

# MEDICAL & DENTAL PRACTITIONERS COUNCIL OF ZIMBABWE NEWSLETTER

Volume 1 2012

30 April 2012

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"Deadline for payment of annual fees without a penalty is 31 March of each year. Notwithstanding a practising certificate expires on 31 December of each year. The period January to 31 March is a grace period granted by the Council

"Honesty is the first chapter in the book of wisdom"

## COUNCIL VISION

*To be the referenced regulatory authority in promoting excellence in standards of health care, education and ethics.*

## MISSION

*To promote the health of the public through licensing education, regulation and supervision of the Medical and Dental Profession's*

## MOTTO

*Promoting the health of the population of Zimbabwe through guiding the Medical and Dental Professions.*

## VALUES

*Ethics  
Professionalism  
Justice  
Continuous Quality Improvement*



You can visit our Council Website : [www.mdpcz.co.zw](http://www.mdpcz.co.zw)

# Medical & Dental Practitioners Council of Zimbabwe Newsletter

## CHAIRMAN'S ADDRESS: COUNCIL'S STRATEGIC REVIEW 17 MARCH 2012

It is easy to underestimate the significance of the Council but its not possible to provide health care without regulated practice.

Council conducted a Strategic review on 17 March 2012 to review its work. The mandate of the Council is to maintain standards of health care. I am grateful that Council has done a fairly descent job in this regard. Council had two successive years of unqualified audited financial statements. The Business and Finance Committee has totally transformed the MDPCZ into a different organization. Issues of health have been addressed through the Health Committee, Education and Liaison Committee, Practice Control Committee, Preliminary Inquiries Committee have also addressed issues of practice.

The challenges faced by the Health Committee of failure by the profession to appreciate their responsibility of informing Council on a fellow im-

paired practitioner who requires rehabilitation is cause for concern.

I applaud the Audit Committee which has been on its toes in ensuring that the precepts of good corporate governance are being adhered to.

I note with concern the major challenges faced by the Council due to the restrictions within the health Profession Act (Chapter 27:19). There is need to expedite the amendment process.

We have to look as a Council on the shortcomings and focus on improvements for the next two years of office which will enable us to the achievement of translating the Council vision into tangible results.

Professor I T Gangaidzo

MA; BM BCh (OXON); FRCP (UK); DTM & H (LOND)

**CHAIRMAN MDPCZ**

## REGISTRAR'S ADDRESS

Implementation of the Council Strategic Plan would not have been easy without an organizational culture that adheres to the precepts of the principles of good corporate governance.

Brenda Nyhis says "employees will excel in a conducive working environment". I owe the success of the achievement that we celebrated on 17 March 2012 to my dedicated supporting staff who work tirelessly to meet the set targets.

as an exciting period in implementing the Council objectives to enable the concept of self regulation being maintained for the entire profession.

Josephine Mwakutuya  
Registrar of Council  
B. Management (HR)  
MBA

***"Vision without action is daydream.  
Action without vision is a nightmare."***

***Employees will excel in a conducive working environment"***

We see the next period 2012—2015

## STRATEGIC REVIEW

*Where there is no vision people will perish*

The third term of office of the Council held its strategic review on 17 March 2012 to evaluate the implementation of 2010–2015 strategy and the realization of the vision midway through the strategic term.

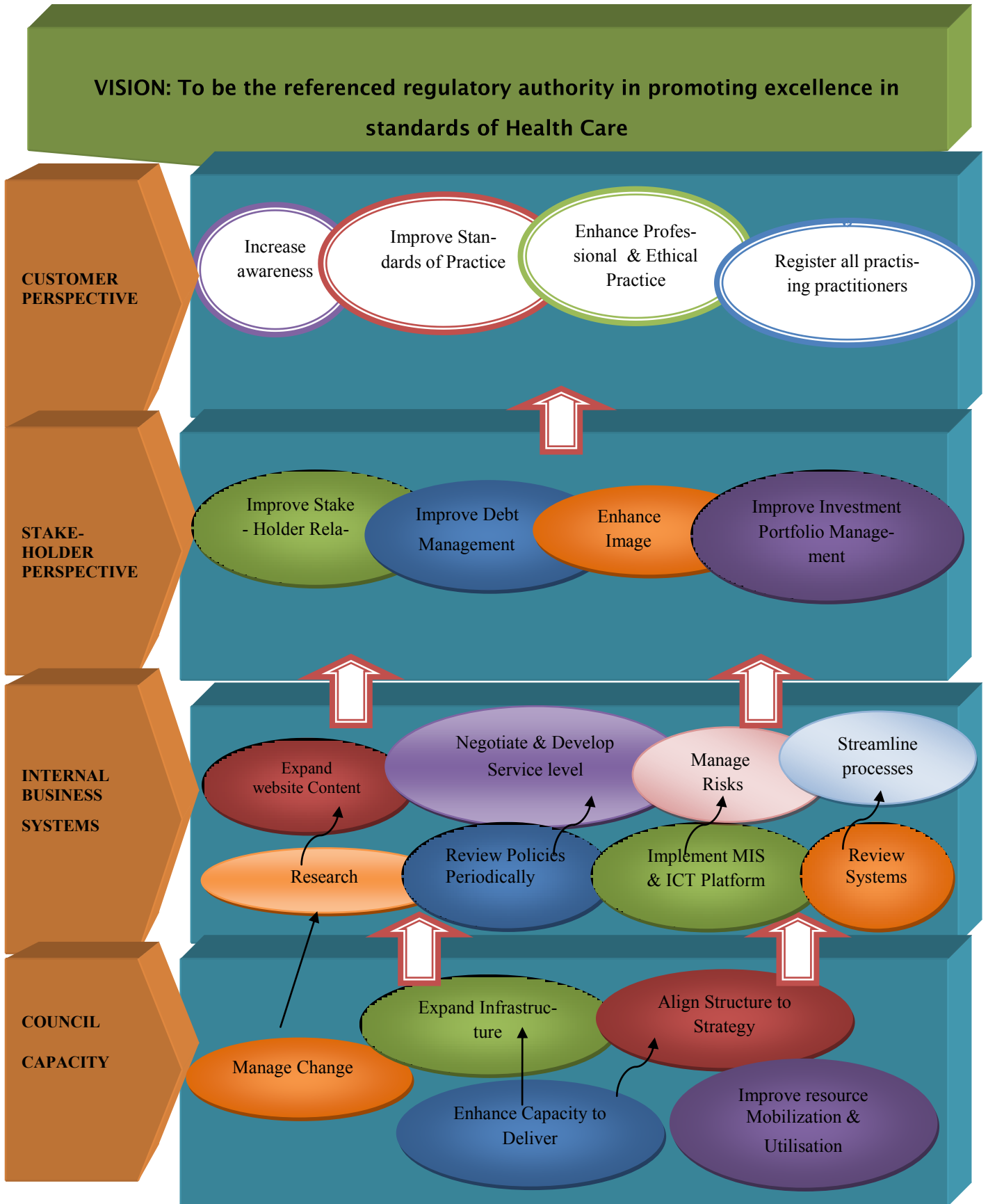
Council and Secretariat were applauded by the external facilitator for the sterling effort in the implementation of the strategic objectives.

## BALANCED SCORE CARD

COUNCIL OBJECTIVES	COMMENT ON PROGRESS
<b>Customer</b>	
<p><b>Achieve good public awareness of council functions &amp; actions.</b></p> <p><b>Achieve good council/ practitioners communication.</b></p> <p><b>Review and develop Policies and SOPs.</b></p> <p><b>Develop re-certification scheme</b></p>	<p>Commendable effort made through website and news bulletin. More detail on website required and increase in frequency of bulletin. More use of ICT is required.</p> <p>Most critical Policies are now in place. Need to monitor and review where necessary.</p> <p>Enhance CPD to reinforce the objective.</p>
<b>Stakeholder</b>	
<p><b>Ensure quality health care practice.</b></p> <p><b>Enforce high standards of professional practice.</b></p> <p><b>Ensure all our practicing practitioners are registered.</b></p>	<p>Critical Policies now in place to ensure quality health care practice. More need to the done.</p> <p>PCC and B/F efforts commendable.</p> <p>Increase in volumes of registrants noted and the subsequent increase in revenue.</p>
<b>Internal Business Systems</b>	
<p><b>Review and develop registration system &amp; processes.</b></p> <p><b>Produce Quarterly reports.</b></p> <p><b>Develop risk profile and minimise risk propensity</b></p>	<p>Lucrative registration policies developed</p> <p>Risk profile now in place and the subsequent mitigating action plan</p>
<b>Learning And Growth</b>	
<p><b>Develop/enhance partnerships with key stakeholders</b></p>	<p>Progress made but more partnerships required in eg IAMRA, AMCOA, MERPI/NECTAR, CHRE, GMC etc</p>

CHALLENGES	PREFERRED SOLUTIONS
ICT - Inadequate use of technology	Continuously research on other organizations Research and Benchmark with best practices E newsletters
Late responses to council inquiries	Review of internal processes
Lack of appreciation of council authority	Need to educate the profession and fully utilise the legal system.
Unregistered doctors	Physical inspections
Change of policies (resistance)	Managing change/resistance through enhancement of communication, involvement, participation and integration
High legal costs	Need for an efficient recovery mechanism
Overwhelming workload of committees	Need to standardize operations e.g unregistered practitioners, Streamlining processes
Limited use of website	Need to increase awareness
Poor cooperation from hospital CEOs	Change management interventions
Funding	Focusing on increasing numbers of registered practitioners scout for neutral donors introduction of examinations for foreign trained graduates relax registration procedures and review of registration processes
Negative international perception	Increase communication by collaborating with international speakers e-newsletters members should be ambassadors of Council, awareness
Delay in promulgation of amendments	Lobbying
Dissemination of Council Policies	Holding of workshops and presentations at professional associations of critical stakeholders Avail information on the website, consentize the profession increase the frequency of newsletters Members should disseminate Policy information back to professional associations
Adjusting to new environment	Have shareholders and customers as the outcome. Re-emphasizing on the vision and mission
Office space	Expansion of Office in Harare and Bulawayo to be stepped up
Aggressive private sector	Need to for regulation through communication Need for interface.

The preferred solutions have been turned into the strategic activities to achieve the following objec-



## REGISTRATION

Registration ensures ethical practice and by this process the practitioner fulfills part of their social contract.

Practitioners who practice without registration risk prosecution and impoverishing themselves as they have to pay double the annual fees of the years practised whilst not registered as a penalty as well as the re-registration fee.

The Council has had an understanding with the Health Services Board (HSB), the biggest employer of health professionals, that annually, a list of unregistered practitioners will be submitted to HSB. What this means is that there will be cessation of salaries as it would be illegal for HSB to employ unregistered practitioners.

The other risk is that should there be an adverse outcome during management of a patient by an unregistered practitioner, since there are illegal practitioners they will be prosecuted. Council will not protect an unregistered practitioner. The process of re-registration requires CPD points.

## LICENSE TO PRACTICE

It is critical for the Medical & Dental Practitioners, Specialists and Dental Therapists, Technicians, Hygienists to stay current with the fast evolving nature of medical knowledge. CPD attendances is the answer to this.

This also goes for those practitioners in the region and diaspora who intend to re-register with the Council.

Council website has the latest information on calendars for CPD activities by the different Accreditor Bodies. The rule is that 25 points must be from the practitioner's scope of practice, (relevant specialty) and 25 from any other Accreditor Body. 50 CPD must be submitted through the Accreditor Bodies to Council by 30 September of each year.

There is a penalty of \$50.00 cumulative for late submission. It not enough to pay the annual fee as license to practice is subject to CPD.

Practising without a valid practising certificate is an offense in terms of Section 90 of the Health Professions Act (Chapter 27:19).

Deadline for payment of annual fees without a penalty is 31 March of each year. Notwithstanding, a practising certificate expires on 31 December of each year.

***The period January to 31 March is a grace period granted by the Council.***

## REGISTRATION OF PREMISES

Council is mandated to register health premises. It is an offence for a practitioner to practice in unregistered health premises in terms of Section 99 of the Health Profession Act (Chapter 27:19).

Surgeries (rooms) are registered once by council at a fee of \$1 000.00. should a practitioner move a practice to another area, there is also need for registration at a fee of \$500.0. Application forms are obtainable from Council offices and from Council website ([www.mdpcz.co.zw](http://www.mdpcz.co.zw)).

Council also registers hospitals and there is need to have a Medical/Dental Practitioner as the Clinical Director who is responsible for clinical governance issues.

Council is in the process of developing a Policy on the Change of a Practitioner in Charge / Clinical Director of hospitals or emergency rooms.

The essence of the Policy would be to always have a practitioner in charge (Clinical Director) at a health premises/surgery responsible for clinical governance issues at a health institution.

## REGISTRATION OF PHILANTHROPIC PRACTITIONERS

Council has been put into an embarrassing situation where international medical teams are invited by local institutions and practitioners to come and undertake voluntary medical work which benefit our population, only to find out they are not allowed to proceed with their noble philanthropic work due to lack of registration by the Council.

No practitioner can practise without registration or exemption from the requirement to register. Forms can be downloaded from our website [www.mdpcz.co.zw](http://www.mdpcz.co.zw) or practitioners can visit the Council for more information. Applications should be made at most 2/3 months before the date of arrival to the country.

It is critical to note that just as much as our honourable professionals, Specialists cannot walk into a foreign Hospital to see patients. This principle is the same no foreign practitioner should expect to fly in and walk into our hospitals to see patients without registration even though we may stand to benefit from his services..

## DISCIPLINARY / ETHICAL ISSUES IN MEDICAL PRACTICE

The recent CAA CME meeting on Medical Ethics could not have come at a right time when Council has been undaunted with cases of practitioners who apparently violate the social contract.

Council will soon be publishing a Bulletin with a summary of cases of ethical and professional violations to educate the profession of the high levels of offences being committed

## DISCIPLINARY INQUIRIES

It will now become a mandatory penalty that every practitioner who appears before a disciplinary inquiry has as a condition of practice a suspension of a Certificate of Good Standing for a period of at most two years.

Council has been concerned by the number of cases of employment of Interns as locums, issuance of unwarranted sick leave, as well as advertising professional services.

The attitude is that ***"After all I will pay \$300 penalty so what"***. Council will be suspending issue of Certificate of Good Standing to such practitioners who appear before Disciplinary Inquiries.

## DISCIPLINARY COSTS : LEGAL COSTS

Council is gravely concerned by a total debt of \$50 814.00 in legal costs owed by a couple of practitioners as a result of failing to take advice.

A practitioner has the right to be represented. At times it is not necessary to go to disciplinary inquiry when there is prima facie evidence. The lack of insight often costs the practitioners large sums of money in legal fees

***"Truth telling is one of the principles of ethical practice"***

A man should never be ashamed to "own up" when he has been in the wrong, which is but saying in other words that he is wiser today than he was yesterday. This saying by Alesaid Pope cannot be more truthful. We have had practitioners with prima facie cases but continue to deny. These practitioners end up paying vast amounts of dollars to their own legal practitioner as well as a Council Prosecutor, enriching lawyers and impoverishing themselves.

When you are in the wrong, you should not be ashamed to own up. Disciplinary Inquiries are an educative process one would be wiser than they were yesterday.

## APPEALS PROCESS

When a practitioner is aggrieved by any decision of the Council their first point of call for appeal is the Health Professions Authority (HPA) within a period of 30 days of the judgement or whatever decision. HPA will hear the case with a different committee and either set aside the appeal, thus confirm the Council's decision based on the facts of the matter or vary the decision of the Council.

If a practitioner is not satisfied they can appeal to the Administrative Court, the High Court and the Supreme Court. If one does not follow the process the matter will be thrown out for not following laid down procedures.

This is another area that has cost most practitioners in not following the right channels in the appeals process. Professional matters are better handled by the profession than the Courts.

## COMMUNICATION WITH COUNCIL S.I. 93 OF 93

In terms of Statutory Instrument 93 of 93, every health institution or registered practitioner is obliged to inform Council or report to Council as soon as may be practicable in any event within a period of fourteen (14) days of being made aware of such information that forms a basis of improper conduct when a fellow practitioner is deemed to be impaired or engaged in unethical behaviour.

Council has been gravely concerned by situations where practitioners continue to practise putting patients whom we all serve at risk and these cases are not reported to Council. Truth telling is one of the virtues of ethical practice that is expected from registered practitioners.

When Council discovers that a Head of Institution has failed to report, they will be in violation of the said provision and this is a disciplinable offence.

***"Honesty is the first chapter of the book of wisdom"***

## SUPERVISION ON INTERNS

Council has been concerned by the perennial problem of lack of supervision of juniors (Interns) by some Consultants in all the Central hospitals. In particular the reluctance by some Consultants in doing evening rounds which points to lack of supervision. This has largely contributed to adverse outcomes of cases that have been brought to Council for investigation by Preliminary Inquiries Committee. We urge the senior members of the profession to be exemplary in their conduct.

***Integrity is a virtue of professionalism, doing the right thing.***

## PRACTISING IN SPECIALIST AREAS BY NON SPECIALISTS

Council has investigated a case where a general practitioner conducted an ultra sound scan of a patient and reported two very large fibroids. The patient was referred to a central Hospital for removal of the fibroids.

The patient was examined by junior doctors and taken to theatre. On operation two very small fibroids 1cm diameter were noted.

This is one of the classical cases where supervision is lacking in Central Hospitals as well as the general practitioner doing procedures that they are not com-

The Council Policy is that should a practitioner practice in an area of specialty and make an error, they would be judged in the same manner that the Specialist would have been judged.

It is critical that practitioners who undertake such areas of specialty such as ultra sound scan should submit evidence of training to Council for registration as additional qualifications.

### **DENTAL THERAPIST PRIVATE PRACTICE**

Council is concerned by the mushrooming of private practice rooms of Dental Therapists without supervision.

The law will soon catch up with them. Dental Therapists are required to work under the supervision of Dentists who should visit the practice at least 3 times a week.

How can a Dentist in full time private practice in Harare supervise a Therapist in Mutare? Benefice is an important ethical principle in medical practice.

### **EDUCATION OF MEDICAL AND DENTAL PRACTITIONERS**

#### **Use of Logbooks by Interns**

Organizations that do not respond to the dictates of their environment and leverages on their strengths and opportunities will not survive in this dynamic macro economic environment.

Innovation and creativity on the part of Council has led to the production of the Internship logbooks. This is the mere reason that despite the challenges faced by the Zimbabwe health sector, our medical practitioners are still very competent and competitive in the regional and international markets.

Council has resolved that all Interns should make use of the logbooks. This will measure the experience acquired by each Intern. This requirement has enhanced the assessment of Interns deployed to both Central Hospitals and identified Teaching Units.

2011 has seen Council having massive debates in the Education and Liaison Committee (ELC) over the scope of practice of Diploma Holders in private practice. It was found that there appeared to be no equity in that Diploma Holders in disciplines that had exit diploma qualifications doing the M Med training programmes would have access to private practice when their counterparts at senior Registrar level would not be allowed to do private practice.

To address this inequity, Council resolved that:-

- All Meds in training should be allowed to undertake private practice under mentorship.
- ELC should come up with guidelines to operationalize the resolution
- Remuneration of the mentored practitioner should be discussed between the Specialist and the practitioner being mentored.

What it translates to is that M Meds are not allowed to have their own Specialist lists of operations or patients or having separate consulting rooms. They May do general practice if they have an Open Practising Certificate.

Council through the Education and Liaison Committee is in the process of developing guidelines for this mentorship programme that will be availed to the profession before end of the 3rd quarter of the year. This will enable the Senior Registrars deployed to Bulawayo to gain more exposure from cases in private practice in institutions such as Mater Dei that would not be seen in Central Hospitals. The hallmark of this Policy on mentorship of M Meds in private practice is that they should always work under the mentorship of the Consultant who will be responsible for the ultimate care of the patients.

#### **Senior Registrar (SR) Logbooks**

Council through ELC is now at an advanced stage of the development of the S R logbook. This will again enhance the competence and assessment of the practitioners and would also assist in supervising practitioners with foreign Specialist qualifications seeking Specialist registration.

We thank the profession for its commitment in assisting Council in coming up with these Policies. The concept of self regulation in operation.

#### **Emergency Medicine**

Council has been concerned over the gap in the knowledge of emergency medicine within the profession. This has cost the lives of our population. This is also a rapidly advancing subject in medicine

In an attempt to address this gap with a view to improve and enhance standards of practice, Council at its 28 February 2012 meeting resolved that all Central Hospitals should run ATLS courses that would count towards the practitioners CPD activities for 2012/2013 CPD year. Council was pleased to note that the Bulawayo SSZ Chapter has put in place at ATLS home grown template that other institutions can adopt and use to their Casualty Officers.



Likewise all private hospitals' casualty departments are required to run such courses that will enhance the skills of their Casualty Officers.

Council has also made a recommendation to the College of Health Sciences Committee on Curriculum Development through the Dean's Office to have courses on ATLS in the undergraduate training programme. Geriatric Medicine is another area of concern

### DECENTRALIZATION OF INTERNSHIP

The focus for this year is to identify suitable Teaching Units for second year rotations. Chitungwiza with its proximity to Harare Central hospitals should be made a training centre for Internship decentralization.

However it is worth to state that stakeholder cooperation that include the Ministry and Central Hospitals is critical to have this project succeed.

### NUST MEDICAL SCHOOL

Council is pleased to announce that NUST has now fulfilled the requirements of Council in terms of Section 30 of the Health Professions Act (Chapter 27:19).

A recommendation has been made to the Ministry of Higher & Tertiary Education for NUST Medical School to recruit a fourth intake that will be recognized by the Council. NUST will be offering MBBS (ZIMB) which is now a prescribed qualification by the Council.

### MASTERS DEGREE IN FAMILY MEDICINE

Council has also approved the establishment of a Register of Masters Degree in Family Medicine as a specialist qualification for General Practitioners.

### ELECTION OF A RADIOLOGIST MEMBER OF COUNCIL

Council would like to extend its gratitude to Dr Dumisani Ndlovu, Specialist Radiologist who has served Council as a radiologist member since the second term of the office of Council from 2005—2010 and was reappointed to serve in the third term of Council. Due to other overwhelming responsibilities Dr Dumisani Ndlovu resigned from Council on 27 February 2012.

Elections for a replacements are in progress. The deadline for receipt of nominations is 27 April 2012. Should an association fail to nominate a representative to Council, the Honourable Minister will appoint a representative in terms of Section 31 (3) of the Health Professions Act (Chapter 27:19).

### Council Meetings 0900 hours Tuesdays

28 February 2012  
10 March Strategic Review  
29 May 2012  
28 August 2012  
27 November 2012

### Executive Committee 0900 hours Tuesdays

31 January 2012  
10 April 2012  
31 July 2012  
30 October 2012

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The Council’s register must contain both your current mailing address and your primary practice address. At the back of the newsletter, a change of address form is provided to mail or fax in.

Your MAILING ADDRESS is the address you would prefer the Council use to communicate with you and may be different from your practice address. It is NOT available to the public, unless you decide to use you primary practice address as your mailing address. Your PRIMARY PRACTICE ADDRESS is available to the public.

If you change either address, you must notify the Council in writing within 30 days of the change.

<b>Updated Information Form</b>		Registration No: .....
Surname .....	Name:.....	
Mailing Address	Primary Practice / Alternative Address	Home Address
.....	.....	.....
.....	.....	.....
.....	.....	.....
Business Telephone.....	Cell:.....	Home .....
Email Address .....	.....	
Effective Date .....	Signature .....	