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Medical Councils in Countries of the Region

*Report of the Regional Consultation
Thimphu, Bhutan, 17-19 October 2006*



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Executive Summary

The Regional Consultation on Medical Councils in Countries of the World Health Organization's (WHO) South-East Asia (SEA) Region was held on 17-19 October 2006 in Thimphu, Bhutan. The general objective of the consultation was to promote collaboration among medical councils in improving medical education and practices in the Region. The specific objectives were to promote exchange of information among the medical councils; review their existing roles and functions; identify areas of possible collaboration with emphasis on undergraduate training; share views on Continuing Medical Education (CME), and review national legislation and regulatory functions of medical councils.

Fourteen presidents or representative of medical councils, two representatives from medical associations, four resource persons, the WHO Representative to Bhutan, the Director of Health Systems Development, WHO/SEARO, the Regional Adviser, Nursing and Midwifery, five WHO Country Focal Points and 12 local observers participated in the meeting. The consultation was inaugurated by the Regional Director, Dr Samlee Plianbangchang. The consultation featured presentations by resource persons, country presentations, group work sessions and discussions.

One of the important outcomes of the consultation was to establish a Regional Network to facilitate the exchange of information and resources, to agree upon solutions on common issues facing the medical councils and to strengthen capacity of such councils in each country. It was expected that the meeting of the network could be organized in 2007 focusing on the priority themes selected: ethics and patient safety, quality and accreditation, continuing professional development, or research.

Main issues discussed by participants

The participants discussed the following key issues:

- Strengthening the roles and functions of medical councils and creating public awareness about the same.
- Using the re-registration mechanism to maintain current data on practicing medical doctors in the country.

- Setting standards of medical curriculum and accrediting medical schools to ensure quality medical education.
- Bolstering ethics in medical education and practice.
- Initiating disciplinary action on malpractices, negligence and misbehaviour on the part of medical practitioners.
- Issuing licences to medical doctors who have graduated abroad to practise medicine in the country.
- Encouraging the establishment of the system of reciprocal recognition and equivalence of medical curriculum and degrees at national and regional levels to facilitate the movement of doctors for educational and professional pursuits.
- Supporting medical doctors to engage in continuing medical education.
- Choice of country to mandate continuing education units for re-registration.
- Requesting WHO to assist in developing a list of recognized medical schools in the Region.
- Requesting WHO to support the establishment and implementation of activities of the regional network of medical councils.

The plan of activities for 2007 include:

- Establishment of a regional network of medical councils.
- Collaborative study or activities on accreditation, continuing professional development, ethics and patient safety.
- Organizing the regional meeting of medical councils under multi-country activity.

Recommendations for WHO

The participants proposed five priority recommendations for WHO to strengthen the capacity of medical councils. These are as follows:

- (1) WHO should provide technical advice and support in the establishment of the South-East Asia Medical Council Network

which aims at sharing information and resources and capacity building of medical councils in the Region.

- (2) WHO should promote collaborative activities or studies in the area of ethics and patient safety.
- (3) WHO should provide technical support to develop guidelines or mechanisms in the area of reciprocity, accreditation and quality of education.
- (4) WHO should provide technical advice on continuous professional development.
- (5) WHO should facilitate and support research to improve medical education, service, administration and regulation.

1. Introduction

A medical council is a legal body to regulate the quality of medical practitioners, education and services. Most countries of the World Health Organization's (WHO) South-East Asia (SEA) Region have medical councils which are in different stages of development. The process of development of the medical councils, their roles and functions and the constraints they face are not commonly shared between countries. In a changing and globalized world, consumers seek and expect better service and medical councils have to adapt to the changed scenario to stay effective. It is important for those responsible to ensure that medical councils share information and expertise and work together to strengthen individual capacities. The WHO Regional Office for South-East Asia had organized meetings in relation to the standard of medical education, medical curriculum and accreditation but none of these meetings focused directly on the medical councils. The Regional Consultation of Medical Councils in the WHO South-East Asia Region was organized with five overriding themes: statutory authority and legislation, registration and re-registration, continuing medical education, disciplinary action and ethics. This meeting was the first of its kind in the SEA Region. The programme of the consultation is given in Annex 1 and the list of participants is given in Annex 2.

2. Inaugural session

His Excellency Lyonpo (Dr) Jigmi Singay, Honourable Minister of Health, and President, Bhutan Medical and Health Council, welcomed the participants and thanked the WHO Regional Office for South-East Asia for organizing the meeting in Bhutan.

The Regional Director for the World Health Organization South-East Asia Regional Office, Dr Samlee Plianbangchang, in his inaugural remarks said that a medical council is an important professional body contributing to the improvement of adequacy and quality of medical care and services with an expanding role that covers areas such as regulation of medical education and practice. It is indicative that with improved development indices in countries, social behaviours and individual life style also change. He

emphasized on the need to adjust the role of medical councils to address the increasing demands of consumers, their rights and the needs of a changing society.

Dr Samlee stated that this meeting has been organized to stimulate the development and strengthening of medical councils in countries of the Region by enhancing dialogue and partnerships among them.

The Regional Director reiterated that the development of such councils in countries needs to be energetically encouraged. He hoped that the meeting would have a significant impact on strengthening Medical Councils of the Region and long-term collaboration between these councils could be ensured through possible networking. He committed the continued support of WHO to strengthen the roles and functions of the Medical Councils of the Region. The opening address of the Regional Director is given in Annex 3.

In his address, His Excellency Chief Justice Lyonpo Sonam Tobgay, the Chief Guest stated that medical doctors play an important role in a national health system. Reiterating the role of Medical Councils in setting standards of medical curricula, registration of practising doctors and in developing tools and mechanisms to take disciplinary action against errant practitioners, he stressed the importance of strengthening these institutions. The results of the meeting would invariably benefit the development of medical councils in the Region, and the Medical and Health Council of Bhutan in particular.

3. Objectives

3.1 General objective

The general objective of the consultation was to promote collaboration among medical councils to improve medical education and practice in the SEA Region.

3.2 Specific objectives

The specific objectives of the consultation were to:

- (1) promote exchange of information among the medical councils;

- (2) review existing roles and functions of medical councils;
- (3) identify areas of possible collaboration with emphasis on undergraduate training, Continuing Medical Education (CME) and promotion of medical ethics, and
- (4) review national legislation and regulatory functions of the medical councils.

4. Technical sessions

4.1 Background of the meeting

Dr Sultana Khanum, Director, Health Systems Development (HSD), WHO/SEARO, in her presentation, pointed out that the important roles of the medical councils include ensuring quality of medical education and patient care, granting recognition and licences to medical graduates, making reciprocal arrangements for recognizing medical degrees for clinical practice, and regulate medical practice. The standards of medical practice and the quality and relevance of medical education have become important concerns in view of the growing number of unregulated private medical colleges. The role of the medical council has become more pronounced following widespread concern among the public and medical fraternity on suspected un-professionalism and unethical medical practices.

As the licensing authority, medical councils are expected to determine basic requirements regarding admission policy, infrastructure, curricula and examination system, innovations towards a better system of medical education, assessment methods and validation of results, and quality and standard of education and care. With the prevalent acute shortage of health professionals, medical councils should also consider the need of appropriate skill-mix and requirement of linking competencies with other regulatory bodies such as those for nursing, dental, public health and allied health councils, Dr Khanum said.

She added that in the last three decades the Regional Office has actively concerned itself with the quality of medical education. Activities related to it include the following:

- 1976: The Regional Committee (SEA RC 29/R5 1976) discussed the need for community orientation in medical education.
- 1996: A Regional Consultation in Kathmandu, Nepal, discussed the mechanism for determining the equivalence of qualifications.
- 1997: The recommendations of Kathmandu consultation were placed at the Health Secretaries' meeting in Indonesia for further discussion.
- 1999: A Regional Task Force was formed towards reforming medical school curricula per se by enhancing accreditation standards.
- 2002: A Regional meeting in Chennai requested WHO to support the development and utilization of the accreditation system for public health institutions.
- 2005: Bi-regional consultation in Bangkok discussed the psychosocial and ethical issues in medical education.

Though the programme for Reorientation of Medical Education (ROME) has been in place for more than two decades, the Region is yet to witness substantial improvement vis-à-vis the role of medical councils in the SEA Region. The consultations listed above did not directly address the responsibility of medical councils.

4.2 Some best practices followed by medical councils outside the purview of the WHO South-East Asia Region

Professor Ranjit Roy Chaudhury, founder President of Delhi Medical Council, presented best practices of five select countries, namely Australia, the Republic of Singapore, the Republic of South Africa, United Kingdom and the United States of America based on five themes of the consultation:

- (1) **Statutory and legislative:** The regulating agency for medical doctors is different in each country. In UK, it is the Medical Council, in USA it is Accreditation Council for Graduate Medical Education (ACGME), and in Singapore it is the Ministry of Health and the Health Professional Council in South Africa. The Australian Medical Council recognizes the academic degree of medical graduates from other countries, particularly New

Zealand. The Postgraduate Medical Education and Training Board (PGMETB) was established in September 2006 to cater to medical graduates in UK. There is also the Australian Commission on Safety and Quality in Health Care. The Medical Council in UK regulates all postgraduate medical training in the country. There are also statutory committees such as the training committee and assessment committee. The Board of 25 members includes technical experts as well as other members.

- (2) **Registration and re-registration:** All five medical councils are responsible for registration of medical doctors. The system of re-registration is mandated by the Medical Councils of Singapore, South Africa and USA. In UK, doctors are encouraged to take the Continuing Medical Education (CME) programme, but there is stipulated number of hours mandated for re-registration. In Australia, the report provided by the doctors on their fitness to practise is used for re-registration. In Singapore, it is necessary to re-register every two years with 50 CME units while South Africa requires 30 CME units annually.

The requirements for re-registration are varied. Doctors in Singapore are required to show a fixed number of hours for activities such as Grand Ward rounds, teaching rounds, joint X-ray sessions, mortality and morbidity rounds and hospital conferences; publishing research papers in recommended journals and participating in online and distance learning programmes. Fulfilment of 20 per cent of the core criteria in the stipulated field of specialization is necessary. In South Africa, the activities not qualifying for continuing medical education are listed and each doctor maintains personal records for random inspection by the council.

- (3) **Disciplinary action:** All five medical councils have an ad hoc committee to review a complaint and report to the council's board. A disciplinary committee is appointed when further action is necessitated. In Australia, complaints are handled jointly by the State Medical Board and Health Care Complaints Commission. They together decide whether to refer a complaint for a formal investigation or take corrective action. In USA, information on disciplinary action is available online for public

scrutiny. In UK the list of names of physicians against whom action had been taken is also available.

- (4) **Ethics:** All five councils have a printed Code of Ethics that is available for distribution. In UK, the council runs educational programmes in conjunction with Regional Deans. These programmes incorporate ethical issues. The other councils do not conduct specific courses or training programmes on ethics.

4.3 Current roles and functions of medical councils in the SEA Region

Professor Ranjit Roy Chaudhury highlighted the roles and functions of medical councils in nine countries of the South-East Asia Region i.e. all Member States with the exception of DPR Korea and Timor- Leste, grouped under five themes.

- (1) **Statutory and legislative:** Medical councils of eight countries (except Maldives) have the statutory authority for their functioning. The Maldives Medical Council functions under the authority of Presidential decree. The regulation for the Bhutan Medical and Health Council may be revised every five years, and there is a stipulation regarding prescribing medicines which states: "the patient shall be protected against over-prescription, under-prescription and illegible prescription". All medical councils have the mandate and mechanism to recognize medical graduates from outside the country. The International Association of Medical Licensing Authorities has developed a rapid method of interchange of information on medical practitioners registered in one country. A fast track credentials system was developed with jurisdiction over medical passports and a list of regulatory authorities worldwide.
- (2) **Registration and re-registration:** All medical councils have the mandate to register their practitioners. Some councils register only medical practitioners and some register nurses and dentists too. Some countries such as Bangladesh, Bhutan, Indonesia and Sri Lanka have a system of re-registration at regular intervals of five years. The provision of re-registration with number of hours of Continuing Medical Education (CME) is not mandated in most countries except Bhutan which mandates 30 hours of CME as a

pre-requisite for re-registration. The Delhi Medical Council used to have a mandatory requirement of 150 hours of CME before re-registration after every five years which is not practised anymore.

- (3) **Continuing Medical Education:** All medical councils in the Region encourage participation of doctors in CME programmes. The Indonesian Medical Council records attendance of CME in the registration certificate. The Thailand Medical Council has an office to regulate CME. CME is conducted through various means including the pursuit of courses, preparation of scientific papers and editorials or through online information.
- (4) **Disciplinary Action:** All medical councils in the Region have the mandate of inquiring into alleged malpractices, medical negligence and misbehaviour, and to impose suitable punishment to the doctors. There is usually a committee to investigate such cases and recommend action to be taken, with the medical council board taking final decision. The quantum of punishment varies according to the seriousness of the offence. The Thailand Medical Council, for example, lists five options for punishment meted out: dismissing the accusation, warning, reprimand, suspension of licence for a period deemed appropriate by the committee but not exceeding two years, and revocation of licence. Several councils also take suo-moto action without any specific complaint to the board. The Delhi Medical Council imposes fines which are handed over to the aggrieved party as compensation.
- (5) **Ethics:** Medical councils in India, Maldives, Nepal, Sri Lanka and Thailand publish and widely distribute their code of ethics for doctors. Most councils have ethics committees to deal with malpractice. Bhutan has a code of etiquette within the code of ethics. Bhutan also covers practitioners of traditional systems of medicine. The Thailand Medical Council organizes a course on medical ethics twice a year. The Indonesia Medical Council conducts a course in conjunction with medical education institutions. Sometimes medical associations and medical councils collaborate on ethics. The Maldives Medical Council publishes guidelines for doctors and the media on experimentation on human.

4.4 Country presentations

Bangladesh

Prof Muzaherul Huq, Medical Educationist, WCO Nepal, who made a presentation on behalf of Bangladesh, stated that the Bangladesh Medical Council was established under the Medical Council Act, 1973. The Act was amended in 1980 and the Bangladesh Medical and Dental Council was formed under the new Medical and Dental Council Act. The Council is headed by the president who is elected by members of its board from amongst themselves. There are 32 members on the Council board of which eight are ex-officio, 10 from administrative divisions and two women nominated by the government, and twelve nominated by various groups.

The council has 24 roles and functions. These include registration and deletion of names of medical and dental practitioners and medical assistants, curriculum standards, appointment of teachers, conduct of examinations, inspection of medical and dental institutions, and recognition of medical and dental qualifications granted by medical and dental institutions in and outside the country. Every doctor is required to renew his/her registration every five years with no registered hours of undergraduate dental course curriculum and upgrading the criteria and standards for recognizing medical and dental colleges. The council is self financed with the main sources of income being registration and other fees.

Bhutan

Prior to 2002 all health professionals under the Ministry of Health were governed by the Bhutan Civil Service Rules. After 2002 they have been registered with the Bhutan Medical and Health Council. The Bhutan Medical and Health Council Act 2002 was enacted by the National Assembly on 24 July 2002 and the Council was established in March 2003. Its mandate includes recognition of all medical and health professionals, ensuring competence and professionalism, maintaining ethics and ensuring adherence to the code of conduct and standards of practice for the safeguard of public health. It also includes regulating aspects of medical and health professions such as the codes of ethics and conduct, maintaining a common register for all health professionals, ensuring uniform standards of education and training, and recognizing local and foreign medical and health institutions, scholars and academicians.

The Medical and Health Council administrative structure consists of the president, vice-president, executive committee, secretariat (comprising registrar, deputy registrar and secretarial support) and a general body of 25 members and seven sub-committee members. Members include doctors, nurses, allied health workers and practitioners of traditional medicine. Ongoing activities include capacity building of the secretarial team for efficiency, developing standards and guidelines, creating awareness among medical and health professionals on the role and functions of the council and their responsibilities and building linkages with other professional bodies in the Region and beyond. The Council receives 99% of its budget from the Ministry of Health. The Medical and Health Council has some constraints such as inexperienced staff, limited budget, lack of networking with other councils, lack of standards and guidelines relating to education and services and lack of guidelines over recognition and reciprocity of educational institutions abroad from where most of doctors in the country have graduated.

DPR Korea

There is no medical council in DPR Korea. The Korean Medical Association was founded in June 1970 following the personal initiative of the Honourable President Kim Il Sung. It is a permanent organization representing all medical workers officially recognized by the government. The mission of the association is to solve health problems by enhancing the knowledge of medical science and technology of medical workers.

The Korean Medical Association consists of a wide gamut of medical workers including physicians, surgeons, practitioners of Koryo treatment, sanitation and antiepidemics, laboratory and examination specialists, function diagnosis technicians, pharmacists and dentists. The association regularly organizes meetings, workshops and symposiums at national and international levels, and supports the participation of members to attend meetings abroad. It also takes part in approval of expert's qualification and assessing the technical grade of medical workers with the help of the Ministry of Health.

India

The Medical Council of India was established in 1934 under the Indian Medical Council Act, 1933, which was amended in 1956, 1964, 1993 and 2001. The main function of the Medical Council of India is to establish uniform standards of medical education, both undergraduate and

postgraduate, and grant recognition to medical qualifications in India and abroad. In addition, the council gives permission for the establishment of new medical colleges and preparation of curriculum and grants recognition to Indian medical colleges. The composition of the council is as follows: One member from each state (excluding Union Territories) to be nominated by the Central Government in consultation with the state government concerned, one member of each university to be elected among the members of the medical faculty of the university, one member from each state medical council in which a state medical registration is maintained, seven members to be elected amongst themselves by persons enrolled on any state medical register and eight members to be nominated by the Central Government. The president and vice-president of the council are elected by its members.

Regulations issued by the Medical Council of India include that on Graduate Medical Education (1997), Minimum Qualification of Medical Institutions (1998), Medical Council of India Regulations (2000) Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulation (2002), regulation on Eligibility Requirement to Admission in an undergraduate medical course in a foreign institution (2002), and Screening Test Regulation (2002). A list of recognized medical qualifications granted by medical institutions outside India has been prepared. The regulation on the code of ethics clearly states the duties of the physician towards the patient, which include obligation to the sick, the practice of patience, delicacy and secrecy, correct prognosis and adequate attention to the patient. The correct conduct of physicians in matters pertaining to consultation, responsibility to each other and towards the public and their profession are also stipulated in the regulation.

Indonesia

The Indonesian Medical Council was established in 2005 under the Medical Practices Act that was signed by the President of the Republic of Indonesia on 6 October 2004. It is aimed to protect patients and promote the quality of medical care. The Indonesia Medical Council consists of a medical council and a dental council. Seventeen members of the council's board were appointed by the President of the Republic as members of the Indonesian Medical Council. The main functions of the council are to register doctors and dentists, legalize standards of medical and dental education, and guide good practices with the Ministry of Health, local government and other institutions.

Both medical and dental councils are divided into three divisions: registration, standard of education and supervision. Re-registration is required once every five year along with a specific number of CME units. Till October 2006, 50000 doctors and dentists were registered. The projected figures for April 2007 are 80000. Medical and dental standards have been legalized, and permanent guidelines issued. Regulations on sound medical practices, good relationship between doctors and patients, and disciplinary norms were finalized. The fund to run the council is received from the government and channeled through the Department of Health. The Council is expected to finish registration of all doctors and dentists practicing in 2007.

Maldives

Maldives had promulgated a health law in 1978 and a law regulating traditional medicine and circumcision in 1980. There is still no law to regulate medical practice. A decree was promulgated in 1999 to establish a medical council, nursing council and board of health sciences. The mission of the council is to maintain professional service standards for medical care, enforce ethical codes, authorize medical practice and register practitioners. There are ten members in the medical council board who were appointed by the President of Maldives from different sectors including the Ministry of Health, Attorney-General's Office, Maldives College of Higher Education, Indira Gandhi Memorial Hospital, Department of Public Health, nongovernmental organizations working in health and the private sector.

The registrar of the council registers doctors who have qualified abroad and are practicing medicine in the country. Only Maldivians and foreigners who are practicing in the country can register. Foreigners who were educated or trained abroad are provided temporary registration for a limited duration of employment in Maldives. No examination is necessary for such registration. The medical council reviews the graduation document and uses the results for registration. The council also provides in-service training. There is no disciplinary action against doctors who are accorded the status of public servants but the hospitals where they work should be accountable. The council's operations are fully funded by the Government. The major issues include lack of list of recognized medical schools, lack of a mechanism to deal with students graduating from unrecognized medical colleges, lack of standardization and accreditation norms and ethical questions.

Myanmar

The Burma Medical Council was formed in 1915 under the Burma Medical Act enacted by the British Government. In 1957 the Government of the Union of Myanmar repealed the 1915 Burma Medical Act and replaced it with the Myanmar Medical Act. The Act of 1957 was modified by the State Peace and Development Council in January 2000. The medical council consists of 53 members from the ministries of health, defence and education, the medical association and retired medical practitioners. There is also one medical practitioner from outside the government sector. The main functions of the council include recognition or refusal of recognition of medical degrees conferred by any local or foreign institute of medicine or medical college or any other organization formed for the purpose of medical science, issuing notifications on medical degrees recognized by the council, determining moral conduct and ethics to be observed by medical practitioners, and supervising, compiling and maintaining the list of registered and licensed medical practitioners and publishing the same.

Six functional committees were formed to perform the mandated tasks. These include committees for scrutiny of registration certificates and medical practitioners' licences, observance of the code of conduct and ethics, maintenance of discipline, standardization, continuing medical education, and health. Before 2000, doctors needed to serve for a year for pre-registration and after having passed their assessment, could register with their licence. Since 2003, the period of pre-registration was raised to three years. Between 2000 and 2005, about 3900 licenses for medical practitioners were issued. CME is not mandatory. Doctors are encouraged to take the courses offered by both the medical council and the medical association. Regulations on medical ethics for medical practitioners are in place. There are certain constraints regarding funding, cooperation and collaboration with medical councils of other countries and law enforcement.

Nepal

The Nepal Medical Council was established in 1964. It has a statutory authority to support its functions. The council board consists of 19 members, of which the president and seven members are nominated by the Government, and the rest elected. There are six committees: registration, dental, education, professional conduct and health, examination and higher education. The council's main function is to register doctors and dental

graduates and specialists. There are three types of registration: provisional for those who have just graduated, temporary for those who have qualified the licensing examination, including the foreigners and permanent for those who complete two years of satisfactory work in a recognized health institution. There is speciality registration for specialists but it is not mandatory. Currently, there are 6293 registered doctors, both medical and dental, in the country.

There are 14 public and private medical colleges and an increasing number of medical graduates. Though each college has its own curricular programme, the Nepal Medical Council sets norms and standards, recommends the minimum admission requirement for medical practitioners and doctors and monitors and evaluates medical colleges. The Nepal Medical Council is in the process of granting recognition of medical degrees awarded by institutions outside the country on the basis of reciprocity. Disciplinary action against doctors who fail to deliver appropriate medical care is handled by the designated committee under the Nepal Medical Council. The Nepal Medical Council has in accordance with the Nepal Medical Council Act 1964 passed a medical code of ethics which all registered doctors are required to abide by. The ethical committee needs to be strengthened and freed of bias in order to build trust among the public. The continuing medical education programme was offered along with workshops on ethics.

Sri Lanka

A statutory body called the Colombo Medical College Council, forerunner of the Ceylon Medical College Council was established in 1870. In 1927 there were Ceylon Medical Council and Ceylon Medical College Council. In 1972, the Ceylon Medical Council was renamed Sri Lanka Medical Council. In 1987, the Sri Lanka Medical Council was granted the authority to inspect medical facilities and schools regarding adherence to standards. The main functions of the council include maintaining registers, monitoring the prescribed standards of medical education, stipulating a minimum standard for accreditation of medical schools, conducting disciplinary inquiries through the preliminary proceedings committee and professional conduct committee, and issuing certificates of good standing. The council registers doctors practicing in Sri Lanka by issuing them provisional, temporary or permanent registration.

Currently, there is no private medical school in Sri Lanka. In the case of foreign medical schools the council has to visit and accredit them before allowing their graduates to practice in Sri Lanka. The council cannot initiate disciplinary action on its own and each complaint has to be supported by an affidavit. Punishment includes suspension of registration or deletion from the rolls. Medical administrators and the police are often required to cooperate for the speedy dispensation of justice. Every newly registered practitioner is provided a booklet with the guidelines on ethical conduct for medical and dental practitioners. The council also has an ethics committee.

Thailand

The medical practice in Thailand was regulated by the Ministry of Public Health Act till 1923. It has been under the jurisdiction of the Thailand Medical Council since its establishment in 1968 under the Medical Profession Act B.E. 2511. The Act was revised in 1982. The Medical Council authorities register and issue licences to all doctors who pass the licensing examination, suspend or revoke licence, recognize degrees, certificates and professional diplomas in medicine of various institutions, approve of the various curricula for training in medicine institutions and prescribe academic standards. The medical council board consists of 23 members appointed (ex-officio) and 23 elected members. Deans of all 16 medical schools in the country are appointed members.

The organizational structure of the medical council includes members of Royal College of Specialists, besides Institution of Ethical Promotion, Office of Research Promotion, Office of the National Medical License Examination and the Office of Continuing Medical Education. It is supported by a secretariat of 43 non-medical staff. For administrative purposes, under the medical council committee there is the executive committee, education committee, and public and professional relationship and ethics committee. The medical council sets standards for medical curriculum, processes and performances. The council undertakes accreditation of all 15 public medical schools and one private medical school in the country, accreditation of 60 speciality and sub-speciality training programmes once in every five years, of 113 internship training programmes every year, and of new medical schools on their curriculum standards and process standards. The medical council now sets standards for working conditions, prescribes doctors' fee and salaries and the like. In the last 10 years the number of ethical claims and cases of legal action against doctors has increased largely due to more awareness and rising

expectations of patients. The medical council runs on money allocated from of the government and collected through registration fees, subscriptions and other fees as well as benefits accrued from investment. There is a proposal on re-registration every five years with a number of continuing education units but the same has not been finalized.

Conclusion of country presentations

There are nine medical councils/medical and health council or medical and dental councils in nine countries of the South-East Asia Region. There is no medical council in DPR Korea and Timor-Leste. Most councils except that of Maldives have the statutory authority to function in their countries. The role and functions of most councils are similar. The most common functions are regulating medical doctors through registration, setting standards of education and practice, and disciplinary action. The number of members of the council boards varies and the percentage of the appointed or elected members is different. Re-registration is mandated in some countries but hours of continuing medical education are not mandated for re-registration in most. All councils have ethics committees to review complaints and propose the disciplinary action but some cannot enforce penalties on doctors charged with malpractice. All councils have a documented code of ethics and some offer a course on ethics to its members. The Bhutan Medical and Health Council and Maldives Medical Council are funded mostly by their governments. Other councils charge fees from members.

4.5 Reciprocal recognition and equivalence of medical degrees

Professor P.C Karmacharya, MD, Dean BP Koirala Lions Centre for Ophthalmic Studies, Institute of Medicine, Tribhuvan University, Maharajgunj, Nepal, indicated that medical schools in each country have set different curricula and issue different degrees. With increasing international collaboration and mobility of students and scholars, the question of reciprocal recognition and equivalence of degrees assumes significance. He recommended a marking system to establish reciprocal recognition and equivalence of medical degrees to facilitate free movement of doctors for study and work. He also enumerated the history and current practice of reciprocal recognition and equivalence in degree. The United Nations Educational, Scientific and Cultural Organization (UNESCO) has set international standards for recognition and equivalence which were adopted by 120 Member countries. The time has come for the WHO

South-East Asia Region to establish a standardized system in which medical councils should play a major role, he added.

There are many methods used for determining the equivalence of degrees, Professor Karmacharya said. He outlined three of them:

- (1) Assessment by equivalence committee: This method is commonly used in countries where universities are autonomous. The assessment of foreign qualifications and their equivalence is done by the faculty or reciprocal recognition and equivalence committee of the university with the dean of the faculty of medicine as a member. Since decisions by autonomous universities are independent, equivalence determined by one university does not necessarily apply to another university.
- (2) Centralized assessment by a government body/committee: This method is used in countries where universities are state controlled. The evaluation of degrees/diplomas awarded by universities of other countries is usually done by a central committee or government organization.
- (3) Bilateral and multilateral agreements between different governments: This method is to provide recognition of comparable degrees by two countries. The committee of the centralized body assesses the equivalence. The bilateral and multilateral agreements are signed between the governments.

The Professor said that the reciprocal recognition and equivalence of medical degrees/diplomas falls within the jurisdiction of the medical council. He suggested a regional equivalence committee to design mechanisms for equivalence, establish systems for the same, decide policy issues relating to it and coordinate all stages of equivalence. The committee should consist of 10 members, one from each country. The WHO Regional Office should provide assistance and coordinate the activities of this committee. Functions of the committee were also proposed.

4.6 Improving quality in medical education: Evolving trends

Dr Nanatana Sirisup, MD, Associate Dean for Academic Affairs, Faculty of Medicine, Chulalongkorn University, mentioned that quality assurance in medical schools has been widely accepted. This is due to the large number

of medical schools as well as the rise in their membership in recent years. Around 866 medical schools are in Asia. The role of the medical school has gradually evolved from one of preparing medical students to take care of individual patients to enabling them to serve the family and the community. The concept of competence and outcome-based education has become the key element in the new undergraduate medical curriculum along with the establishment of quality assurance procedures.

She indicated that international organizations have focused on a framework of global accreditation to enhance international medical education and, ultimately the quality of care for patients. It may facilitate the migration of physicians to enable them to practice where they are needed the most. International organizations have proposed ways to solve problems. Doctors who want to study or work in the United States of America are required to have a certificate issued by the Educational Commission for Foreign Medical Graduates. The Institute for International Medicine Education took the initiative to define a global minimum essential requirement to practice medicine. Seven domains involved are professional values; attitude; behaviour and ethics; scientific foundations of medicine; clinical skills; communication skills; population health and health systems; management of information; and critical thinking and research. The World Federation for Medical Education proposed global standards in basic medical education, postgraduate medical education and continuing professional development. The standards are structured in nine areas: mission and objectives, educational programmes, assessment of students, students, academic staff/faculty, educational resources, programme evaluation, governance and administration, and continuous renewal.

She declared that many countries in the Region have made significant progress with their quality assurance programmes. Most countries have national quality assurance policies and systems of some form in place and these are becoming increasingly embedded at the institutional level. Many observers believe that both national and institutional quality assurance mechanisms have played and continue to play important roles in maintaining academic standards, bringing about improvement especially in teaching and learning and instilling in employers and the public increased confidence in higher education awards and the knowledge and skills gained by medical students. She concluded that in an age when there are many challenges accosting medical education, medical schools should maintain their quality of education and medical councils can take the leading role in

prescribing standards of medical education at all levels and for accreditation of medical schools.

4.7 Medical registration: The experience of Bhutan

Mr Nawang Dorji, Registrar, Bhutan Medical and Health Council, a Temporary Adviser identified areas of technical collaboration to strengthen medical councils in the Region. They include: (1) Memoranda of understanding (MoU) between councils of countries in the Region. The strategies to build collaboration and development of MoU should be shared; (2) The councils of Member countries should assist in and facilitate the identification of centres of excellence for placement for continuing medical education. Councils would also help in developing information technology and library networks and initiate exchange programme; (3) The sharing of standards and guidelines for the recognition of institutes, facilities, curriculum, teaching facilities, and for prescribing norm of number of patients per general practitioner, patients per specialist, laboratory slides per technician and laboratory slides per pathologist; (4) The sharing of procedures to investigate professional misconduct, guidelines for disciplinary proceedings, composition of committee members, number of committee members; (5) There is a need to share recognized individual country's institutes among Member countries, and (6) There should be an annual meeting of the medical councils and the Regional Office may assist in resource mobilization.

4.8 Group work presentation

Participants were divided into two groups to discuss assigned issues and provide recommendations. Group 1 discussed legislation and registration for clinical practice and ethics and management to ensure patient safety. Group 2 discussed the role of medical councils in undergraduate training and continuing professional development and inter-country collaboration among medical councils. The groups provided recommendations to medical council on medical education and other issues. The following were the important issues discussed or key recommendations made:

- (1) Medical councils should have the statutory authority for their functioning.

- (2) All practising doctors in the country should be registered with the medical council of that country. This should also apply to expatriate doctors who migrate for clinical practice. It is the responsibility of the institution where the doctor practices to obtain the registration from the medical council.
- (3) After obtaining the basic medical degree, doctors should be provided provisional registration before clinical practice. The permanent registration may be provided after the lapse of a specified time and following evaluation.
- (4) An assessment of graduates with foreign medical degrees should be made before they are allowed to engage in clinical practice. However, in cases where there are reciprocal agreements between countries specifying mutual recognition of select qualifications these should be respected by the medical council.
- (5) It is desirable that the medical councils renew registration once in every three to five years. It was recommended that the medical council decide on the means for renewal of registration.
- (6) Medical councils should maintain a register of practitioners that is updated periodically. The register should list information regarding qualifications acquired by doctors. It was also recommended that this data should be available in a public domain. The information to be made available in the public domain will be decided by the medical councils of the country concerned.
- (7) Postgraduate degrees and additional qualifications should be listed in the register before the doctor commences clinical practice in his specialized field.
- (8) Medical councils should have a mechanism to maintain registration with an updated list of practitioners.
- (9) The registrar of the medical council should be a full-time functionary whose role will be clearly defined in the medical council regulations. The registrar should carry out the decisions and activities to be undertaken according to the meeting minutes and perform his day-to-day functions related to the registration process.

- (10) All medical councils in the respective countries should be strengthened to function in an effective and efficient manner.
- (11) Any violation of the code of ethics should lead to disciplinary action.
- (12) It was suggested that persons from non-medical backgrounds also be included in the ethical/disciplinary committee. The medical council should be proactive and take suo-moto action where appropriate. The medical council should also provide a copy of the Code of Ethics to doctors at the time of registration. Efforts should be made to disseminate the Code among members of the public to promote awareness.
- (13) Medical councils should play an advocacy role in improvement of health-care systems of the countries.
- (14) The medical councils should also play a proactive role in ensuring patient safety in all health-care establishments as stated in the resolution adopted by the Fifty-ninth Session of the Regional Committee in Dhaka, Bangladesh, 2006.
- (15) Given the various stages of development of medical councils in the Region, all medical councils should move towards the realm of an independent or autonomous legally enacted body to empower them to ensure quality medical education and quality care.
- (16) Medical councils should accept and adopt the standards and guidelines set out by the World Federation for Medical Education as a basis for ensuring uniformity in their roles while at the same time respecting the needs and situational demands of individual countries.
- (17) Medical councils should respect the academic freedom of schools, colleges and universities in the development of their curriculum and delivery of continuing medical education programmes but should at the same time ensure that the minimum criteria or guidelines are followed or implemented through the process of accreditation mechanisms and site visits.
- (18) Medical councils should be strengthened to carry out their mandates effectively. This may be achieved through the setting

up of a South-East Asia Medical Council Network to enhance networking and information sharing and organizing more periodic meetings. Various sub-committees or task-forces may be set up to consider and deliberate on different aspects such as continuing professional development, ethics, medical education standards and accreditation. However, individual medical councils can be at liberty to explore opportunities and set up networks with institutions outside the Region.

- (19) Medical councils should provide opportunities for continuous professional expertise development to all registered doctors through every available means and encourage its members to participate in these activities as a means to re-register or certify their fitness to practice in accordance with the norms of the country concerned.
- (20) There should be core courses in behavioural science, ethics, communication skills and patient safety in the basic and postgraduate medical education curriculum, which must include the broader perspective.

In addition, the two groups also provided recommendations to WHO Regional Office concerning the following:

- (1) WHO should facilitate information exchange on the database of registered doctors of various medical councils, including information on malpractice.
- (2) WHO should disseminate to Member countries the procedure of standardization of undergraduate and postgraduate medical education.
- (3) WHO should enable countries of the SEA Region to have reciprocal recognition of medical degrees.
- (4) WHO should help in developing a regional network of medical councils to carry forward the momentum and sustain the activities being initiated. The network should aim for the exchange of information and resources and capacity building of medical councils in the Region.
- (5) WHO should promote guidelines in the area of patient safety to strengthen quality of health-care services.

- (6) WHO should create a repository of issues related to the functioning of the medical councils of the Region, including ethical questions.
- (7) WHO should assist Member countries in identifying a WHO Collaborating Centre for medical councils and ethics.
- (8) WHO should enlist the directory of accredited medical institutions in the Region. The question of recognition and reciprocity may be left to individual countries.
- (9) WHO should facilitate the use of existing standard accreditation guidelines, standard guidelines for continuing professional development and those for the teaching of medical ethics for adaptation and implementation by medical councils.
- (10) WHO should facilitate three meetings of medical council in the next three years with the stress on greater participation of members from all medical councils.
- (11) WHO should facilitate collaborative activities/multi-centre studies among medical councils in the South-East Asia Region in the areas of accreditation of undergraduate studies, continuing professional development, ethics and patient safety.

In order to maintain a continuous communication for SEARO with the countries, a directory of the medical councils in SEAR was compiled which is attached as Annex 4.

5. Recommendations

Based on the above recommendations the participants identified priority recommendations for WHO to be carried out. The recommendations were as follow:

- (1) WHO should provide technical advice and support in the establishment of the South-East Asia Medical Council Network which aims at sharing information and resources and capacity building of medical councils in the Region.
- (2) WHO should promote collaborative activities or study in the area of ethics and patient safety.

- (3) WHO should provide technical support in the development of guidelines or mechanisms in the area of reciprocity, accreditation and quality of education and service.
- (4) WHO should provide technical advice on continuous professional development.
- (5) WHO should facilitate and support research to improve medical education, service, administration and regulation.

6. Plan of activities

The participants identified activities that should be carried out under WHO's technical guidance and support in 2007. These include:

- (1) Establishment of the South-East Asia Medical Council Network with the Nepal Medical Council nominated to be its secretariat. The Registrar of the Nepal Medical Council accepted the nomination and requested the Regional Office and the Nepal Country Office to provide technical guidance on the roles and functions of the secretariat. The term of reference, objectives and membership of the network and its plan of activities are to be developed.
- (2) Initiation of collaborative studies among members of medical councils in the Region. Suggested areas of study were accreditation, professional continuing development, ethics, migration and patient safety.
- (3) Organizing a meeting of the South-East Asia Medical Council Network under multi-country activities. The meeting dates, venue, topics and budget are to be identified.

Annex 1

Programme

Tuesday, 17 October 2006

09:25 – 10:00 ***Opening/ Inaugural session***

- Arrival of Chief Guest
- Marchang ceremony
- Welcome address by His Excellency Lyonpo (Dr) Jigmi Singay, President, Bhutan Medical and Health Council
- Inaugural address by Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region
- Address by His Excellency Chief Justice Lyonpo Sonam Tobgay, Honourable Chief Guest
- Introduction of participants/objectives of the Consultation by Dr Sultana Khanum, Director, Department of Health Systems Development, WHO South-East Asia Regional Office
- Nomination of chair, co-chair and rapporteur
- *Group photo*

10:30 – 11:45 ***Background on roles and functions of Medical Councils***

- Background of the meeting
Dr Sultana Khanum
- Medical councils around the world –
Good practices: Prof. R.R. Chaudhury –
followed by discussions
- Roles and functions of medical councils in countries of the
Region – Setting the scene Prof. R.R. Chaudhury – followed by
discussions

Review of country situations:

11:45 – 12:30 • Presentations of country situations

13:30 – 15:00 • Presentation of country reports

15:30 – 17:30 • Discussions

Wednesday, 18 October 2006

Coordination and Collaboration among Medical Councils

- 08:30 – 09:15 • Reciprocal recognition and equivalence of medical degrees
Prof P.C. Karmacharya – followed by discussions
- 09:15 – 10:00 • Improving quality in medical education – Evolving trends
Prof. Nantana Sirisup – followed by discussions
- 10:00 – 10:30 • Medical registration – Experience of Bhutan
Mr Nawang Dorji – followed by discussions

11:00 – 12:30 ***Medical councils – Regulatory functions***

Group work –

Group I

- Legislation and registration for clinical practice.
- Ethics, management for ensuring patient safety

Group II

- Role of medical councils in undergraduate training and continuing professional development
- Inter-country collaboration among medical councils.

13:30 – 17:30 Group work continued

Thursday, 19 October 2006

0830 – 10:30 Group work presentations and discussions

11:00 – 12:00 Drafting of recommendations

12:00 – 13:00 **Closing**

Dr Gado Tshering, Secretary, Health,
Government of Bhutan

Dr Ei Kubota, WR Bhutan

Dr Sultana Khanum, Director, HSD, WHO/SEARO

Annex 2

List of participants

Bhutan

Dr Kunzang Jigmi
Registrar
Bhutan Medical and Health Council
Thimphu

Dr Chencho Dorji
Director
Royal Institute of Health Sciences
Thimphu

Dr Tobgyel Wangchuk
Medical Superintendent
Jigme Dorji Wangchuk
National Referral hospital
Thimphu

DPR Korea

Mr Kim Wan Sun
the Minister of the DPR Korea Embassy
in India
New Delhi

Mr Kim Chol Su
DPR Korea Embassy in India
New Delhi

India

Prof Ranjit Roy Chaudhury
Founder President of Delhi Medical Council
New Delhi
India

Indonesia

Dr Hardi Yusa, Sp. OG
MARS
Chief of the Indonesia Medical Council
Jakarta

Maldives

Dr Ibrahim Yasir
Deputy Director
Medical Administration
Indira Gandhi Memorial Hospital
Male

Myanmar

Prof. Kyaw Hla
Rector
University of Medicine
Mandalay

Dr Tin Nyunt
Deputy Director-General
Department of Health
Yangon

Nepal

Prof, R.K. Adhikari
Dean
Institute of Medicine
Maharajgunj
Kathmandu

Dr Shri Krishna Giri
Registrar
Nepal Medical Council
Kathmandu

Sri Lanka

Prof. Dulitha Fernando
Dean
Faculty of Medicine
University of Colombo
Colombo

Dr Nanda Amarasekera
Member
Medical Council
Colombo

Thailand

Prof. Dr Somsak Lolekha
President
Medical Council
Bangkok

Dr Supasit Pannarunothai
Dean
Faculty of Medicine
Naresuan University
Pitsanulok
Bangkok

Resource persons (Temporary Advisers)

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Deputy Registrar
Medical and Health Council of Bhutan
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Prof P.C. Karmacharya
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Institute of Medicine
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Maharajgunj
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Dr Myo Thwe
Senior Consultant Physician
Yangon
Myanmar

Local observers

Dr Karma Tobgyel
Head of Dental Department
JDWNRH

Dr Karma Tshering
Chief Medical Officer
RBA

Dr Kinzang P. Tshering
Paediatrician
JDWNRH

Mr Dorji Wangchuk
Director
NITM

Ms Deki Wangmo
Deputy Director
RIHS

Mr Jamtsho
Deputy Chief
HRH.

Dr Dorji Wangchuk
Director-General
DMS

Mr Dorji Thinley
Registrar
DRA, MoH.

Ms Sonam Dorji
Joint Director
QASD

Mr Jamtsho
Deputy Chief
HRD

Mr Mindu Dorji
Deputy Chief
HRM

Drungtsho Dopu
Principal
NITM

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Dr Somchai Peerapakorn
National Professional Officer (Programme)
WCO-Thailand
Bangkok
Thailand

WHO Country Office, Thimphu, Bhutan

Dr Ei Kubota
WHO Representative to Bhutan

Mr Norbhu Wangchuk
National Professional Officer

SEARO

Dr Sultana Khanum
Director
Department of Health System Department.

Dr Prakin Suchaxaya
Regional Adviser-Nursing and Midwifery

Mr Chander Shekhar Sharma
Administrative Assistant

Annex 3

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

H.E. Lyonpo Sonam Tobgay, Honourable Chief Justice; H.E. Lyonpo Jigmi Singay, Minister of Health, Royal Government of Bhutan; Excellencies; Distinguished participants; Ladies and gentlemen:

It is with great pleasure that I welcome you all to this important Regional Consultation. It is the first meeting of its kind to be held in WHO South-East Asia Region. I thank the Royal Government of Bhutan for agreeing to host the meeting in this beautiful and tranquil city of Thimphu.

I would like to extend my special thanks to the Ministry of Health of Bhutan for the excellent arrangements made by them for the meeting. We have very much enjoyed the warm welcome and courteous reception by the Bhutanese people. Certainly, I am grateful to the distinguished participants for their interest and for having taken out time to attend this meeting. It is an indication that this meeting will take us a long way forward towards the improvement and development of medical councils in countries of the Region. This is also a special occasion for us to visit this very peaceful country.

A medical council is an important body contributing to the improvement of quality and adequacy of medical care and services. Its role extends into various important areas, particularly in medical education and practice. Furthermore, its involvement in the development and management of medical services in a country is indeed very well recognized. The role of a medical council has been evolving over time, according to the dynamic changes occurring in the society. Consumers are increasingly demanding more and better services; this demand is often expressed through the political process. Also, patients' awareness of their rights for more efficient and effective health care is on the increase, while the consumers are demanding a higher degree of ethical consideration in medical practices. Advancement in medical sciences has changed the way medicine is perceived and practised. With countries becoming more

developed, the behaviours and lifestyles of people are changing in many ways. These changes, in one way or the other, are affecting the role of medical councils with regard to protecting the health of consumers.

Several countries in the South-East Asia Region already have medical councils. However, these councils are at different stages of development. Moreover, their roles may not be the same. Some are backed up by the required legislation, which vests them with a legal mandate. At the same time, some are in the process of acquiring the necessary authority for their effective functioning. However, some countries do not have a medical council yet. The main aim of this meeting is to stimulate the development and strengthening of medical council in countries of the Region. This would facilitate the exchange of information and experiences among participating councils. It will also promote further development of medical councils through intercountry cooperation among interested parties. Certainly, WHO will always be ready to facilitate and catalyse such cooperation. Countries which are yet to form medical councils have also been invited to attend this Consultation.

I am confident that the meeting will certainly benefit these countries in their efforts to move forward in the development of medical councils. Through dialogue and partnerships, countries with well-developed medical councils can help those countries whose councils need to be strengthened further. Moreover, countries that are yet to have medical councils will learn from the more developed ones. This Consultation is being organized at the request of a medical council of one of the countries in the Region. It being an important idea, I accepted at once. I thank the particular council for a very useful and important initiation. In the course of this meeting, we will also present the experiences and good practices in the development and management of medical councils around the world.

I thank Professor Ranjit Roy Chaudhury for his dedicated efforts to compile useful information for this meeting. In addition, the meeting will also touch on some other issues of importance to the functioning of medical councils, such as: (i) Reciprocal recognition and equivalence of medical degrees; (ii) Evolving trends in improving the quality of medical education, and (iii) Legislation and registration for clinical practice.

A medical council is part of the medical services delivery in countries. It is therefore an integral component of a national health system. The council has to play its role within a vast area, encompassing many important

fields; scientific/technical, socio-cultural, legal and political. It has to interact with a wide-range of stakeholders, including academic institutions and professional bodies. The role of medical council in contributing to the quality and adequacy of medical care and services is indeed challenging. The development of a medical council needs strong professional leadership. And it needs unwavering support from other players, not only in medical, but also in other related fields. Political blessing and commitment are really indispensable; without these, medical councils will not be able to develop their status up to the desired level. Within national context, a medical council is an important mechanism to help coordinate the work of various players in the medical arena.

The development of such councils has to be energetically encouraged in countries. I hope that this meeting will have a significant impact on the work being undertaken in this direction at the country level. This meeting can act as an international platform to facilitate joint planning towards effectively achieving our common objectives in this regard. As an outcome of this Consultation, I would also like to see that a regional network of medical councils is formed to ensure long-term collaboration among these councils. WHO stands ready to support the development and functioning of such a network.

In conclusion I wish the meeting all success.

And I wish that you all have an enjoyable stay in Thimphu.

Thank you.

Annex 4

Directory of medical councils in the SEA countries

Name and address of council	President	Registrar/ Secretary	Tel. Nos.	Fax No.	Email ID:	Website
Bangladesh Medical and Dental Council 203, Shahid Syed Nazrul Islam Sarani, (86, Bijoy Nagar) Dhaka 1000	Prof Abu Ahmed Chowdhury	Dr Md Z.H. Resumia	88 02 9555538/ 7161853	88 02 9555236	bmcdc_mh@bangla.net	
Bhutan Medical and Health Council Ministry of Health, Royal Government of Bhutan, Thimphu	Lyonpo (Dr) Jigmi Singay	Dr Kunzang Jigmi	975 02 322602	975 02 331596	ndorji@health.gov.bt	www.health.gov.bt
Medical Council of India Sector-8, Pocket -14 Dwarka, Delhi 110075	Dr. P.C. Kesavankutty Nayar, Ag. President	Lt.Col. (Retd) Dr A.R.N. Setalvad, Secretary	+91-11-25367033, 25367035, 25367036, 25367037	91-11- 25367024, 25367025	mci@bol.net.in	www.mciindia.org
The Indonesian Medical Council Jl. Hang Jebat III Block F Kegayoran Baru, Jakarta 12120	Dr Hardi Yusa	Prof Farid A Moelbek	62 21 7226 880/ 7226 885	62 21 7244 379	Hardi_yusa@plasa.com	
Maldives Medical Council Ministry of Health, Ameenee Macu Male'	Dr Abdul Azeez Yoosuf	Dr Ahmed Razee	3324862	3331987	yasir@qmh.gov.mv mmc@health.gov.mv	www.maldivesmedicalcouncil.gov.mv
Myanmar Medical Council 36, TheimbyuRoad, Yangon	Hla Myint	U Paing	951 379043 / 379037	951 379004	moh.dtm@gmail.com	
Nepal Medical Council Bansbari, Kathmandu	-to be nominated-	Dr Shri Krishna Giri	977-1 437 1566 /437 1954	977-1 437 2318	nmmc@healthnet.org.np	www.nmmc.org.np
Sri Lanka Medical Council 31, Norris Canal Road Colombo 10	Dr H.H.R. Samarasinghe	Dr P.H. Nonis	941 269 1848			
Medical Council of Thailand Ministry of Public Health Building 7, Floor 7 th , Tiwanon Road, Northaburi 11000	Dr Somsak Lolekha	Dr Pinit Kulavarnich	662 590 1888 /591 8614	662 591 8615		www.tmc.or.th