MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF ZIMBABWE NEWSLETTER

ISSUE NO 1

AUGUST 2011

SPECIAL POINTS OF INTEREST:

- Policy on Philanthropic Practitioners
- Policy on Private and Limited Practice
- Policy on Administration of Health Institutions
- Signing of death certificates without post mortem
- Guidelines for a doctor patient relationship
- Management of terminally ill patients

INSIDE THIS ISSUE:

Message from the Chairman	2
Council Reviewed Policies	3 - 4
Lessons to Learn from PIC	5
Education and Liaison Committee	6
Health Committee	6
Disciplinary Cases	7
International Relations	9

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 Professions

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

MESSAGE FROM THE CHAIRMAN

Time passes swiftly, our first year in the office came to an end on 22 February 2011. It is important that we reflect on the critical issues that have shaped the Council during the past eighteen months. Serving the public in this capacity is both challenging and rewarding. The stable external environmental factors as well as the review of the Council Policies have led to a steady inflow of medical practitioners and specialists formerly practising both regionally and internationally.

Council has been cognizant of the economic challenges which amongst other things include low staff morale in the health sector, contagious effects of the global recession as well as decreased numbers of patients impacting on the resources for registered members as well the Council.

Under this background Council leveraged on its strengths and the prevailing opportunities and decided to come up with the following key strategic goals to be achieved during its term of office:-

- To enforce high standards of medical and dental education.
- To enforce high standards of professional conduct.
- To enforce quality health care practice.
- To communicate effectively.
- To expedite investigations of complaints and decision making.

The emphasis of the 6 March 2010 strategic workshop which was alluded by the 23 March 2010 Executive Committee meeting of Council, was that successful implementation of the goals solely depended on improved shareholder participation, Council activities, policy development, efficient internal systems and strategic partnerships.

As I briefly review the past year I am satisfied by the initiatives we have made in an attempt to realize the set goals.

Council has come up with a Policy on Decentralization of Internship with a view to decongest the large numbers of interns in the traditional four tertiary institutions. This programme was successfully implemented in January 2011 with a total of 18 Interns being deployed to 4 pilot institutions with the approved Teaching Units namely Karanda (surgery), Chitungwiza (surgery & medicine), Mutare (surgery and medicine) and Gweru (medicine).

This will not have been possible without the participation by members of the profession which is a clear testimony and evidence of shared vision with Council stakeholders.

This continued positive relationship is greatly encouraged as it will enable Council to move from strength to strength in achieving the set goals.

Concerned about public safety Council has reviewed the guidelines for CPD which can now be accessed on the website.

Regarding quality health care, Council has come up with a Policy on the Administration of Health Institution. The aim is to ensure that every registered health institution in Zimbabwe has a Board whose directors shall include a Medical Director who is responsible for professionalism, issues of ethics as well as the clinical governance of the institution,

A number of Policies have been developed as reported in this paper which amongst others include the streamlining of the registration process.

43 Returning Zimbabweans have been approved for re-registration thus 12 Specialists 31 General practitioners. These are both from the region and internationally since January 2011.

The Council website launched on 13 August 2010 has enhanced communication with members of the profession.

Council will endevour to communicate with the profession through newsletters and face to face meetings with professional associations.

Council has been cognizant of the liquidity challenges prevailing in the economy hence the annual fees have not been reviewed since 2009.

Council is concerned about practitioners who continue to practise without valid practising certificates.

Council will be exercising its statutory powers to deal with such practitioners. These include suspension from practice.

I believe that these Policies will serve as a useful guide to the profession thus enhance the safety of our patients whom we all serve.

Professor I T Gangaidzo

FROM THE REGISTRAR'S DESK

As the Council Secretary one of my key functions amongst other things is to ensure successful implementation of the strategic goals of the Council.

Accordingly, Council has embarked on a verification exercise of registered members practising in Harare. This was revealing as 91 practitioners in Harare only were found to be practising illegally, this also unearthed a lot of irregularities which amongst others include the employment of 4th year medical students by senior doctors in their private practices.

Our message is clear to those practising illegally and participating in unethical practice, Council is serious about its mandate to protect the public. The provisions of the Act will be fully invoked.

REVIEWED COUNCIL POLICIES

REGISTRATION / LICENSE TO PRACTICE

REGISTRATION PATHWAYS

Council has developed the framework for the registration process of different categories from student register to registration as a medical / dental practitioner. Members are encouraged to visit the Council website for details.

POLICY ON PRIVATE AND LIMITED PRIVATE PRACTICE

MEDICAL PRACTITIONERS

Council now has a Policy on Private Practice. Zimbabwean practitioners who complete two years internship and a GME year will be eligible for an unrestricted practising certificate.

Non Zimbabweans with local qualifications and complete internship and the GME year locally will be issued an Unrestricted Practising Certificate subject to production of a permanent resident permit.

Limited Private Practice during GME year may be granted to post Intern Zimbabwean doctors locally qualified, post Intern Zimbabwean doctors with foreign qualifications as well as Non Zimbabweans post Intern doctors locally qualified.

Limited private practice is granted under the following conditions:-

- Successful completion of the first year and second year internship
- Undertaking GME year in a DHI
- Should practice within the confines of skills of a supervisor/ named mentor
- Patients are seen on a locum basis on behalf of the supervisor.
- Should be undertaken outside normal working hours as not to interfere with the other GME duties at the DHI.
- All prescriptions for dangerous drugs should be ratified by the named mentor.

Non Zimbabweans who train outside Zimbabwe regis tered on the Provisional Register will be granted limited private practice after two years on the Provisional Register .

An unrestricted practising certificate will be issued to Registered Non Zimbabwean practitioners upon attainment of a permanent resident permit and five years continuous practice in the country. See full guidelines on the Council website www.mdpcz.co.zw

DENTAL PRACTITIONERS

- Internship for dental Interns is for 12 months.
- After fulfilling the logbook the Intern registers with the Council as a Dental Practitioner to undertake GDE year.
- At this time they are eligible for Limited Practising Certificate.
- After 12 months of GDE year they can apply for OPC

POLICY ON FOREIGN TRAINED INTERNS

One of the responsibilities of the PCC is to take responsibility of the training of foreign trained interns by picking up deficiencies early.

PCC has come up with a tool of assessment for the foreign trained doctors undertaking local internship.

Supervisors will be required to submit to Council three, six and twelve months reports following resumption of internship.

POLICY ON ESTABLISHMENT OF A MEDICAL SCHOOL

Council now has guidelines on the requirements for setting up a medical school. This is not only in line with the Ministry of Health and Child Welfare vision of having adequate numbers of well trained doctors but also in line with the Council's goals of enhancing high standards of medical education.

POLICIES

POLICY ON PHILANTHROPIC PRACTITIONERS

Council has come up with a Policy to accommodate medical teams who perform volunteer outreach programmes.

The requirements which have been streamlined can be viewed on the Council website. Basically the practitioners are required to submit a CGS and a C.V. One of the requirements is to have a local coordinator who will be accountable for any reports required by the Council. For details please visit the Council website.

From January to July 2011, 48 Philanthropic practitioners have visited the country to do short term voluntary work under the supervision of local practitioners.

POLICY ON MEDICAL LOCAL OUTREACH

Council has noted the desire by local practitioners with Interns to participate in voluntary medical outreach programmes. Council has come up with a Policy that will facilitate and ensure adequate supervision of local junior doctors wishing to undertake voluntary outreach programmes .

The Policy has conditions under which such outreach programmes should be undertaken.

These have to be undertaken under the direct supervision of a senior registered member who will be accountable for all the activities. Please visit our website for more information or call at Council offices for collection of the Policy.

POLICY ON ADMINISTRATION OF HEALTH INSTITUTIONS

Council is pleased again to talk about the Policy on the Administration Of Health Institutions approved by the Council in May 2011. The purpose of the Policy is to ensure that every health institution has a Board whose directors should include a Medical/Dental Practitioner. The Medical/ Dental Director shall be responsible for ethical and professional issues as well as the clinical governance of the institution.

The individual is accountable to the MDPCZ for matters relating to the Health Professions Act (Chapter 27:19).

The Policy is that every health institution should have Medical /Dental Director who is a holder of a valid practising certificate. The duties of the incumbent are detailed in the Policy which can be accessed from the Council website or Council offices.

Every practitioner wishing to apply for registration of a Hospital or Emergency Unit will be called by the PCC for an interview to be sensitized on their responsibility and make them understand the Policy on the roles and responsibilities of a Clinical Director.

POLICY FOR VISITING LECTURERS

Advocacy and promotion of high standards of medical and dental education is one of the key strategic focus areas of the Council during its term of office.

There has been a growing interest by specialists from the diaspora and regionally both Zimbabweans and non Zimbabweans who have expressed a desire to come to the country as short term visiting lectures.

This is a welcome development given the prevailing challenges of shortages in lecturers at the College of Health Sciences.

This Policy will facilitate the registration of visiting Medical/Dental Lecturers without any bureaucratic delays. Visiting lecturers are required to submit updated CV, CGS and a fee of US$100. Forms can be downloaded from our website.

AWARDING OF CERTIFICATE OF APPRECIATION

Council at its meeting of 3 March 2011 adopted a policy which will allow it to recognize and appreciate the members of the profession for their outstanding service to the Council.

Council will be issuing certificates of appreciation to members who would have continuously served both Council and its Committees for a continuous period of 5 years. ***Certificates are coming your way!!!!!***

HIGHLIGHTS FROM PRELIMINARY INQUIRIES COMMITTEE (PIC)

In an attempt to expedite the processing of complaints, Council has now resorted to calling practitioners for interviews to clarify issues. At these interviews lawyers are not required as these are not inquiries.

Council has noted with grave concern that some practitioners are in the habit of giving false evidence .An example is that of a certain maternal death where a specialist was not called due to incapacity and the junior doctor ended up calling another specialist who was not on call that day. During the interview the doctor gave false evidence in attempt to cover up for the incapacitated colleague.

Section 140 of the Health Professions Act (Chapter 27:19) makes it an offence, for which one might be prosecuted, to give false evidence to Council. It is only professional to state facts as they are.

ASSOCIATING WITH INTERNS

8 cases have been brought before the attention of the Preliminary Inquiries Committee for employment of interns since January 2011.

YOU HAVE A DUTY TO ATTEND TO CALLS

The PIC has noted with concern the unethical practice by some practitioners failing to see patients when called. Remember this will catch up with you!!!!!

GUIDELINES FOR DOCTOR PATIENT RELATIONSHIP

The PIC is working on the guidelines for Doctor patient relationships which will be submitted to Council for approval.

This has been necessitated by a number of complaints that have been received by the Committee on the apparent poor relationship which has led to disciplinary inquiries

SIGNING OF DEATH CERTIFICATES WITHOUT POST MORTEM

PIC has noted with concern an increase in cases of mortality due to abortion where relatives would immediately claim the bodies before an autopsy is done.

It is always good practice for a practitioner to refuse signing a death certificate without an autopsy. Refer the relatives to Police and insist for a post mortem.

GRANT OF SICK LEAVE WITHOUT ASSESSMENT OF PATIENTS

It is good practice to always assess patients before granting sick leave.

EXTORTION OF PATIENTS BY SOME PRACTITIONERS IN THE PUBLIC HEALTH SECTOR

Cases of extortion or charging patients are rampant in public health sector. Council condemns this in the strongest terms. Through the HPA an exercise will be embarked on a public awareness programme

PRACTISING IN UNREGISTERED PREMISES

It is deemed to be an act of improper conduct for practitioners to practice in unregistered premises. Cases have been investigated.

GOOD PRACTICE

- A doctor should not wait to be called but should take the initiative to visit patients.
- A doctor should know that dealing with patients is team work.
- Doctors should know what the blood pressure level is before discharging a patient. ***(extracted from an interview by the PIC on a maternal case)***

UNACCEPTABLE PRACTICE

A patient was admitted to a private hospital and there was no doctor responsible for the care of the patient. Furthermore, the institution had no back up plan in place.

- There was no consistency in the management of the patient by the doctor.
- There was no follow up on the patient.
- There were no investigations done or ordered.

(extracted from an interview of a practitioner by PIC)

NURSE ANAESTHETISTS NOW DOING LISTS WITH SPECIALISTS IN THEATRE

This was a one month baby who was managed in an institution without human and physical capacity for a strangulated inguinal hernia in neonates.

- It might have been useful to do only the ingunal hernia.
- It was quite evident that the Nurse Anaesthetist was not happy to do the case.
- There is need to regulate the kind of cases which Nurse Anaesthetists should perform.
- It is worth to note that even Diploma Holders are not allowed to anaesthetize neonatal cases.

(*extracted from an interview by the PIC*)

EDUCATION AND LIAISON COMMITTEE (ELC)

MANAGEMENT OF TERMINALLY ILL PATIENTS

CAA has been tasked through ELC to initiate discussion within the profession on the management of terminally ill patients.

The Profession is urged to discuss this topic and through CAA submit comments to ELC.

RECOGNITION OF MASTERS IN FAMILY MEDICINE AS A SPECIALIST FOR GENERAL PRACTICE

CPCPZ has submitted a request to Council to establish a Register of Specialist Family practice.

The issue is currently under discussion and more will be in the next issue.

SENIOR REGISTRAR (SR) (PRE-REGISTRATION YEAR)

In an attempt to standardize the SR assessment year which would include foreign trained specialists, the respective S.R logbook for each specialist is being developed. This will add objectivity to the assessment.

MMED AND MPH STUDENTS ENSURE THAT YOU ARE CURRENTLY REGISTERED WITH THE COUNCIL!!!!!

Some members have been under the misconception that whilst undertaking local full time or part time post graduate courses they are not required to maintain their registration. In terms of The Health Professions Act (Chapter 27:19) such practitioners are required to maintain their registration.

The Minister of Health and Child Welfare has approved regulations which will mandate the Council to levy heavy penalties for practising or undertaking a post graduate course without registration.

CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD)

Know your accreditor bodies!!!

- Hospitals and institutions are not accreditor bodies.
- Post Intern doctors are required to undertake CPD which has to be accredited by an appropriate accreditor body e.g PMDs or CPCPZ.

NON COMPLIANT PRACTITIONERS

ELC at its meeting held on 27 October 2010 noted with concern that some practitioners were reluctant to participate in CPD activities. A recommendation was made to Council that practitioners who fail to submit their CPD Points to their respective accreditor bodies by the first week of October shall be required to pay a penalty of US$50.00 a month cumulative from October.

At the same time it was noted that some Associations delayed in submitting CPD points of their members to Council by the deadline. ELC made recommendations to Council that such accreditor bodies be fined a penalty of US$250.00. **Deadline for submission of points is 7 October 2011.**

Council at its meeting held 23 November 2010 adopted these recommendations .

Members of the profession are being advised to comply with the CPD requirements which are detailed in the reviewed guidelines obtained from Council or respective Professional Associations!!!!

GENERAL MEDICAL EXPERIENCE (GME) YEAR

- ELC is in the process to reviewing the current GME year logbook.
- The aim is to come up with minimum skills that should be acquired by post Intern Doctors to enable them to be effective in general practice. For example in medicine, the Post Intern would be expected to manage amongst other conditions, tuberculosis, meningitis, pneumonia , malaria and perform lumbar punctures.
- The compilation of the logbook is now at an advanced stage and will be sent to all hospitals and Post Intern doctors (GMEs).

HEALTH COMMITTEE

Do you know a colleague with impairment problems, alcoholic, medical condition that incapacitates practice or abuse of drugs?

"Doctor admitted that he could not stop drinking once he started"

Get help from the Health Committee or a colleague. Inform Council of a colleague who needs help

SURVEY TO DETERMINE THE MAGNITUDE OF STRESS RELATED CONDITIONS AMONG HEALTH PRACTITIONERS.

Council is conducting a survey to determine the magnitude of stress related condition among health practitioners. The cooperation of the profession will be greatly appreciated.

2010 DISCIPLINARY INQUIRIES IN BRIEF

1. Dr A appeared before the Disciplinary Inquiry on charges of undertaking locums in other practitioners' private rooms without having undertaken mandatory official internship training at a Central Hospital.

   Dr A was found guilty of improper conduct and was fined and also asked to pay the costs incidental to the inquiry.

2. Dr B appeared before the Disciplinary Inquiry on charges of performing a hysterectomy on a patient who had cancer of the cervix when he was not adequately qualified to perform surgical treatment of cervical cancer. He performed the hysterectomy without any blood reserves. The patient bled intraoperatively and died shortly after the operation.

   The doctor was found guilty of improper conduct and was ordered not to practise Gynaecology until he acquired relevant competency. He was also attached to a Senior Mission Hospital doctor for a period of three months for purposes of education and orientation in decision making in surgical and medical practice at a rural mission hospital with a report at the end of every month. In addition he was censured and ordered to pay costs incidental to the inquiry.

3. Dr C appeared before the Disciplinary Inquiry on charges of inducing a patient who was post-dates with an oral prostaglandin tablet at his private rooms and failed to provide the requisite monitoring of the foetus and the patient but instead advised the patient to go home and to phone him as soon as she was in labour. In addition, he gave the patient a referral letter which did not mention the induction with prostaglandins.

   Dr C was found guilty of improper conduct and was ordered to practise under mentorship in the Department of Obstetrics and Gynaecology for six months during which period reports would be submitted every three months by the supervising consultants. He was also asked to give a presentation on induction of labour and use of prostaglandin at the College of Primary Care Physicians within a period of six months and submit a copy of the presentation to Council. He was further ordered to pay a fine and costs incidental to the inquiry.

4. Dr D appeared before the Disciplinary Inquiry on charges of inserting a drain which he forgot to unclamp on a patient whom he had performed a goiter operation on. The said patient died from airway obstruction from haematoma. The drain which Dr D had inserted remained clamped and the nurses' notes clearly showed that there was no drainage, the drain remained dry until the patient was unclamped. The Committee agreed that the cause of death was assumed to be asphyxia as there was no post mortem which would conclude with certainty the cause of death.

   Dr D was therefore found guilty of improper con duct and was fined and censured. He was further ordered to pay the costs of the inquiry.

5. Dr E appeared before the Disciplinary Inquiry on charges of soliciting a bribe from the father of a baby who was born with congenital hydrocephalus in December 2008. The condition of the baby required a VP shunt and Dr E asked the father to pay R10 000 or a cow for the shunt to be provided. The father however failed to pay and as a result the procedure was not done. The child's head continued to grow and he developed gross hydrocephalus, for which a shunt was only inserted on the 12th May 2009 by a different practitioner. As a result of this the child suffered irreversible brain damage.

   Dr E was found guilty of improper conduct and was ordered to pay a penalty and the full costs incidental to the inquiry.

6. Dr F appeared before the Disciplinary Inquiry on allegations of failing to prioritize his work in that he chose to go for an outreach programme using the only vehicle that was available at the hospital when he was faced with a patient with obstructed labour. He failed to recognize that a patient was deteriorating and in danger of an imminent rupture. The midwife picked up foetal distress at 0900 hours and notified the doctor. Instead of attending to the patient there and then the doctor only physically went to see the patient at 1100 hours when he was about to go to the outreach programme. He further went ahead to use the only vehicle that was available to go to an outreach programme leaving a patient that urgently required transfer. When he came back from the outreach the doctor was informed of the condition of the patient but ordered that he would extract the baby the following morning. As a result both the mother and the foetus lost their lives.

   Dr F was found guilty of improper conduct and was ordered to be attached to a teaching hospital in Obstetrics and Gynaecology under an identified supervisor for six months with reports at 3 months intervals. He was also ordered to pay a fine and the costs incidental to the inquiry and was censured.

7. Dr G appeared before the Disciplinary Inquiry on allegations of violating the provisions of Section 4 (1) of the Medical Practitioner (Professional Conduct) Regulations 2004 published in Statutory Instrument 41 of 2004 as read together with Section 3 of the said regulations and Section 135 of the Health Professions Act (Chapter 27:19), in that as a registered Specialist Obstetrician & Gynaecologist he publicized an article in the Chronicle on his management of a woman who had a 25kg cyst.

   Dr G was found guilty of improper conduct and was ordered to go through the Health Professions Act (Chapter 27:19) and present to ZiMA colleagues on the sections relating to advertising and send a copy of the presentation to Council. He was also ordered to pay a penalty and costs incidental to the inquiry.

8. Dr H appeared before the Disciplinary Inquiry on allegations that on the 11th of September 2009 he had performed a rectosigmoidoscopy and haemorrhoidectomy on a 23 year old patient who had presented with painful anal swellings. It subsequently transpired that the rectum was perforated in the course of the above procedure. The patient as a result developed symptoms of peritonitis and clearly needed a laparatomy but Dr H missed the vital signs. Dr H got a call in the evening to say that the patient had deteriorated and on his arrival he saw that the patient had gone into respiratory distress. He then called an Anaesthetist to assist and also ordered for fluids to be increased.

The following day the patient became worse and in the evening Dr H called fellow Surgeon to assist. On examining the patient's abdomen the other Surgeon recommended a laparatomy which was done on 14th September 2009. The Anaesthetist then tried to put a chest drain but missed the chest and went into the abdomen. When the two Surgeons opened the abdomen they found it soiled and there was a large perforation which they repaired and performed a proximal defunctioning colostomy. The following morning the patient was responding well but in the afternoon he had three successive cardiac arrests. There was late intervention to salvage the patient who clearly needed a laparatomy.

The doctor was found guilty of improper conduct and was ordered to submit himself to supervision for any procedure involving rectosigmoidoscopy for a period of six months with the supervisor submitting reports every three months. He was also ordered to pay costs of the inquiry and was censured.

9. Dr I appeared before the Disciplinary Inquiry on allegations of tying a tourniquet on an acutely ill 11 month old baby and left it in situ on a Friday until it was discovered on Sunday by a student nurse who informed a senior nurse. The tourniquet was only removed 3 days later and by that time the baby's arm had become gangrenous and had to be amputated.

The doctor was found guilty of improper conduct and was ordered to pay a penalty as well as the costs incidental to the inquiry.

Dr I appeared before the Disciplinary Inquiry on allegations of violating the provisions of section 92 (1) of the Health professions Act (Chapter 27:19), in that he practised in unregistered premises. This was contrary to the conditions on his practising certificate which required him to work under an identified mentor in a Government Designated Health Institution.

Dr I was found guilty of improper conduct and was suspended from practicing until he produced a current practising certificate. He was advised that if he continued to practise it would affect his application for an Open Practising Certificate. He was ordered to pay a penalty and the costs of the inquiry.

10 Dr J appeared before the Disciplinary Inquiry on allegations of contravening Section 4 (1) of the Medical Practitioners (Professional Conduct) Regulations 2004 published in Statutory Instrument 41 of 2004 as read together with Section 3 of the said regulations and Section 135 of the Health Professions Act (Chapter 27:19), in that he displayed fliers and posters at supermarkets, and several companies advertising professional services.

Dr J was found guilty of improper conduct and was ordered to pay a penalty as well as costs incidental to the inquiry.

11 Dr K appeared before the Disciplinary Inquiry on allegations of contravening Section 4 (1) of the Medical Practitioners (Professional Conduct) Regulations 2004 published in Statutory Instrument 41 of 2004 as read together with Section 3 of the said regulations and Section 135 of the Health Professions Act (Chapter 27:19), in that he advertised the opening of his premises in a local newspaper.

Dr K was found guilty of improper conduct and was ordered to pay a penalty as well as costs incidental to the inquiry.

12. Dr L appeared before the Disciplinary Inquiry on allegations of taking a patient to theatre for removal of a molar tooth under general anaesthesia. The Nurse Anaesthetist started the anaesthesia with Ketamine 200mg iv and diazepam 10mg iv but Dr L requested more diazepam and 10mg iv was added. After that Dr L opened the patient's mouth and started to mobilize the tooth on the lateral and medial side. The gingiva started to bleed and suddenly the patient developed a laryngospasm and saturation dropped. Intubation was tried but failed.

The patient was given a high dose of Ketamine and diazepam without securing the airway. Dr L performed a procedure that was beyond his capacity and yet there was a dentist 45-50km away. Dr L should have referred the patient to the dentist.

Dr L was found guilty of improper conduct and was ordered to stop dental work until he acquired the necessary training. He was further attached to an Anaesthetist for three months with monthly reports. He was also ordered to pay a penalty and the costs incidental to the inquiry.

13. Mr M appeared before the Disciplinary Inquiry on allegations of practising without a valid practising certificate in violation of the provision of Section 92 (1) of the Health Professions Act (Chapter 27:19)

Mr M was found guilty of improper conduct and was fined and also asked to pay the costs incidental to the inquiry.

14. Mr N appeared before the Disciplinary Inquiry on allegations of practising without a valid practising certificate in violation of the provision of Section 92(1) of the Health Professions Act (Chapter 27:19) Mr N was found guilty of improper conduct and was fined and also asked to pay the costs incidental to the inquiry

15 Mr O appeared before the Disciplinary Inquiry on allegations of practising without a valid practising certificate in violation of the provision of Section 92(1) of the Health Professions Act (Chapter 27:19) Mr O was found guilty of improper conduct and was fined and also asked to pay the costs incidental to the inquiry.

16. Dr P appeared before the Disciplinary Inquiry. The allegations were that he admitted a 70year old patient with Benign Prostatic Enlargement. Transurethral resection of prostate (TURP) clinical was scheduled for the following day. Because of the patient's pre-morbid condition, spinal anaesthesia was chosen and the TURP was done on the 28th of September 2009. The patient was transferred to the general ward and thereafter started complaining of pain in the lower abdomen. The doctor recommended exploratory laparatomy and during the operation he discovered that the patient's ructum had been perforated. The perforations were repaired and the patient was returned to the general ward where he collapsed. He was taken back to theatre where resuscitation was attempted with no success.
Dr P was found guilty of improper conduct and was ordered that his practice of Urological Surgery shall be limited to the institution at which he will supervised and Council shall receive quarterly progress reports on his supervision. Dr P was further fined and ordered to pay the costs of the inquiry.

DON'T BE FOUND WANTING. BE PROFESSIONAL AND ETHICAL !!!

FINALLY, LITTLE WORDS TO REMEMBER

Please ensure that:

- You are in possession of a valid practising certificate.
- You are attending CPD activities.
- You are practising in accordance with the conditions of your practising certificate.
- Practitioners in your hospital or private surgeries are duly registered.
- You always respond to Council inquiries.
- Late submission of CPD points attracts a penalty of US$50.00 per month

EARN POINTS

Members are advised to bring articles for publication in the next issue. Please send your submissions for the next issue to mdpcz@mdpcz.co.zw

INTERNATIONAL RELATIONS

We are pleased to inform the profession that MDPCZ has been appointed into the Management Committee of the International Association of Medical Regulatory Authorities (IAMRA).

The purpose of this august body is to support medical regulatory authorities worldwide in protecting the public interest by promoting high standards for physician education, licensure, regulation, and professional conduct and facilitating the ongoing exchange of information among medical regulatory authorities.

- To advocate and promote high standards of medical education, physician evaluation and assessment, licensure, medical practice and professional conduct.
- To facilitate international cooperation and collaboration among medical regulatory authorities, including establishing a network for the regular exchange of medical licensing and disciplinary information.
- To provide a forum for the development and sharing of new concepts and new approaches in the regulation of medical practice.
- To encourage and support research, policy analysis and policy development related to medical licensure and regulation.
- Serve as an information source to medical regulatory authorities, the public, and national and international organizations.

The members of the IAMRA include GMC, UK, USA State Boards, Australia, France and other Pacific Asiatic regulatory bodies. In Africa the members are Nigeria, Ghana, South Africa, Sudan, Egypt and Zimbabwe.

This membership has enabled MPDCZ to have an agreement with the GMC having electronic CGS sent to each country directly.

PRACTICE CONTROL COMMITTEE

MINIMUM REQUIREMENT FOR HEALTH INSTITUTION

All health institutions are now required to provide the following general minimum requirements.

- Pedal refuse bins with liners (mostly polythene plastic bags)
- Emergency tray
- Sharp boxes
- Fire extinguishers

Don't allow yourself to pay a penalty for late submission of CPD

Remember Deadline for submission of points is 7 October 2011.

OBITUARIES

It is with deep sorrow that council announces the passing on of the following:-

- Dr Daniel Gwinya Makuto
- Dr Livion Ngwenya
- Dr Jahalamahaha Costin Dlamini
- Dr Pamela Kuziwa Rusero
- Dr Monica Rosa Glenshaw
- Dr Muhamed El Amin
- Dr Prince Chabva
- Dr Gordon Bango
- Dr Maria G Buggiani
- Dr Richard P H Davy
- Dr Peter Iliff

May their souls rest in peace

MOVING

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.

Updated Information Form Registration No: ……

Surname …… Name:……..……

Mailing Address
……
……
……
……

Primary Practice / Alternative Address
……
……
……
……

Business Telephone…….. Cell:……

Email Address ……

Effective Date …… Signature ……

For your queries please contact

Registrar	J Mwakutuya	- mdpcz@mdpcz.co.zw
(B Management HR; MBA (Governance)		
Registration	D Mangena	- dumipcc@mdpcz.co.zw
Investigations	V Deshe	- vesstapichealth@mdpcz.co.zw
Accounts	P Kondo	- kondop@mdpcz.co.zw
	B Manyangadze	- bish@mdpcz.co.zw
CPD Points	J Mashingaidze	- julian@mdpcz.co.zw
Administration	F Chari	- felistas@mdpcz.co.zw
Exec Secretary	T Nzondo	- tariroexecsec@mdpcz.co.zw
R/D Officer	G Mhondiwa	- geraldm@mdpcz.co.zw

Contact Numbers

0733 436 115 ; 04 792 195; 2933173; 2933177/8
Council Website: www.mdpcz.co.zw