = Nepal, SRL = Sri Lanka, THA = Thailand, TLS = Timor-Leste. X = Dissimilar to India’s practice, Y = Similar to India’s practice, NA = information is not available.
Table 2: Important practices in medical education in countries of the South-East Asia Region

<table>
<thead>
<tr>
<th></th>
<th>BAN</th>
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<tr>
<td>Common exit examination</td>
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<td>NA</td>
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<td>X</td>
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<td>X</td>
<td>Y</td>
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<td>Y</td>
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<td>X</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>Standard examination system at postgraduate level</td>
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<td>X</td>
<td>X</td>
<td>Y</td>
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<td>Common accreditation system</td>
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<td>Common regulatory system</td>
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<td>Y</td>
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<tr>
<td>Common regional faculty development programme</td>
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<td>Y</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</table>
Fifth Technical Meeting of the Medical Councils Network of the WHO South-East Asia Region

<table>
<thead>
<tr>
<th>Networking of centre and state councils</th>
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<tr>
<td>Y</td>
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<td>Y</td>
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<th>Linkages with university in developed country</th>
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<tr>
<td>X</td>
<td>X</td>
<td>NA</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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</table>

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X = Dissimilar to India’s practice, Y = Similar to India’s practice, NA = information is not available.

Dr Srivastava identified ways forward for India, including migrating the Indian Medical Register from a static one to dynamic/live registration; having a central licensing exam; strengthening the network of state medical councils; and, strengthening quality control. In addition, he proposed ways forward for countries in the Region including (i) harmonization of all pre-registration issues of regulation in all countries, (ii) linkages with unique citizen number in each country, (iii) conversion to live interlinked medical register in all countries, (iv) regional networking of medical councils, (v) laying down a benchmark of essentials for regional council, (vi) developing a voluntary, but structured, mechanism for compliance with standards and developing an accreditation system to award the achievers and provide disincentives for defaulters, (vii) common faculty development programme for the Region, and (viii) taking a preventive approach to fake registration.

During the plenary discussion, concern was expressed regarding the low percentage of foreign medical graduates passing the licensing exam in India (28%) and whether there was any plan to revisit the examination. It was clarified that the examinations were all right, but the problem of the high failure rate among the foreign medical graduates was due to their training standards. However, it is desirable to make the examination flexible based on competencies and to allow more foreign medical graduates to register; they could be sent to work in the primary health care facilities.
The meeting viewed that, with the mushrooming of medical schools in the Region, medical education should be strictly regulated. Detailed regulation guidelines should, therefore, be developed with the assistance of the WHO Regional Office for South-East Asia and widely disseminated to medical schools. Countries can also work out a common licensure examination with the support of WHO. In addition, it was suggested that the Network should further study the issues related to registration and licensing of medical professionals in countries of the Region.

9. Recommendations

On the basis of the deliberations at the meeting, the participants made the following recommendations:

For MCN-WHOSEAR:

(1) to form a technical working group comprising medical education experts from Member States with Indonesian Medical Council as the focal point to work further on the core competencies as well as the method of their assessment;

(2) to establish a multicountry working group with Medical Council of India as the focal point to study issues related to registration and licensing of medical professionals in the Region;

(3) to set up a multicountry working group with Medical Council of Thailand as the focal point to review, revise and finalize the Guidelines for accreditation of medical schools in countries of the South-East Asia Region (2009) and to provide details of the accreditation process to guide countries on how to move forward.

For member medical councils:

(1) to urge medical schools to pay special attention to ensure that their schools are socially accountable to the local communities as well as to the country;

(2) to urge medical schools to carry out self-assessment, as recommended in the Guidelines for accreditation of medical schools in countries of the South-East Asia Region (2009), to
identify their strengths and areas requiring special attention for further improving the quality of medical education;

(3) To explore with medical schools the use of information technology such as e-learning and e-teaching.

**For the WHO Regional Office for South-East Asia:**

(1) to provide technical support for the working groups to be formed by the Network, as per the above recommendations;

(2) to advocate accreditation as one of the means for quality improvement in medical education in the South-East Asia Region;

(3) to continue providing technical support to MCN-WHOSEAR and its member medical councils for the strengthening of medical education and practice in countries of the South-East Asia Region.

### 10. Closing session

Dr Yonas Tegegn, WHO Representative to Thailand, congratulated Dr Somsak Lolekha, Chairperson of the Network and all members of the meeting’s Secretariat for a successful fifth technical meeting. He thanked all participants for their active participation and the WHO Collaborating Centre for Medical Education, Chulalongkorn University for supporting the organization of the meeting.

Moreover, Dr Tegegn noted that many issues had been discussed and recommendations made since the first meeting of the Network in Sri Lanka in 2007. Although some progress had been made, there was much that still remained to be done due to dynamic changes in society and the medical profession. Issues such as consumers’ expectation of high-quality services, allocating medical doctors to the hardship areas, ineffective quality-control mechanisms, and faculty shortages would need to be carefully addressed. He emphasized that now is the time for implementation and monitoring of progress for better achievements. The Executive Committee of the Network should steer and oversee the implementation of the recommendations. WHO and the WHO Collaborating Centre for Medical Education, Faculty of Medicine,
Chulalongkorn University can support the follow-up of the recommendations of this meeting.

Dr Somsak Lolekha, Chairperson of MCN-WHOSEAR, thanked all participants for their active involvement and valuable contributions to the meeting. He also thanked the Chairperson, Co-chairperson and the rapporteurs for conducting the meeting successfully. He expressed his appreciation to WHO Regional Office for South-East Asia for supporting the meeting.

The Chairperson, Dr Damodar Gajurel, in his closing remarks, thanked the participants for their active participation in the meeting as well as their kind cooperation and support that enabled him to lead the meeting to success. He was pleased that the Network had paid attention in following up the recommendations of earlier meetings, such as countries’ application of the accreditation guidelines, to see the outcomes and impacts of the Network at the country level, rather than just discussing the issues. He was also pleased that there were concrete recommendations for action to be taken from the meeting. He hoped that these actions would be followed up by concerned authorities in the countries.
Annex 1

Agenda

(1) Inaugural session
(2) Introductory session
(3) Business sessions
   ➢ Recent initiatives to strengthen medical education and practice in the WHO South-East Asia Region
   ➢ Medical education systems in countries of the South-East Asia Region
   ➢ Core competencies of medical graduates of the South-East Asia Region
   ➢ Country application of the “Guidelines for accreditation of medical schools in countries of the South-East Asia Region (2009)”
   ➢ Registration and/or licensing of medical professionals in countries of the South-East Asia Region
   ➢ Recommendations to further strengthen the quality and regulation of medical education in the South-East Asia Region
(4) Closing session
Annex 2

List of participants

Bangladesh

Dr M Iqbal Arslan  
Vice President  
Bangladesh Medical & Dental Council  
Dhaka

Dr S A M Golam Kibria  
Chairman, Standing Recognition Committee  
Bangladesh Medical & Dental Council  
Dhaka

Dr Md Moniruzzaman Bhuiya  
Member, Executive Committee  
Bangladesh Medical & Dental Council  
Dhaka

Dr Khan Abul Salam Azad  
Member, Journal Committee  
Bangladesh Medical & Dental Council  
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Dr Ri Hyok  
Vice-Chairman  
Central Committee of Medical Association  
Pyongyang

Mr So Ryon Ju  
Interpreter  
Ministry of Public Health  
Pyongyang

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Dr R K Srivastava  
Chairman, Board of Governors  
Medical Council of India  
New Delhi

Dr K S Sharma  
Member, Board of Governors  
Medical Council of India  
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Member, Board of Governors  
Medical Council of India  
New Delhi

Dr Manoj K Singh  
Member, Board of Governors  
Medical Council of India  
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Indonesian Medical Council  
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Dr Hardyanto Soebono  
Chairman  
Indonesian Medical Council  
Jakarta

Dr Pandu Riono  
Chairman  
Indonesian Medical College  
Jakarta

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Thimphu

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Bhutan Medical and Health Council  
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Ministry of Public Health  
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Directorate of Higher Education
Ministry of Education and Culture
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Maldives Medical Council
Malé

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Member, Maldives Medical council
Malé

Dr Ahmed Ziyân
Registrar
Maldives Medical council
Malé

Dr Jay N Shah
Vice-Chancellor
Patan Academy of Health Sciences
Patan

Dr Nilmanii Upadhya
Registrar
Nepal Medical Council
Kathmandu

Sri Lanka
Dr Carlo Fonseka
President
Sri Lanka Medical Council
Colombo

Dr Ananda Hapugoda
Vice President
Sri Lanka Medical Council
Colombo

Dr Sampath Gunawardane
Dean
Faculty of Medicine
Ruhuna

Dr Chandana Atapattu
Member
Sri Lanka Medical Council
Colombo

Thailand
Dr Somsak Lolekha
Chairperson, MCN-WHOSEAR and
President, Medical Council of Thailand
Nontaburi

Dr Nantana Sirisup
Representative
Consortium of Thailand Medical Schools
Chiang Mai

Dr Boonmee Sathapatayavongs
Director
Center for Medical Competency Assessment and Accreditation
Medical Council of Thailand
Bangkok

Nepal
Dr Damodar Gajurel
President
Nepal Medical Council
Kathmandu

Dr Naing Win
Deputy Head of Office
Myanmar Medical Council
Yangon

Myanmar
Dr Samuel Kyaw Hla
Acting Chairman
Myanmar Medical Council
Yangon

Dr Than Zaw Myint
Director General
Department of Medical Science
Ministry of Health
Naypyitaw

Dr Tint Swe Latt
Rector
University of Medicine 2
Yangon

Dr Naing Win
Deputy Head of Office
Myanmar Medical Council
Yangon

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Member, Maldives Medical council
Malé

Dr Ahmed Ziyân
Registrar
Maldives Medical council
Malé

Myanmar
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Director General
Department of Medical Science
Ministry of Health
Naypyitaw

Dr Tint Swe Latt
Rector
University of Medicine 2
Yangon

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Vice President
Sri Lanka Medical Council
Colombo

Dr Sampath Gunawardane
Dean
Faculty of Medicine
Ruhuna

Thailand
Dr Boonmee Sathapatayavongs
Director
Center for Medical Competency Assessment and Accreditation
Medical Council of Thailand
Bangkok

Mr Ekaphong Lauhathiansind
Deputy Director
Office for National Education Standards and Quality Assessment (Public Organization)
Bangkok
Quality and regulation of medical education

Dr Chanvit Tharathep
Deputy Permanent Secretary
Ministry of Public Health
Nonthaburi

Timor-Leste
Dr Carla Agapito Santos Medeira
Sub-Inspector Ethics
Gabinete Etica e Control Qualidade
Ministry of Health
Dili
Dr Maria Amelia Noronha Berreto
Sub-Inspector Quality Control
Gabinete e Control Qualidade
Ministry of Health
Dili

Resource persons
Dr Ranjit Roy Chaudhury
Adviser-Department of Health and Family Welfare
Government of National Capital Territory of Delhi
New Delhi, India
Dr Muzaherul Huq
MH Shamorita Medical College
Panthobath
Dhaka, Bangladesh

Special invitees
(from Thailand)
Khunying Kobchitt Limpaphayom
Past-President
South-East Asia Regional Associations of Medical Education (SEARAME)
c/o Faculty of Medicine
Chulalongkorn University
Bangkok
Dr Phitaya Charupoonphol
President, South-East Asian Public Health Education Institutes Network (SEAPHEIN)
c/o Faculty of Public Health
Mahidol University
Bangkok
Dr Wanicha Chuenkongkaew
Representative, Asia Pacific Action Alliance on Human Resources for Health (AAAH) & Vice President for Education
Mahidol University
Bangkok
Dr Wichai Wongchanapai
Deputy Director, Siriraj Hospital Faculty of Medicine, Siriraj Hospital
Bangkok
Dr Nathapong Akaraphol
Deputy Dean, Faculty of Medicine
Chiangmai University
Chiang Mai
Dr Athavuth Deesomchoke
Assistant Dean, Faculty of Medicine
Chiang Mai University
Chiang Mai
Dr Suwat Benjaponpitak
Deputy Dean for Education
Faculty of Medicine, Ramathibodi Hospital
Mahidol University
Bangkok
Dr Thongchai Pratipannawat
Associate Dean for Academic Affairs
Faculty of Medicine
Khon Kaen University
Khon Kaen
Dr Chitkasaem Suwanrath
Associate Dean for Education
Faculty of Medicine
Prince of Songkla University
Hat Yai, Songkla
Major General Dr Chumpol Piamsomboon
Director
Pramongkutklao College of Medicine
Royal Thai Army
Bangkok
Colonel Dr Wirote Areekul
Deputy Director
Division of Academic Affairs
Pramongkutklao College of Medicine
Royal Thai Army
Bangkok
Dr Wuttichai Tanapongsathorn
Executive Dean
Faculty of Medicine
Srinakarinwirot University
Bangkok

31
Dr Visan Mahasitthivat  
Faculty of Medicine  
Srinakarinwirot University  
Bangkok

Dr Preecha Wanichsetakul  
Dean, Faculty of Medicine  
Thammasat University  
Bangkok

Dr Petch Rawd-aree  
Associate Dean for Education  
Faculty of Medicine, Vajira Hospital, University of Bangkok Metropolitan  
Bangkok

Dr Warangkana Munsukul  
Associate Dean for Student Affairs  
Faculty of Medicine, Vajira Hospital, University of Bangkok Metropolitan  
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Dr Supasit Pannarunothai  
Dean, Faculty of Medicine  
Naresuan University  
Pitsanuloke

Major General Dr Vanich Vanapurks  
Dean, Institute of Medicine  
Suranaree University of Technology  
Nakorn Ratchasima

Dr Kitpramuk Tantayaporn  
Associate Dean for Academic Affairs  
Faculty of Medicine  
Mahasarakham University  
Mahasarakham

Dr Mayuree Vasinanukorn  
Dean, Faculty of Medicine  
Walailak University  
Nakorn Si Thammarat

Air Chief Marshal Dr Ouichai Pleangprasiti  
Dean, Faculty of Medicine  
Princess of Naradhiwas University  
Narathiwat

Dr Veradej Tirawat  
Vice Dean, Faculty of Medicine  
Princess of Naradhiwas University  
Narathiwat

Dr Nattinee Nantatong  
Associate Dean for Medical Education Centre Affairs  
School of Medicine  
University of Phayao  
Phayao

Observers

Ms Pattama Sinjumpasak  
Academic officer  
Higher Education Assessment Department Office for National Education Standards and Quality Assessment (Public Organization)  
Bangkok

Dr Susama Chokesuwattanakul  
PhD candidate  
Joint programme in Biomedical Sciences & Biotechnology of Chulalongkorn University & Liverpool University  
c/o Chulalongkorn University  
Bangkok

Medical Council of Thailand

Dr Sampan Khomrit  
Secretary-General, Medical Council of Thailand

Dr Prasobsri Unghavorn.  
Member, Subcommittee of MCN-WHOSEAR

Dr Supachai Kunaratanaapruek  
Member, Subcommittee of MCN-WHOSEAR

Colonel Dr Kidapol Wadhanakul  
Member, Subcommittee of MCN-WHOSEAR

Dr Boonsong Patjanaasontorn  
Member, Subcommittee of MCN-WHOSEAR

Dr Chiroj Surapanth  
Member, Subcommittee of MCN-WHOSEAR

Dr Pongsak Wannakrairot  
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WHO Collaborating Centre for Medical Education  
Faculty of Medicine  
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Dr Danai Wongsaturaka
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Consultant, Human Resources for Health
Dr Rajin Arora
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Health Systems Development
WHO Country Office for Indonesia
Jakarta, Indonesia
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National Professional Officer,
Health Systems Development
WHO Country Office for Sri Lanka
Colombo, Sri Lanka
Annex 3

Welcome remarks by Dr Somsak Lolekha, Chairperson, Medical Councils Network of the WHO South-East Asia Region and President, Medical Council of Thailand

Excellency Dr Pradit Sintavanarong, Minister of Public Health; Excellency Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia; Dr Yonas Tegegn, WHO Representative to Thailand; presidents and chairpersons of medical councils of other countries in the South-East Asia Region; honourable guests, distinguished participants, ladies and gentlemen,

It is my pleasure to welcome you all to the Fifth Technical Meeting of the Medical Councils Network of the WHO South-East Asia Region on Quality and Regulation of Medical Education. I thank all the participants for sparing their valuable time to attend this meeting. I gratefully thank His Excellency Dr Pradit Sintavanarong, Minister of Public Health and His Excellency Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia for their kind consent to grace the inauguration of the meeting.

Ladies and gentlemen,

The Medical Council of Thailand feels honoured to be given the responsibility to function as the Secretariat of the MCN-WHOSEAR during the next three years and is pleased to take on this challenge. We however need your kind cooperation and full support to enable us to effectively discharge our duty.

I would like to bring you back to the time when we had the first meeting of our medical councils in Thimpu, Bhutan in October 2006 in the regional consultation organized by the WHO Regional Office for South-East Asia under the leadership of Dr Samlee, the Regional Director. Some of us here today were also present at that meeting. WHO Regional Office for South-East Asia organized the meeting in order to promote collaboration among medical councils in improving medical education and practices in the Region. That meeting recommended to WHO, among others, to establish a regional network to facilitate the exchange of information and resources.
Afterwards, WHO Regional Office for South-East Asia took actions for establishing the medical councils’ network. And the first meeting of the Medical Councils Network of the South-East Asia Region was organized in Colombo, Sri Lanka in December 2007. During the first two years of the Network’s operation, WHO Regional Office for South-East Asia functioned as the Secretariat while the Nepal Medical Council prepared itself to take over the responsibility of the Secretariat.

WHO Regional Office for South-East Asia handed over the responsibility of the Network Secretariat to Nepal Medical Council in the second Network’s meeting in Chiang Mai, Thailand in November 2008. The third meeting was organized in Kathmandu, Nepal in November 2009 and the fourth meeting in Bandung, Indonesia in November 2010. The Nepal Medical Council recently handed over the Secretariat function to the Medical Council of Thailand at the end of 2012.

Distinguished participants,

At this juncture I would like to put on record our sincere appreciation to Dr Samlee Plianbangchang, the Regional Director, WHO South-East Asia for his continuing support for the establishment of the Medical Councils Network of the WHO South-East Asia Region. He in fact is the prime mover of this Network; he sees the need for medical councils within the Region to share information, expertise and resources, and to work together to strengthen individual capacities. Without his full commitment and support, the Medical Councils Network may not have come this far.

You will appreciate that we would not be able to organize this meeting without his full support. We are able to support the participation of 46 officials from 11 countries in the Region to this meeting. This is the first meeting of the Network that we have large numbers of participants with a broad base of participation by key stakeholders in medical education and regulation. Furthermore, we are fortunate that he is with us here today to provide us guidance how to further strengthen the Network and the regulation of medical education and professionals in the Region.

Distinguished participants,

The Executive Committee of the Network, in its first meeting in Yangon, Myanmar in August 2012, decided to convene this Fifth Technical
Meeting of the Network in Bangkok in conjunction with the second meeting of the Executive Committee. Furthermore, in order to have a productive meeting, the Committee also requested that some preparatory work related to medical education systems, accreditation of medical schools, core competencies of medical graduates, and registration and licensing of medical professionals, be carried out before the meeting. I would like to thank the medical councils of India, Indonesia, Sri Lanka and Thailand for agreeing to take on these responsibilities. We will hear from them in this meeting the results of their studies.

Ladies and gentlemen,

I hope that this meeting will facilitate sharing of experiences and learning good practices and lessons from country-level experiences. This will eventually lead to strengthening the quality and regulation of medical education in the countries and in the South-East Asia Region. It is envisaged that the meeting will also recommend how the Medical Councils Network could support countries in this endeavour.

With these words, ladies and gentlemen, I wish you fruitful deliberations and a successful meeting. I also wish participants from abroad and other provinces in Thailand an enjoyable stay in Bangkok.

Thank you.
Annex 4

Address by Dr Samlee Plianbangchang,
WHO Regional Director for South-East Asia

Excellency, Dr Pradit Sintavanarong, Minister of Public Health, the Royal Thai Government; Professor Somsak Loleka, President, Medical Council of Thailand, and Chairperson of SEAR Medical Councils Network; Distinguished participants; Distinguished experts and resource persons; Honourable guests; Ladies and gentlemen;

First of all, on this auspicious 81st birthday of the Queen Sirikit of Thailand, I on behalf of WHO South-East Asia Region wish Her Majesty long life. I thank the Chairperson of SEAR Medical Councils Network for inviting me to speak at the opening of this technical meeting.

At the outset, let me convey warm greetings from WHO Regional Office for South-East Asia to all who are here today. This network started in 2006 when the Medical Councils of the South-East Asia Region met for the first time. The Network’s main objective is to promote collaboration among its member councils in their efforts to contribute to the improvement of medical care and services through the development and strengthening of medical education and medical practice. The network’s strength has steadily increased, and during the past seven years its contribution to such improvement in the Region is clearly perceptible.

Since medical councils in the Region are at different stages of development, this type of networking will provide a good opportunity to them in accelerating the pace of their development as a technical and legal body to support and regulate the quality of medical education and medical practice in their respective countries. I am pleased to learn that during the course of this meeting the Councils will review:

- the progress in strengthening medical education systems;
- the core competencies of medical graduates;
- the application of guidelines for accreditation of medical schools;
- the situations in countries on registration and licensing of medical practitioners.
These are indeed important elements that contribute to the quality of medical care and services.

Distinguished participants,

Over the past few decades, health challenges have become more complex. As far as medical practice is concerned, when professionally started centuries ago it was mostly “art”; then, when the modern science was integrated, medical practice became “art and science”. Today, medical practice is almost purely science-based. This evolution has no doubt contributed to the doubling of the lifespan of mankind during the twentieth century.

By the beginning of the twenty-first century, the complexities of health challenges have made a profound impact on medical practice and consequentially on medical education. Advancement in medical sciences leads significantly to longevity, which, in turn, has contributed to demographic and epidemiologic transitions. The world today has more elderly people, mostly with chronic noncommunicable diseases. This group of population needs long term, or even lifelong care and treatment, through medical interventions. Medicines and medical devices are developed and used extensively, to limit morbidity and disability and to prevent death. The situation leads to, among other things, the skyrocketing of health care costs and today it is a huge burden to all countries to finance health services.

In this connection, the medical profession has a critical role to play in the containment of increasing health care costs. The increasing cost of health care contributes to the widening gap between the “haves” and “have nots” in health. The inequity in health is becoming wider. This inequity underscores, among others, the failure of health care systems to ensure the fair sharing of benefits from advancements in health and medical science.

Furthermore, there is an increase in consumers’ awareness of their fundamental rights to get access to quality medical care. They complain about:

- unnecessary tests and investigations;
- unnecessary treatment and hospitalization;
- not being treated with passion, sympathy or dignity.

These are some examples of issues that have been taken to the courts. The situation leads to an uproar in the medical fraternity that its noble
profession is being maligned. When we look at all these and other problems in medical practice, we may ask ourselves why our medical community cannot adequately meet the expectations of people or whether society is expecting too much from us. We may need to find out whether anything has gone wrong in our medical practices.

Ladies and gentlemen,

If the health of people is not adequately promoted, protected and maintained they will get sick easily, and sometimes severely, necessitating their coming to health facilities for medical attention, thereby overburdening the medical care systems. Certainly, all people will get sick one day, sooner or later. For those who are not yet sick now, we should try to keep them staying “well” as long as we can, not to let them get sick easily; and if they are sick, not to get sick severely.

This is the issue of the design of “national health care systems”. The national health care systems are supposed to ensure adequate “health protection” and “health maintenance” of populations through health promotion and disease prevention. This direction needs political will and commitment at all levels of health care. In general, the provision of promotive and preventive care can be effectively handled through community-based health workers, through public health and primary health care interventions, and with technical support from the medical profession as required.

Community-based health workers can help release medical practitioners from the burden of services at the primary care level, especially in rural and remote areas. Medical professionals would have more time to focus their work primarily on more difficult and specialized care. During the past few years, the WHO Regional Office for South-East Asia has convened a number of regional meetings on the relevant topics, such as:

- teaching of public health in medical schools;
- strengthening the role of family/community physicians in primary health care;
- strengthening doctor–patient relationships;
- the role of medical education in addressing the current health challenges.
In collaboration with the Medical Education Unit of the Faculty of Medicine, Chulalongkorn University, Thailand, which is a WHO Collaborating Centre, action is now being taken to provide a reorientation to medical teachers with a view to strengthening the teaching of public health in medical schools. This is also to promote the possibility of involvement of all faculties and departments in various specialities in medical schools in such a teaching.

With special interest in, and with particular attention to, the importance of “ethics” in medical practices, in collaboration with the South-East Asia Medical Education Association, a teaching module was developed for teaching of ethics in medical education at the undergraduate level.

Ladies and gentlemen,

Medical schools must equip their medical graduates with the required competencies to effectively support the functioning of national health care systems in serving the entire population, within the context of universal health coverage, in both medical and public health areas. The medical profession is very important indeed in helping to ensure that universal health coverage will be affordably maintained by governments in the long term.

Medical graduates are expected to be both scientists and scholars: to be a professional practitioner who is socially responsible, a health advocate at all times, as well as a professional leader who can spearhead initiatives for health of all people. And very importantly, their practices must be without any prejudice or partiality, and all people, regardless of their social or economic status, must be treated equally.

With these words, ladies and gentlemen, I wish this technical meeting of the Medical Councils Network of the WHO South-East Asia Region all success.

Thank you.
Annex 5

Inaugural address by H.E. Dr Pradit Sintavanarong,
Minister of Public Health, Royal Government of Thailand

Your Excellency Dr Samlee Plianbangchang, Regional Director, World Health Organization South-East Asia; Dr Somsak Lolekha, Chairperson of the Medical Councils Network of the WHO South-East Asia Region and President of the Medical Council of Thailand; presidents and chairpersons of medical councils of other countries in the South-East Asia Region; Dr Yonas Tegegn, WHO Representative to Thailand; honourable guests, distinguished participants, ladies and gentlemen,

It is a great pleasure for me to address this important technical meeting of the Medical Councils Network of the WHO South-East Asia Region on Quality and Regulation of Medical Education. On this occasion, let me welcome all the distinguished participants who have travel from other countries in the South-East Asia Region to Bangkok. I hope that you will have a pleasant and enjoyable stay in Bangkok, a “city of angel” in its Thai name.

Ladies and gentlemen,

The Ministry of Public Health, Thailand is very pleased that the Medical Council of Thailand has been entrusted with the responsibility to function as the Secretariat of the Medical Councils Network of the WHO South-East Asia Region. I am confident that the Medical Council of Thailand, which is well established, can effectively facilitate and coordinate the work of the Medical Councils Network for strengthening the regulation of medical education and practice and for improving medical professional standards in order to safeguard the public.

A medical council, as a legal body, has instrumental role to play in regulating the quality of medical education and the practice of the medical practitioners and thus the medical services. Therefore, the medical council can contribute significantly to the government’s efforts for ensuring the quality of medical services that are responsive to the population health’s needs. However, medical councils in countries of the South-East Asia Region are at different stages of development. Thus, sharing of experiences
in the development of the medical councils among countries within the Region is beneficial. The Medical Councils Network can facilitate the sharing of experiences, expertise and resources and work together among medical councils within the Region to strengthen individual council’s capacity.

Distinguished participants,

At this juncture I also would like to join Dr Somsak Lolekha, Chairperson of the Medical Councils Network and President of the Medical Council of Thailand to thank Dr Samlee Plianbangchang, the Regional Director, WHO South-East Asia for his support for the establishment of the Medical Councils Network of the WHO South-East Asia Region. We are delighted that with his support, we are able to bring 46 participants from all 11 countries in the South-East Asia Region to this meeting.

Ladies and gentlemen,

While Thailand is preparing herself to join the ASEAN Economic Community in 2015, we are striving toward becoming an academic and medical hub of the ASEAN and also the South-East Asia Region. We feel that working with the Medical Councils Network, sharing and learning valuable experiences and lessons from others will enable us to move closer toward this direction.

Thailand is fortunate to have an effective medical council. The Medical Council of Thailand has been effectively regulating the quality of medical education and the competencies of their medical graduates. Its Center for Medical Competency Assessment and Accreditation is well functioning. The standards of medical education and core competencies of the medical graduates set by the Medical Council have been followed by all medical schools in Thailand. And thus quality of medical education could be ensured. You will appreciate that the government always seeks advice from the Medical Council of Thailand when formulating policy dealing with health and medical education and practice.

Ladies and gentlemen,

All countries in the South-East Asia Region, including Thailand, confronted with numerous health challenges during the past years. These
include shortage of health workforce, rising in health care cost, increasing aging population, increasing non-communicable diseases while the communicable diseases still rampage, to name just a few. These necessitate significant changes in national health policies. To cope with these challenges, the health systems should be strengthened with a good balance between public health and medical services. This will have impact on the work of health-care providers including medical doctor and how they are educated and trained. There is also global concern that the education of health professionals is failing to keep pace with the changing society and health care environment. Thus, an independent global commission on education of health professionals for the twenty-first century called for a reform in health professional education. Thus, we also need to strengthen the medical education to keep pace with the changing health care environment and society within the country.

Distinguished participants,

This technical meeting on “quality and regulation of medical education” is timely organized by the Network. We need to ensure that the education of medical doctors in the South-East Asia Region is with quality, up to the standards; and our medical graduates possess required competencies meeting the health systems’ needs of the countries – to deliver effective and responsive medical and health services.

At present Thailand health development plan places great emphasis on health promotion and prevention, and also aims toward universal health coverage. As such, competencies of medical graduates will need to be broadening to support these endeavours. Our medical doctors will also need to be equipped with competencies to meet the health needs, demands and challenges in the field of public health. I believe that the situations in other countries of the Region are also very similar as they are also committed toward universal health coverage.

With these emerging challenges, the standards of medical education as well as the criteria for accreditation of medical educational programme and school will need to be critically reviewed and updated. The medical councils and its network therefore have crucial roles to play in this regard.

I would like to thank medical councils of India, Indonesia, Sri Lanka and Thailand who carried out the preparatory work to study the situations
in all 11 countries in the Region in the assigned areas for discussion in the meeting. These will provide valuable inputs for the meeting and enable us to have productive deliberation.

Ladies and gentlemen,

I believe that this Network meeting will give us an opportunity to learn and share each country’s experience and to provide feedbacks and inputs on how to improve the quality of the undergraduate medical education as well as to strengthen the regulation of the medical professionals and practice. The results of this meeting will help us to further strengthen the education and regulation of medical professionals in the country and in the South-East Asia Region.

I would like to assure you that the Ministry of Public Health will extend full support to the Medical Council of Thailand to enable it to effectively function as the secretariat of the Medical Councils Network of the WHO South-East Asia Region.

Before closing, I would like to reiterate my thanks to the Regional Director, WHO South-East Asia for his support to the Network and this meeting.

Let me end my address by wishing all the participants and organizers of this meeting to have a productive deliberation that will yield fruitful results to improve the quality of education and regulation of medical professionals in the South-East Asia Region.

I now declare the Fifth Technical Meeting of the Medical Councils Network of the WHO South-East Asia Region on Quality and Regulation of Medical Education officially opens.

Thank you.
## Annex 6
### Outcome of group work session
#### Group 1

<table>
<thead>
<tr>
<th>Core competencies</th>
<th>Validity</th>
<th>Relevance</th>
<th>Practicality</th>
<th>Additional recommendation</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Noble professionalism</td>
<td>✔</td>
<td>✔</td>
<td>Possible but difficult</td>
<td>Altruism</td>
<td>Peer assessment</td>
</tr>
</tbody>
</table>
| 2. Self-awareness and personal development |          |           | Possible but difficult | 1. Adaptability  
2. Adapt to new environment  
3. Innovative  
4. “How to learn” ability | Self-assessment |
| 3. Effective communication               | ✔        | ✔         | Practical | Breaking bad news | Examiner/trainer, patient feedback |
| 4. Management of information             | ✔        | ✔         | ✔             | 1. Effective use of health information  
2. Effective use of standard guidelines in practice | Clinical audit |
| 5. Scientific foundation of medicine     | ✔        | ✔         | ✔             | Effective selection of health technologies | Formative and summative assessment, Community-based project assessment |
| 6. Clinical skills                       | ✔        | ✔         | ✔             | History taking, physical examination, clinical procedures, interpretation of investigation, therapeutic management | Formative and summative assessment |
| 7. Management of public health problems  | ✔        | ✔         | ✔             | Public health skills | Community-based project assessment |
Group 2

Group 2 discussion was multidirectional and involved consideration of the seven core competencies presented by the Indonesian Medical Council:

1. Noble professionalism
2. Self-awareness and personal development
3. Effective communication
4. Management of information
5. Scientific foundation of medicine
6. Clinical skills

The discussion first focused on core competencies 1 and 2, and how to actually measure them. The other core competencies (3–7) are measurable, while the first 2 core competencies (noble professionalism, self-awareness and personal development) cannot be measured; therefore, questions were raised on how to assess them.

First of all, how can professionalism be measured? Some group members agreed that professionalism itself encompasses all of the other core competencies (2–7). Professionalism should be evidence-based and relevant. It involves integration of knowledge, ethics and moral considerations in accordance with current issues in medical fields.

The discussion on professionalism led to further discussion about the ideal doctor’s competences (the “five-star doctor”) as proposed by WHO, which are:

1. Care provider
2. Decision-maker
3. Communicator
4. Community leader
5. Manager of health resources
The group believed that the term “five-star doctor” already represented all of the 7 core competencies. Therefore, group 2 recommended that:

1. the “five-star doctor” should be used as the core competence;
2. a medical graduate should be professional, ethical and practice evidence-based medicine

Meanwhile, for core competency 2 (self-awareness and personal development), the group agreed that personal development should be replaced with professional development, since it will be a lifelong learning process.

On the other hand, the group also made a suggestion to add to core competency 5 (scientific foundation of medicine) that a medical professional should be research-competent.

Finally, the group proposed that the 7 core competencies be discussed by each medical council, and the outcome reported in the next meeting of the councils.

### Group 3

<table>
<thead>
<tr>
<th>Core competencies</th>
<th>Validity</th>
<th>Relevance</th>
<th>Practicality</th>
<th>Recommendation</th>
<th>Proposed change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Noble professionalism</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Change components 1, 5 and 6</td>
<td><strong>Component 1:</strong> Demonstrate professionalism and leadership qualities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Component 5:</strong> To meet medico–legal and human right aspects in medical practice</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Component 6:</strong> Implement measures for patient safety in medical practice</td>
</tr>
<tr>
<td>2. Self-awareness and personal development</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Core competencies

<table>
<thead>
<tr>
<th>Core competencies</th>
<th>Validity</th>
<th>Relevance</th>
<th>Practicability</th>
<th>Recommendation</th>
<th>Proposed change</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Effective communication</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 4. Management of information                   | ✓        | ✓         | ✓              |                | Change component 1  
Add component 4  
**Component 1:** Use information and communication technologies to help diagnosis, therapy, prevention and health promotion and maintenance and monitoring health status of individuals and community  
**Component 4:** Conduct research and publications |
| 5. Scientific foundation of medicine           | ✓        | ✓         | ✓              |                | Change component 1  
Add component 4  
**Component 1:** Apply the concepts and principles of biomedical science, clinical, behaviour and health science community in accordance with revitalized primary health care approach  
**Add Component 4:** Determine efficient use of resources available locally |
| 6. Clinical skills                             | ✓        | ✓         | ✓              |                | Change definition of components 1 and 2  
**Area 6:** To decide, perform and interpret clinical procedures according to clinical problem and needs of patients or health care users  
**Component 1:** Obtain |
<table>
<thead>
<tr>
<th>Core competencies</th>
<th>Validity</th>
<th>Relevance</th>
<th>Practicality</th>
<th>Recommendation</th>
<th>Proposed change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>and record accurate information and rules about patients/health care users and their family</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Component 2:</strong> Conduct clinical and appropriate laboratory procedures</td>
</tr>
<tr>
<td>7. Management of health problems</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>Change definition of components 3 and 5</td>
<td><strong>Area 7:</strong> Manage health problems of individuals, families, or society in a comprehensive, holistic, sustainable, coordinative and collaborative manner in the context of health care at the primary level</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Component 3:</strong> Carry out health education to promote health and disease prevention</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Component 5:</strong> Manage human resources and facilities effectively and efficiently</td>
</tr>
</tbody>
</table>

**Note:** Validity = technically correct, evidence-based and up to date.
The Medical Councils Network of the WHO South-East Asia Region (MCN-WHOSEAR) was established with support from the WHO Regional Office for South-East Asia in February 2007 to provide a forum for sharing of information, expertise and resources among member medical councils. The MCN-WHOSEAR aims to strengthen the regulation of medical education and practice, and to improve the standards of professionalism in countries of the South-East Asia Region in order to safeguard the public interest.

Since its establishment, the Network has undertaken several initiatives for improving the quality of medical education and practice in the Region. With the emerging health challenges of the Twenty-first Century, there are some concerns on competencies of medical graduates to effectively address the health challenges as well as the quality of medical education to equip the medical graduates with the required competencies.

The MCN-WHOSEAR therefore organized the Fifth Technical Meeting of the MCN-WHOSEAR on quality and regulation of medical education during 12–13 August 2013 in Bangkok, Thailand. Eighty-one participants, including medical council representatives and other key stakeholders of medical education and practice, from all 11 countries of the South-East Asia Region attended the meeting. This publication contains an account of the deliberations and the recommendations made during the meeting.