

**Third meeting of the Network of Medical Councils of WHO-
South East Asia Region**

**25-27 November
Kathmandu , Nepal**

**Organized by
Nepal Medical Council**

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Third Meeting of the Network of Medical Councils of South-East Asia Region

Introduction

The concept of regional network of medical councils was brought forward during the first regional consultation of medical councils of SEARO countries, organized in Bhutan by WHO SEARO, in October 2006. The meeting decided to establish a regional network of medical councils to facilitate and exchange information and resources to address common issues of concern and to strengthen functional capacity of councils in the region. The next consultation meeting held in Delhi, India in February 2007 finalized the terms of references of the network of medical councils and developed an action plan for the network. The first regional meeting of network of medical councils was held in Colombo, Sri Lanka in December 2007, in which WHO/SEARO was identified as a secretariat for the first two years. The second regional meeting of network of medical councils was held in Chiang Mai, Thailand, in November 2008, and this meeting recommended Nepal Medical Council to be the secretariat of the network of medical councils and was given responsibility to formulate the draft constitution of the network. Nepal has been fulfilling the responsibility of secretariat of the network for the past one year and has organized “**The Third Meeting of the Network of Medical Councils of WHO South-East Asia Region**” in Kathmandu, Nepal from 25-27 November 2009.

Objectives

General Objectives:

To strengthen the functions of Medical Councils of South East Asia Region

Specific objectives:

- To review and discuss the contents, dissemination and use of
 - a. Regional Guidelines and instruments for institutional Quality Assurance (QA) in medical education.

- b. Regional Guidelines on CME/ CPD activities
 - c. Hand Book of Medical ethics and the facilitators guide
- To review the progress of regional network of Medical Councils since its establishment
 - To arrive to a consensus on the proposed constitution of Network of Medical Councils
 - To identify a set of priority activities to be carried out by the Medical Councils of Network during 2010- 2012

Inaugural Session

Dr. Som Nath Arjyal, President of Nepal Medical Council , welcomed the Chief Guest Mr. Umakant Chaudhary, Honorable Ministry of Health and Population of Nepal and the participants of the Third Network Meeting of South East Asia Region. He expressed his gratitude to WHO/SEARO for its positive and supportive role in establishing the regional network and supporting the secretariat in Nepal.

After the welcome address of **Dr. Som Nath Arjyal**, the Workshop was inaugurated by lightening the ceremonial lamp, jointly by the Chief Guest Honorable Mr. Uma Kant Choudhary and Special Guest Dr. Myint Htwe, DPM, WHO/ SEARO.

Dr. Praveen Mishra & Dr. Sudha Sharma, Secretaries of Ministry of Health and Population delivered their addresses with emphasis on medical education and ethics in medical profession.

Special Guest Dr. Myint Htwe, Director Program Manager, WHO/SEARO

Dr. Myint Htwe emphasized on ethical conduct of medical practices within the region. He also highlighted the importance of strong and efficient medical councils within the region in order to improve the quality of medical education. He further added that it is more beneficial if the medical councils could be connected through a system of network to help each other and to support each other's activities therefore, WHO has been promoting network of medical councils.

He strongly mentioned about the important role of medical councils in regulating medical practice, however it should be considered and handled according to the respective country's scenario. He also pointed out towards the need of legal support for the proper functioning of the medical councils. On behalf of WHO/SEARO he assured the participants of the network meeting about the continuous support of WHO to the network of the medical councils and to the secretariat of the network which is currently located in Nepal Medical Council.

Mr. Umakant Chaudhary, Honorable Ministry of Health and Population, Nepal expressed extreme happiness to have the opportunity to host the Third Network Meeting of Medical councils of South East Asia Region

He thanked the WHO Regional Director Dr. Samlee Pliangbangchang for taking initiative to establish a network and handing over the secretariat to Nepal Medical Council, which reflected the trust of WHO/SEARO on Nepal.

He highlighted the important role of Medical Councils in the development and promotion of quality medical education as well as to safe guard and to protect the health of the people of their respective countries. He also appreciated the task of network meetings of medical councils, which help facilitate collaboration among member councils.

He further emphasized on the very high level of political commitment of Government of Nepal to consider "**Health as Human Right.**" He said that, in order to operationalize such political commitments there is a need of competent, motivated, and responsible health workforce to provide high quality services while adhering to ethical standards. He assured all on behalf of Government of Nepal, that Ministry of Health & Population, would support the Secretariat of network of Medical councils.

Day 1

Technical Session

Dr. Som Nath Arjyal, President, Nepal Medical Council was nominated as the Chairperson. Dr. Kinzang Jigme, Registrar, Bhutan Medical & Health Council was nominated as the rapporteur of the technical session.

Presentations and proceedings

- 1. New initiatives of Medical Councils of the SEAR-Countries:** Representatives of medical councils of the region shared about their experiences in implementing the new initiatives and recommendations of the second regional meeting of network of medical councils held in Chiang Mai, Thailand.
- 2. Regulating Medical Practices: Prof. Ranjit Roy Chaudhary** - Presented a paper on ***"Role of Medical Councils in regulating Medical Practices"*** Prof. Chaudhary mentioned that every country has ethical code for the doctors as a part of ethics in medical practice. He highlighted the importance of working together of medical councils along with different professional societies to ensure that the ethics in medical practices are maintained by all those registered with medical councils. Medical councils have a mandate to step out to implement and monitor medical ethics. Medical councils should insist medical colleges to include medical ethics in their curriculum and should monitor its implementation. Regional network of medical councils could really show the way forward, as it is the only network in the SEA region and can become a model in implementing medical ethics within the region. Medical ethics could be promoted while sharing it during continuing medical education for doctors, workshops, seminars, and training courses and during the weekend retreats. Medical councils should emphasis on patient centered approach to be adopted by all the doctors to create a bond between doctor and patient, which will help increase the confidence of the patients in the doctor, increase the practice of the doctors and would also improve the effect of the therapeutics on the patients.
- 3. Quality Assurance (QA) in Medical Education: Professor Md. Mahfuzur Rahman** – Delivered a presentation on ***"Regional Guidelines and Instruments for Institutional Quality Assurance (QA) in Medical Education"***. Regional guidelines were an outcome of the meeting supported and facilitated by WHO/SEARO in New Delhi on 8-9 October 2009. According to the experts of the meeting quality assurance means to guarantee whether the standards in medical education are being met or not. Experts highly recommended that each and every country should have their own local quality assurance body (LQAB), according to their

country-specific needs, so that the countries feel comfortable to implement and monitor the QA in medical education of their respective countries. The purpose of having the LQAB is to achieve stated academic standards and to enhance teaching learning quality and student's achievement thus improving the quality of services delivered to the countrymen. According to the guidelines all medical institutes should have their own academic councils and have also clearly spelled out the roles and responsibilities of all members of academic council. Guidelines have also provided in details the mechanism of external review by an external assessor who is a free man and has no liability with institution, and he/she is a real academician. Academic council would appoint external assessor with the permission of Dean of the respective University and he/she will provide guidance to the institute on how the course is running and would also suggest some recommendations to the course coordinator and to the academic council for consideration. External review is not a punishable mechanism; it is to identify the deficiencies in the medical education and to provide suggestions for improvement.

Day 2

Technical Session

Dr. Bhanu Prakash Dubey Dean & Prof. & Head of Forensic Medicine, Gandhi Medical College, Bhopal, INDIA was nominated as the Chairperson. Dr. Domingas Angela Sarmiento, Treasurer of East Timor Medical Association/MoH –Timor Leste was nominated as the rapporteur of the technical session.

Presentations and proceedings

- 1. Continuing Medical Education: Prof. A.K.M. Nurul Anwar** - Presented the draft regional guidelines for “**CME/CPD activities**” .The draft regional guidelines for CME /

CPD activities have been prepared on the basis of discussions & resolutions taken in the 2nd Meeting of Network of the Medical Councils, keeping in mind the country specific prevailing practices & requirements. The guidelines have been again reviewed by an expert group on CME during a meeting which was held at Manesar, India, 12-14 October 2009. The goal of the medical councils is to assure that the registered medical doctors remain competent, confident and compassionate throughout their career, thereby augmenting patients care, outcome and satisfaction. CME/CPD system should employ appropriate modalities based on a comprehensive needs assessment of different groups of physicians. The guidelines suggest that there should be a STATUTORY BODY regulating the CME / CPD system within the prescribed frame work for the country, but would not be directly involved with the conduct of CME/CPD. STATUTORY BODY may be constituted with due representation from all the primary stakeholders such as national medical council, academic institutions, national professional associations and health ministries. It should also have suitable organizational structure which may be appropriate to discharge their obligations mandated by country needs and commitments. The decisions on accreditation of CME / CPD programs must be made public through publications of the reports providing decisions, or a summary of the reports which would make the system transparent and trustworthy.

2. **Medical Ethics: Professor Dhruba Jyoti Borah** – Delivered a presentation on ***"Handbook of Medical Ethics for Undergraduate Medical Students of Southeast Asian Region."*** Brief history of the handbook since it's inception at Sri Lanka meeting till the present stage was shared. Expert committee of the Dhaka meeting brought the handbook of Medical Ethics to its final stage. The main objective of preparing the handbook is to provide the basic idea to the undergraduate medical students about the scope of ethical issues in the medical practice. The second objective is to provide reference with guidebook for recognizing the situation and for self study. And the third objective is to provide the convenient handbook for consultation during the clinical postings where the medical personal have to face with the situation having ethical implication. The fourth objective is to provide handy guide to the residence young doctors during the involvement in actual patient management and medical practice. Though, the handbook present nothing new what the doctors do not know, but it brings out the ethical issues in crystallized form in order to deal with dilemma encountered by

the doctors in the day to day clinical practice. Authors of this guideline have very clearly elicited different ethical issues both by the perspective of the physician and the patient.

3. **Professor Ramesh Kant Adhikari** – Delivered a presentation on "***Facilitator's Guide for teaching of Medical Ethics to medical students in South Asian Medical Colleges.***" The presentation emphasized on the importance of teaching medical ethics, such as increasing societal demands for ethical physicians, increasing technological innovation which has made health care very expensive, increasing commercialization of medical field, etc. Results of situation analysis conducted in six SEAR countries were also shared. Results concluded that teaching of medical ethics is mostly in a state of infancy. Medical ethics is basically taught in the departments of forensic medicine and is mainly focused on malpractice and negligence. Expert committee of Dhaka meeting reviewed the facilitator's guide on medical ethics and the outline of the facilitator's guidelines was presented and discussed in the current meeting, but it was decided to finalize the facilitator's guide in the next network meeting.

Day 3

Technical Session

Presentations and proceedings

1. **Governance Structure of Network: Dr. Sashi Sharma** - Delivered a presentation on "***Governance structure for the Network of Medical Councils in WHO South-East Asia Region Countries***"(see annex-3). Governance structure was discussed and agreed upon by the members of the network.
2. **Review of progress: Dr. M. Huq** - Presented "***Review of progress made by Network of Medical Council since its establishment in 2007.***"First regional consultation of

medical councils in SEARO countries was organized in Bhutan by WHO/SEARO in October 2006. The meeting decided to establish a regional network of medical councils to facilitate and exchange information and resources to address common issues of concern and to strengthen functional capacity of councils in the countries. The next consultation meeting was held in Delhi, India in February 2007, which finalized the terms of references of the network of medical councils and developed an action plan for the network, specifying its activities for 2007-2010. The first regional meeting of network of medical councils took place in Colombo, Sri Lanka on December 2007 in which WHO/SEARO was identified as a secretariat for the first two years. The meeting reviewed the progress made by the network in its first year of operation. Then, the second regional meeting of network of medical councils was held in Chiang Mai, Thailand, November 2008, which recommended Nepal Medical Council to be the secretariat of the network of medical councils. The secretariat was asked to formulate the draft constitution of the network. The members of the network would develop a strategy for the implementation of the ethics module in undergraduate medical education and also the SEAR accreditation guidelines. Expert group meetings to be organized to finalize the handbook and the facilitator's guidelines on medical ethics, an institutional quality assurance mechanism for medical schools and a guideline on a national system of Continuing Medical Education (CME). Recommendations of the expert groups were shared, that there should be regional advocacy meeting organized with the participation from MOH/MOE, VC/Rector/ Dean/ Principals/ Medical Association and Medical Councils for advocacy to introduce and implement the guidelines, National meeting/conference of medical colleges should be organized by medical councils/ appropriate authority with WHO support and WHO/ SEARO to provide technical and other support while WHO country office would facilitate and support organizing national advocacy meetings by 2010.

3. Meeting Outcome: Priority activities of the network

Participants of the network meeting identified a list of priority activities and proposed that the secretariat of the network facilitate the implementation of these activities during 2010-2012. The list of priority activities was presented by Dr. Tushara Fernando, Moderator of the meeting and is as follows:

- 1) To facilitate to organize time bound next network meeting by 2010
- 2) Organize national advocacy meeting/conference of medical colleges to introduce and implement the guidelines
- 3) Secretariat of the network to draft a guideline on patient safety
- 4) Secretariat to collect the materials to develop a module on communication
- 5) Secretariat to prepare a presentation regarding licensing examinations based on the experiences of the SEAR countries
- 6) Secretariat to list out the short comings related to the capacity building of the councils of SEAR countries
- 7) Maintain the Network website

Conclusions and recommendations

The following conclusions and recommendations were arrived at:

Conclusions

- The country presentation revealed rich, diverse practices in the medical and health councils of WHO SEAR countries.
- The meeting provided a platform for sharing of experiences of the different councils of the network.
- The far-sighted vision of the Regional Director WHO/SEARO in establishing the first ever Regional Network of Medical Councils was commendable and highly appreciated by member countries. While expressing the gratitude to the WHO SEARO for making the network functional through its technical and financial support, the representatives of the Medical Councils requested the Regional Director of WHO/SEARO to continue the support.
- The progress of the network from its inception has been very good. The new secretariat of the network will now have the opportunity to carry forward the activities that have been already initiated and to implement new activities.
- The technical papers that were tabled at the third network meeting are very relevant for the continued activities of the member councils. These documents after appropriate editing should be disseminated.
- The governance structure and mechanism proposed at the network meeting was agreed upon with few modifications. The network will be governed and be made functional accordingly.
- The network secretariat will initiate implementing the identified activities with member councils. It was agreed that the Network of Medical Councils would continue with the ongoing activities and would add new activities identified by the network.

Recommendations

- WHO SEARO will finalize and disseminate the four documents that have been developed taking into consideration the inputs of the members of the 3rd network meeting.
- The member Medical Councils will take steps to implement the inclusion of module on ethics in under-graduate training in medical schools in their respective countries.
- The activities identified by the third network meeting for the Secretariat of the Medical Councils to be implemented during the 2010 and 2011.
- All Medical Councils of the SEAR are requested to ensure a systematic approach to CPD programmes. The re-registration/recertification/revalidation of medical practitioners, specialists and super specialists to be linked with their achievement of desired competencies established by the respective councils.
- Next meeting of the Network of Medical Councils of the SEA Region will be held in Indonesia

Annex 1

PROGRAMME

DAY1-Wednesday,25 November 2009

Inaugural Session

9:00 – 10:30 Hrs.

- Opening Remarks - **Dr. Som Nath Arjyal**, President of Nepal Medical Council
- Lighting of the oil lamp by Chief Guest and Special Guest
- Remarks by Secretary, Ministry of Health and Population, - **Dr. Praveen Mishra**
- Remarks by Secretary, Ministry of Health and Population, **Dr. Sudha Sharma**
- Address by the Special Guest – **Dr Myint Htwe** Director Program Manager, WHO/SEARO
- Address of Chief Guest - **Mr. Umakant Chaudhary, Hon. Health & Population Minister**
- Vote of Thanks – **Dr. Sashi Sharma**, Vice-President, Nepal Medical Council
- Group Photograph
Master of Ceremony : **Dr. Meera Thapa Upadhyay**, Executive Member, Nepal Medical Council

10:30 - 11:30 Hrs. Tea/Coffee Break

11:30 – 13:00 Hrs.

New initiatives of Medical Councils of the SEAR-Country Presentation:

Bangladesh	Indonesia	Sri-lanka
Bhutan	Maldives	Thailand
DPR Korea	Myanmar	Timor-Leste
India	Nepal	

13.00-14:00 Hrs. Lunch Break

14:00 – 15:00 Hrs	Technical Session 1
	<ul style="list-style-type: none"> • Role of Medical Councils in regulating Medical Practice Presentation followed by discussion ; Prof. Ranjit Roy Chaudhary
15:00 – 15:30 Hrs.	Tea /Coffee Break
15:30 - 16:30 Hrs.	<ul style="list-style-type: none"> • Regional Guidelines and Instruments for Institutional Quality Assurance (QA) in Medical Education <p>Presentation and discussion; Prof. Md. Mahfuzur Rahman</p>
19:00 hrs. onwards	CULTURAL PROGRAM

DAY 2- Thursday, 26 November 2009

9:00 -10:30 Hrs.	Technical Session 2
	'Regional Guidelines for CME/CPD activities' - Prof. AKM Nurul Anwar
	<i>Followed by Question/Answer</i>
10:30 – 11:00 Hrs.	Tea/Coffee Break
11:00 – 13:00 Hrs	Handbook on Medical Ethics for undergraduate medical students of SEAR – Prof. D.J. Borah
	<i>Discussion</i>
13:00 – 14:00 Hrs.	Lunch
	Technical Session 3
14:00 – 15:30 Hrs.	Facilitator's Guide for teaching of Medical Ethics to medical students in South Asian Medical Colleges – Prof. Ramesh Kant Adhikari
	<i>Discussion</i>

15:30 – 16:00 Hrs. Tea/Coffee Break

16:00 – 16:30 Hrs

- **Review of progress made by Network of Medical Councils since its establishment in 2007 – Dr. M. Huq, Regional Advisor, HRH & WHO SEARO**

DAY 3-Friday, 27 November 2009

9:00 – 10:30 Hrs.

- Presentation and discussion on “ Governance Structure for Network of Medical Councils in WHO South-East Asia Region Countries” – **Dr. Sashi Sharma, Vice-President, Nepal Medical Council**

- Opinion from Member Countries.

10:30 – 11:00 Hrs. Tea/Coffee Break

Closing Session

12:00 – 1:00 Hrs.

Conclusions and Recommendations,

- a) Priorities activities
 - b) Implementation strategy of the documents
- Remarks by Representative from Member Countries
 - Remarks by Chairperson
 - Remarks by WHO Representative
 - Remarks by **State Minister of Health and Population Mr. Khadga Bahadur Basyal**
 - Vote of Thanks : Dr. Meera Thapa Upadhyay

Lunch

Annex 2

PARTICIPANTS

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Annex - 3

Governance Structure of Network of Medical Councils in SEAR Countries

Preamble

Medical Councils play an important role in the development and promotion of quality medical education in their respective countries. They are responsible for maintaining standards of medical education at the undergraduate and postgraduate levels for defining and ensuring minimum professional standards for medical practice. All these actions are taken with the ultimate objective of safeguarding and protecting the health of the population.

Worldwide, the role of medical councils has been rapidly evolving over time in alignment with dynamic changes in the society as well as the medical profession. Consumers are entitled to high quality and better services, which requires a high degree of professionalism adhering to stringent ethical standards.

While several countries in the South-East Asia Region have well developed and fully functional medical councils, the medical councils of some countries are in different stages of development. Some countries of the Region are yet to establish medical councils.

Scope of network

Realizing the need to strengthen Medical Councils in the South-East Asia Region to meet the fast evolving challenges of the twenty-first century. In February 2007, the WHO South-East Asia Regional Office (SEARO) established the Regional Network of Medical Councils of the SEA Region. This was in response to a request made by representatives of Medical Councils of the SEA Region who gathered in Thimpu, Bhutan in October 2006. WHO-SEARO was identified as the secretariat of the network for the first two years of its operation. At the second meeting of

the network in November 2008 in Chiang Mai, Thailand, the responsibility of the secretariat to facilitate the next three years of operation was transferred to Nepal Medical Council.

Vision

All countries in the SEA Region will have fully functional medical councils in order to ensure that the health-care seekers in the respective countries are provided equitable health care with professionalism of the highest order by members of the medical profession.

Mission

The network shall provide a pedestal for information sharing among member medical councils of the SEA Region, facilitating proactive coordination, cooperation and collaboration among member councils.

Objectives:

1. To establish close collaboration and mutual exchange of information between medical councils of the SEA Region countries.
2. To assist member councils to adopt beneficial practices to function efficiently and effectively.
3. To strengthen the standard of undergraduate, postgraduate and continuing medical education.
4. To assist member councils to develop and establish strategies for improving standards of professionalism in accordance with their needs.
5. To establish close relationships with other international organizations committed to improving professional standards among medical practitioners.

Network structure

Executive Committee

The executive committee of the Network of Medical Councils of SEA Regional is established in order to steer and oversee that the activities of the network are designed and implemented to benefit medical councils of the Region. The committee will be inclusive, nonbureaucratic and flexible. The members of the committee are those who are working with medical councils and WHO and those with vision to improve the functioning of medical councils in the Region. They would be enthusiastic and would be proactively involved in the process of identifying strategies to facilitate needs-based activities of the network.

The network will work with other partners from time to time. The executive committee consists of a President and the Secretary of the Secretariat and one member from each council for a term of three years, and the quorum for such a meeting is to be five members. One person from WHO-SEARO who is at the director level will be permanently invited to facilitate the functioning of the network.

Powers and duties

The Executive Committee is established to support continued activities of the secretariat. They are expected to be in close contact with other committee members. The Committee will meet on a regular basis (biannually or quarterly) via teleconference and face to face at least once a year. The face-to-face meeting will be organized back to back with the annual network meeting. And the Executive Committee should submit progress reports biannually.

Chairperson

The Chairperson of the Medical Council that hosts the Secretariat will be nominated as the Chairperson of the Executive Committee. He/she is responsible for guiding the committee members, Secretariat, and country focal points to achieve the objectives of the network.

Secretariat

The Secretariat is the administrative arm of the network. It is responsible for facilitating the functioning of the Executive Committee and initiating and monitoring the network activities

identified by Member States. It will coordinate and provide assistance to coordinate intercountry activities.

Composition

The Secretariat will at least consist of the Coordinator, who is the Registrar/Secretary of the host Medical Council, a part-time technical officer and a full-time secretarial staff. To facilitate efficient work, two to three staff will be recruited on a full-time/part-time basis by the Secretariat. The skill mix will depend on the needs of the host Medical Council. Their remuneration will be paid by the Secretariat as approved by the Executive Committee.

Operation

The Secretariat will be rotated every three years among Member States according to the names of the countries in alphabetical order, starting from Nepal. If the country is not ready to host, then the chance will be given to the next country accordingly.

Network coordinator

The Registrar or an official nominated by the Chairperson of the host Medical Council Network will function as the Coordinator of the network Secretariat. He will be responsible for coordination between the Steering Committee, country focal points, technical agencies and partners and to facilitate the implementation of the activities that are identified in the network workplan.

Secretariat staff

The secretariat staff will be selected by the Coordinator of the Secretariat adhering to the policies and procedures approved by the Executive Committee.

Duties of the secretariat

- Develop the annual work plan and the budget;
- coordinate activities as specified in the approved workplan;
- prepare meeting agendas, materials and relevant documents;
- coordinate with the focal points in Member States for network activities;
- regularly maintain the network website;
- disseminate documents approved by the Steering Committee among countries and partners;
- coordinate multicountry activities;
- mobilize technical assistance to member medical councils;
- provide logistical support to the Steering Committee meetings;
- organize the annual network meeting.

Member States of the SEAR Regional Network of Medical Councils

Composition

All medical councils of the SEA Region and/or any other professional councils that function as the medical council of a specific country will be members of the network. In the current context, medical or such professional councils of all 11 WHO SEA Region countries will form the membership of the network.

Other partners

The network Secretariat will take steps to collaborate with other national and international partners who have a mandate to develop professional standards of medical practice. The possibility of learning from fellow medical councils of other regions also will be explored.

Financing

The network members will explore all possibilities to seek financial resources to make the network Secretariat sustainable. WHO-SEARO and the Country Office have assured their technical and financial assistance. A membership fee will be charged, the sum of which will be reviewed from time to time by the networking committee. The duration will be for three years and the charge will be decided by the Executive Committee.

Auditing

Internal auditing will be done according to the practice of the host medical council every year and the report will be presented at the annual meeting. A final audit will be done before transferring the Secretariat to another medical council.

Contact Information:

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