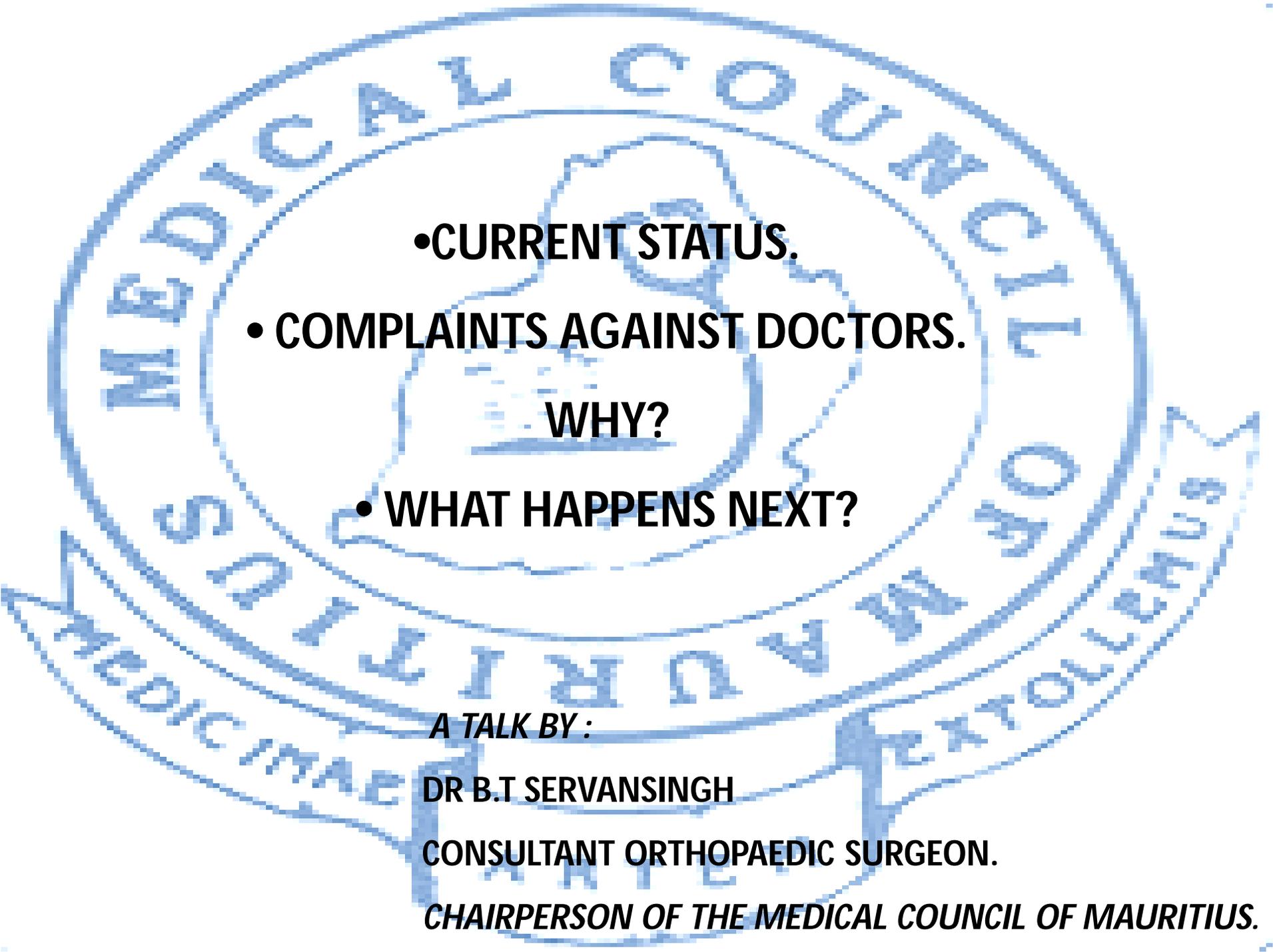


- 
- The background of the slide features a large, light blue watermark of the seal of the Medical Council of Mauritius. The seal is circular with the text 'MEDICAL COUNCIL OF MAURITIUS' around the top and 'ORDO MURRI' at the bottom. In the center is a caduceus (a staff with two snakes) and a map of Mauritius. A banner at the bottom of the seal contains the Latin motto 'SALVATI'.

**WHY?**

- **WHAT HAPPENS NEXT?**

***A TALK BY :***

**DR B.T SERVANSINGH**

**CONSULTANT ORTHOPAEDIC SURGEON.**

***CHAIRPERSON OF THE MEDICAL COUNCIL OF MAURITIUS.***

**1. THE LEGISLATIVE HISTORY**

**2. COMPOSITION OF THE COUNCIL**

**3. FUNCTIONS OF THE MEDICAL COUNCIL**

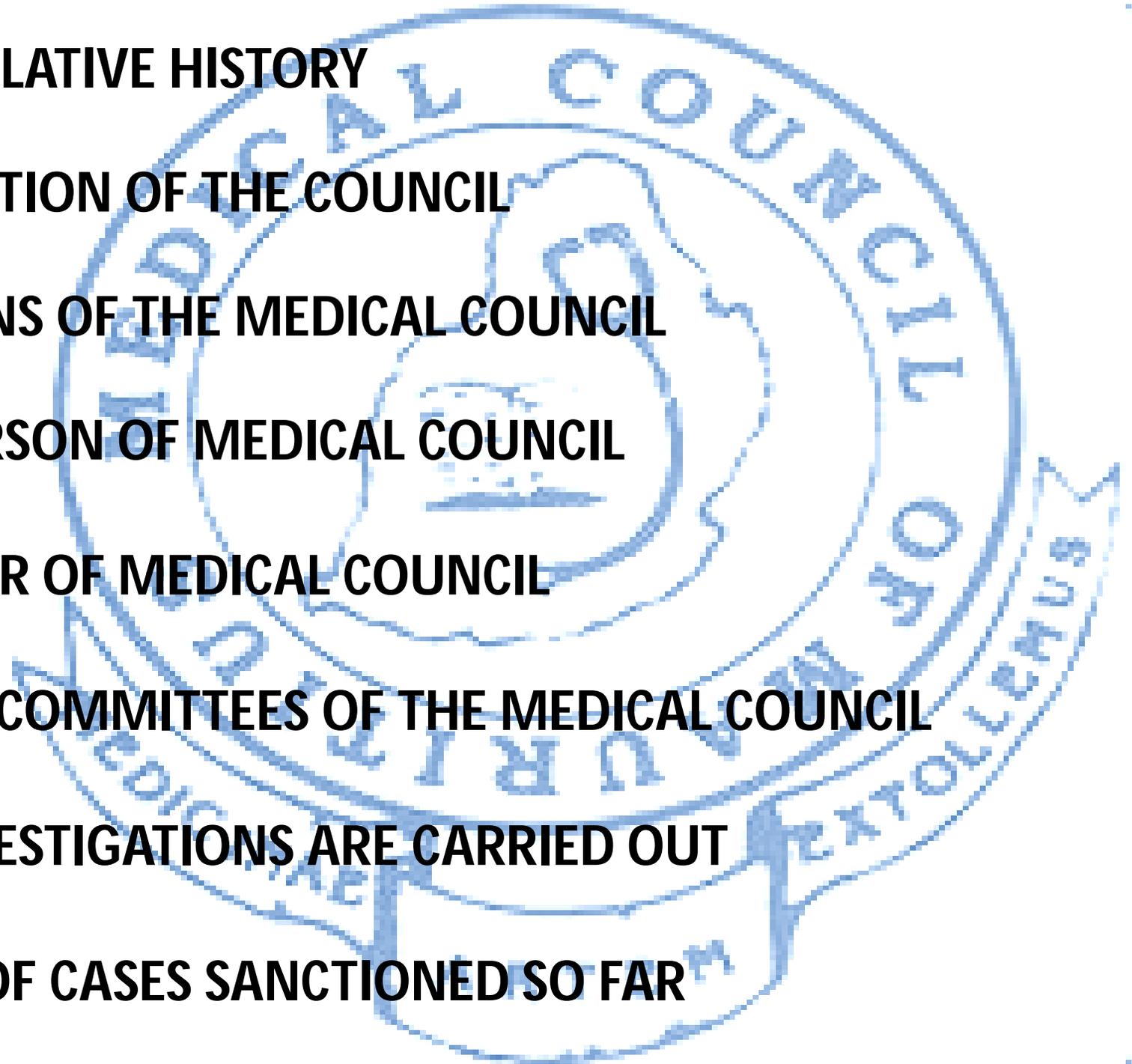
**4. CHAIRPERSON OF MEDICAL COUNCIL**

**5. REGISTRAR OF MEDICAL COUNCIL**

**6. VARIOUS COMMITTEES OF THE MEDICAL COUNCIL**

**7. HOW INVESTIGATIONS ARE CARRIED OUT**

**8. PROFILE OF CASES SANCTIONED SO FAR**





# **LEGISLATIVE HISTORY (1)**

## **MEDICAL COUNCIL**

- **SET UP IN 1988. ACT NO 49 OF 1988**
- **ACT WAS PROCLAIMED ON 15<sup>TH</sup> OF MAY 1991 AND THE MEDICAL COUNCIL OF MAURITIUS BECAME FUNCTIONAL SINCE THAT DATE**
- **MEDICAL COUNCIL ACT NO 49 OF 1988 REPEALED IN 1999**
- **MEDICAL COUNCIL SET UP AGAIN ON 16<sup>TH</sup> OF DECEMBER 1999. (ACT NO 30 OF 1999).**
  - **AMENDED IN 2002.**
  - **AMENDED IN 2007.**
  - **AMENDED IN 2012.**
- **THE DECEMBER 2012 AMENDMENT TO THE MEDICAL COUNCIL ACT 1999 BROUGHT BY THE ECONOMIC AND FINANCIAL MEASURES (MISCELLANEOUS PROVISIONS) ACT 2012**



# LEGISLATIVE HISTORY (2)

## MEDICAL COUNCIL

- **AMENDMENT 2012**

- **SECTION 22 (aa) A PERSON MAY BE REGISTERED AS A GENERAL PRACTITIONER IF HE HAS PASSED AT ONE SITTING ANY 3 SUBJECTS AT ADVANCED LEVEL WITH A MINIMUM OF 21 POINTS. (COMMENCEMENT JANUARY 2013)**

- **SECTION 22 (ca) HE HAS SUCCESSFULLY UNDERGONE SUCH EXAMINATION AS THE COUNCIL THINKS FIT FOR THE PURPOSE OF DETERMINING WHETHER HE POSSESSES ADEQUATE PROFESSIONAL MEDICAL KNOWLEDGE. (COMMENCEMENT AUGUST 01, 2013.)**

- **SECTION 23. REGISTRATION OF SPECIALIST. A PERSON SHALL BE ENTITLED TO BE REGISTERED AS A SPECIALIST IF HE HOLDS A SPECIALIST QUALIFICATION WHICH IS RECOGNISED BY THE COUNCIL ACTING AFTER CONSULTATION WITH THE POSTGRADUATE MEDICAL EDUCATION BOARD.**

# LEGISLATIVE HISTORY (3)

## MEDICAL COUNCIL

- **AMENDMENT 2012**

- **SECTION 23A POSTGRADUATE MEDICAL EDUCATION MEDICAL BOARD.**

*(1) FOR THE PURPOSE OF SECTION 23 (1) (b), there shall be set up a postgraduate medical education board.*

*(2) The Minister may after consultation with the council make such regulations as he considers necessary-*

*(a) For the purposes of specifying the objects, functions and composition of the Board and*

*(b) For any ancillary matter. (commencement October 01, 2013)*

- **SECTION 30. ANNUAL LIST.**

- **30A CONTINUING PROFESSIONAL DEVELOPMENT**

*(1) Notwithstanding section 30 but subject to subsection (2) , no registered person shall have his name entered on the annual list unless he has followed such continuing professional development courses or training programmes as may be prescribed by the council.*

# **FUNCTIONS OF THE MEDICAL COUNCIL OF MAURITIUS (1)**

## **THE COUNCIL SHALL:**

**(a) exercise and maintain discipline in the practice of medicine with the assistance and support of its Disciplinary Tribunal-**

- (i) In relation to public officers, in respect of whom it holds a delegated power, to the extent and within the limits of that delegation of power; and**
- (ii) In relation to any other registered medical practitioner, in accordance with this act;**

# **FUNCTIONS OF THE MEDICAL COUNCIL OF MAURITIUS (2)**

**THE COUNCIL SHALL:**

- (b) Advise the minister on any matter governed by this act or any matter connected with, or incidental to, it;**
  
- (c) Establish a code of practice for the medical profession on standards of professional conduct and medical ethics and monitor compliance with such a code;**

# **FUNCTIONS OF THE MEDICAL COUNCIL OF MAURITIUS (3)**

**THE COUNCIL SHALL:**

- (d) Promote the education and training of medical practitioners in general;**
- (e) Keep a record of all its proceedings and decisions;**
- (f) Publish the annual list.**

# COMPOSITION OF MEDICAL COUNCIL(1)

## ▪ELECTED MEMBERS: 14

- 4 SPECIALISTS FROM THE PUBLIC SECTOR.
- 4 GENERAL PRACTITIONERS FROM THE PUBLIC SECTOR.
- 3 SPECIALISTS FROM THE PRIVATE SECTOR.
- 3 GENERAL PRACTITIONERS FROM THE PRIVATE SECTOR.

## ▪FIVE MEMBERS NOMINATED BY THE MINISTER OF HEALTH & QUALITY OF LIFE ( NOT MEDICAL PRACTITIONERS)

## ▪ONE REPRESENTATIVE OF MOH( DIRECTOR OF HEALTH SERVICES)

## ▪ONE REPRESENTATIVE OF STATE LAW OFFICE.

## ▪ONE REPRESENTATIVE OF PRIME MINISTERS OFFICE

# **COMPOSITION OF MEDICAL COUNCIL(2)**

**THE BOARD OF THE COUNCIL CONSISTS OF 22 MEMBERS**

**15 MEDICAL PRACTITIONERS.**

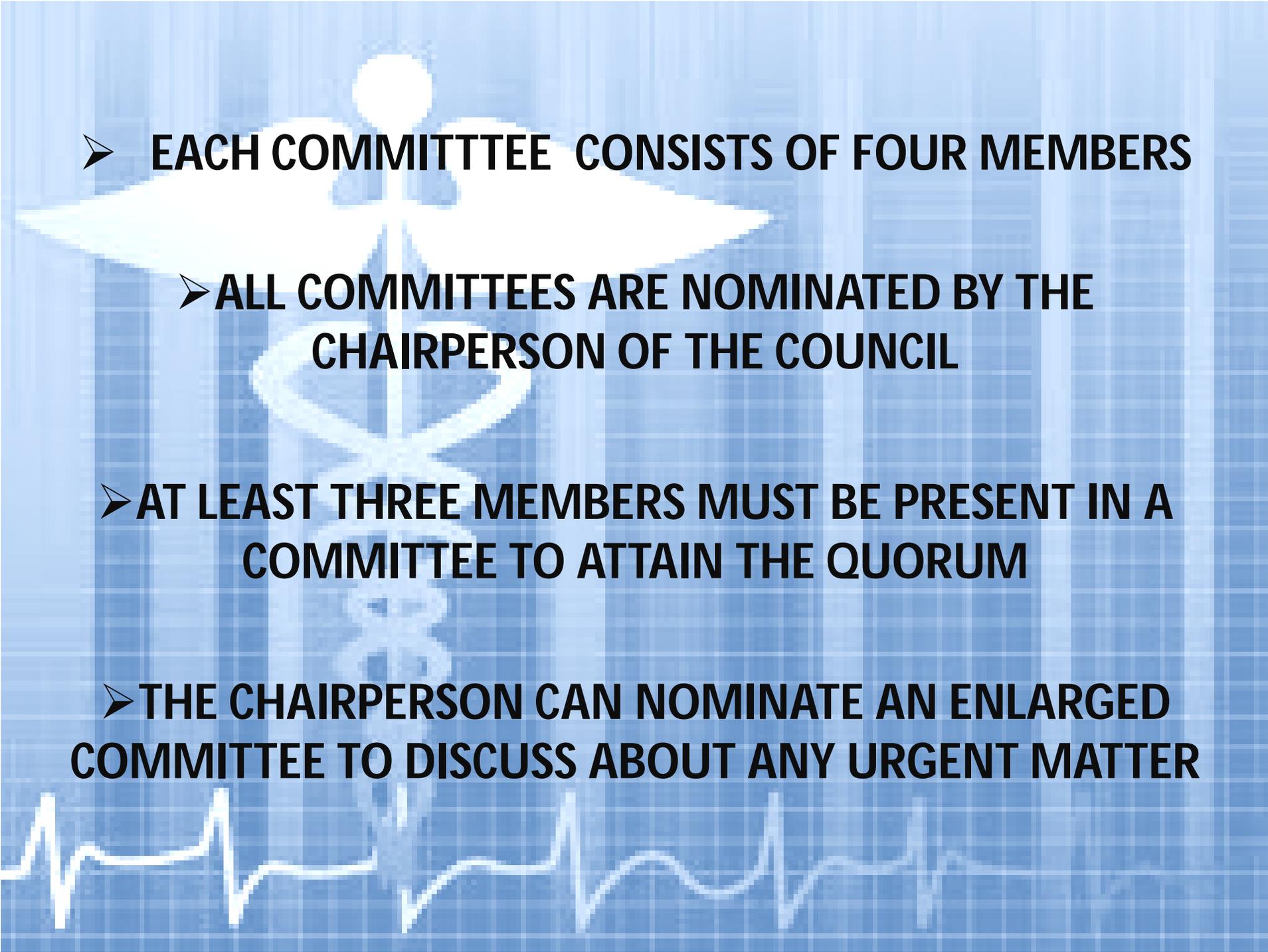
**5 MEMBERS OF THE PUBLIC.**

**3 MEMBERS NOMINATED BY THEIR MINISTRY OR OFFICE.**

- ONLY THE ELECTED MEDICAL PRACTITIONERS ARE ELIGIBLE TO STAND AS CANDIDATE FOR THE POST OF CHAIRMAN OF THE COUNCIL.**
- ALL 22 MEMBERS ARE ALLOWED TO VOTE FOR A CHAIRPERSON.**
- THE REGISTRAR OF THE COUNCIL CONDUCTS THE ELECTION OF THE CHAIRPERSON BY SECRET BALLOT.**

# **VARIOUS COMMITTEES OF THE MEDICAL COUNCIL OF MAURITIUS**

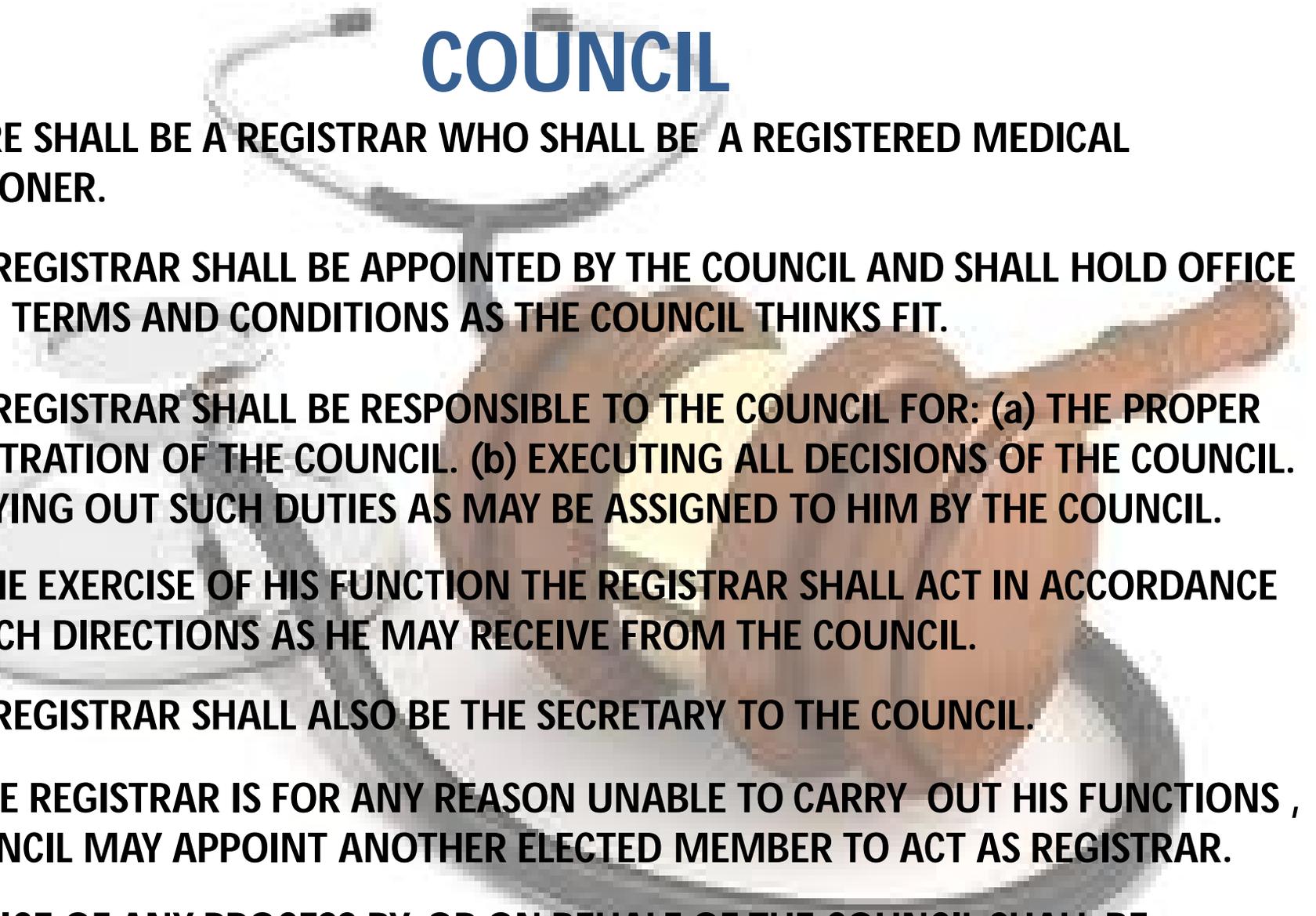
- **THE FINANCE COMMITTEE**
- **THE EDUCATION COMMITTEE**
- **THE LEGAL COMMITTEE**
- **THE EDITORIAL COMMITTEE**
- **THE INVESTIGATION COMMITTEES (3)**
- **SPECIAL COMMITTEES**

- 
- **EACH COMMITTEE CONSISTS OF FOUR MEMBERS**
  - **ALL COMMITTEES ARE NOMINATED BY THE CHAIRPERSON OF THE COUNCIL**
  - **AT LEAST THREE MEMBERS MUST BE PRESENT IN A COMMITTEE TO ATTAIN THE QUORUM**
  - **THE CHAIRPERSON CAN NOMINATE AN ENLARGED COMMITTEE TO DISCUSS ABOUT ANY URGENT MATTER**

# CHAIRPERSON OF THE MEDICAL COUNCIL

- (1) The council shall elect a Chairperson from among the members elected under section 4 (2).**
- (2) The chairperson shall preside at every meeting of the council.**
- (3) The chairperson shall, in the event of an equality of votes , have a casting vote.**
- (4) When the chairperson is absent from a meeting, the members present shall elect one of the members elected under section 4 (2) to chair the meeting.**
- (5) A member who intends to stand as candidate for the office of chairperson under subsection (1) shall, not less than 3 days before the date fixed for the election of the chairperson, notify the registrar by registered post of his intention.**

# THE REGISTRAR OF THE MEDICAL COUNCIL



- (1) THERE SHALL BE A REGISTRAR WHO SHALL BE A REGISTERED MEDICAL PRACTITIONER.
- (2) THE REGISTRAR SHALL BE APPOINTED BY THE COUNCIL AND SHALL HOLD OFFICE ON SUCH TERMS AND CONDITIONS AS THE COUNCIL THINKS FIT.
- (3) THE REGISTRAR SHALL BE RESPONSIBLE TO THE COUNCIL FOR: (a) THE PROPER ADMINISTRATION OF THE COUNCIL. (b) EXECUTING ALL DECISIONS OF THE COUNCIL. (c) CARRYING OUT SUCH DUTIES AS MAY BE ASSIGNED TO HIM BY THE COUNCIL.
- (4) IN THE EXERCISE OF HIS FUNCTION THE REGISTRAR SHALL ACT IN ACCORDANCE WITH SUCH DIRECTIONS AS HE MAY RECEIVE FROM THE COUNCIL.
- (5) THE REGISTRAR SHALL ALSO BE THE SECRETARY TO THE COUNCIL.
- (6) IF THE REGISTRAR IS FOR ANY REASON UNABLE TO CARRY OUT HIS FUNCTIONS , THE COUNCIL MAY APPOINT ANOTHER ELECTED MEMBER TO ACT AS REGISTRAR.
- (7) SERVICE OF ANY PROCESS BY, OR ON BEHALF OF THE COUNCIL SHALL BE SUFFICIENT IF MADE BY. OR ON BEHALF OF, THE REGISTRAR.

# HOW INVESTIGATIONS ARE CARRIED OUT(1)

## • FOR PRIVATE MEDICAL PRACTITIONERS

- COMPLAINTS ARE RECEIVED BY THE REGISTRAR.
- THE REGISTRAR SUBMITS THE COMPLAINT FILE TO THE CHAIRPERSON.
- THE CHAIRPERSON STUDIES THE COMPLAINT AND DECIDES WHETHER THE COMPLAINT IS GENUINE AND NEEDS AN INVESTIGATION.
- THE CHAIRPERSON ALLOCATES THE CASE TO ONE OF THE THREE INVESTIGATION COMMITTEES.
- THE CHAIRPERSON HAS TO SEE THAT THERE IS NO CONFLICT OF INTEREST WHILE ALLOCATING A CASE TO A COMMITTEE.

# HOW INVESTIGATIONS ARE CARRIED OUT(2)

## ▪ THE REGISTRAR WRITES TO:

1. THE COMPLAINANT INFORMING HIM THAT HIS COMPLAINT IS BEING INVESTIGATED UPON.
2. TO THE DOCTOR AGAINST WHOM THE COMPLAINT IS DIRECTED, REQUESTING HIM TO GIVE A REPLY WITHIN 15 DAYS OF RECEIPT OF LETTER.
3. TO THE HEAD OF THE MEDICAL INSTITUTION TO SUBMIT THE MEDICAL FILE/ INVESTIGATIONS OF THE PATIENT CONCERNED, REQUESTING HIM TO SEND ALL DOCUMENTS CONCERNED WITHIN 15 DAYS OF RECEIPT OF LETTER.
4. TO ANY CONCERNED AUTHORITY ASKING FOR ANY RELEVANT DOCUMENT. (COMMISSIONER OF POLICE FOR POST-MORTEM REPORT)

# HOW INVESTIGATIONS ARE CARRIED OUT(3)

- **UPON RECEIPT OF ALL CONCERNED DOCUMENTS THE CHAIRMAN OF THE INVESTIGATION COMMITTEE CALLS FOR A MEETING OF HIS COMMITTEE.**
- **THE MEMBERS STUDY THE CASE AND START THE INVESTIGATION.**
- **THE COMMITTEE MAY DECIDE TO INTERVIEW THE COMPLAINANT TO OBTAIN FURTHER DETAILS.**
- **THE COMMITTEE MAY CALL THE DOCTOR AGAINST WHOM COMPLAINT IS DIRECTED TO OBTAIN FURTHER EXPLANATIONS.**
- **THE COMMITTEE CALLS FOR EXPERT DOCTORS (SPECIALISTS) FOR THEIR EXPERT OPINIONS.(USUALLY 3 FROM PRIVATE AND PUBLIC SECTOR)**
- **THE CHAIRMAN OF THE COMMITTEE WRITES HIS REPORT AND PRESENTS IT TO THE BOARD OF THE COUNCIL FOR A DECISION TO BE TAKEN.**

# HOW INVESTIGATIONS ARE CARRIED OUT(4)

**THE BOARD TAKES A DECISION ON THE CASE INVESTIGATED AFTER A THOROUGH DISCUSSION AND BY A VOTE.**

**THE BOARD OF THE COUNCIL MAY REFER BACK A CASE TO THE INVESTIGATION COMMITTEE FOR FURTHER INVESTIGATION, IF NOT SATISFIED.**

- IF A PRIMA FACIE CASE IS PROVED THE CASE IS REFERRED TO THE MEDICAL TRIBUNAL FOR FURTHER INQUIRY.**
- THE TRIBUNAL INQUIRES THE CASE BY FOLLOWING SIMILAR PROCEDURES AS IN A COURT OF LAW AND SENDS ITS REPORT TO THE COUNCIL .**

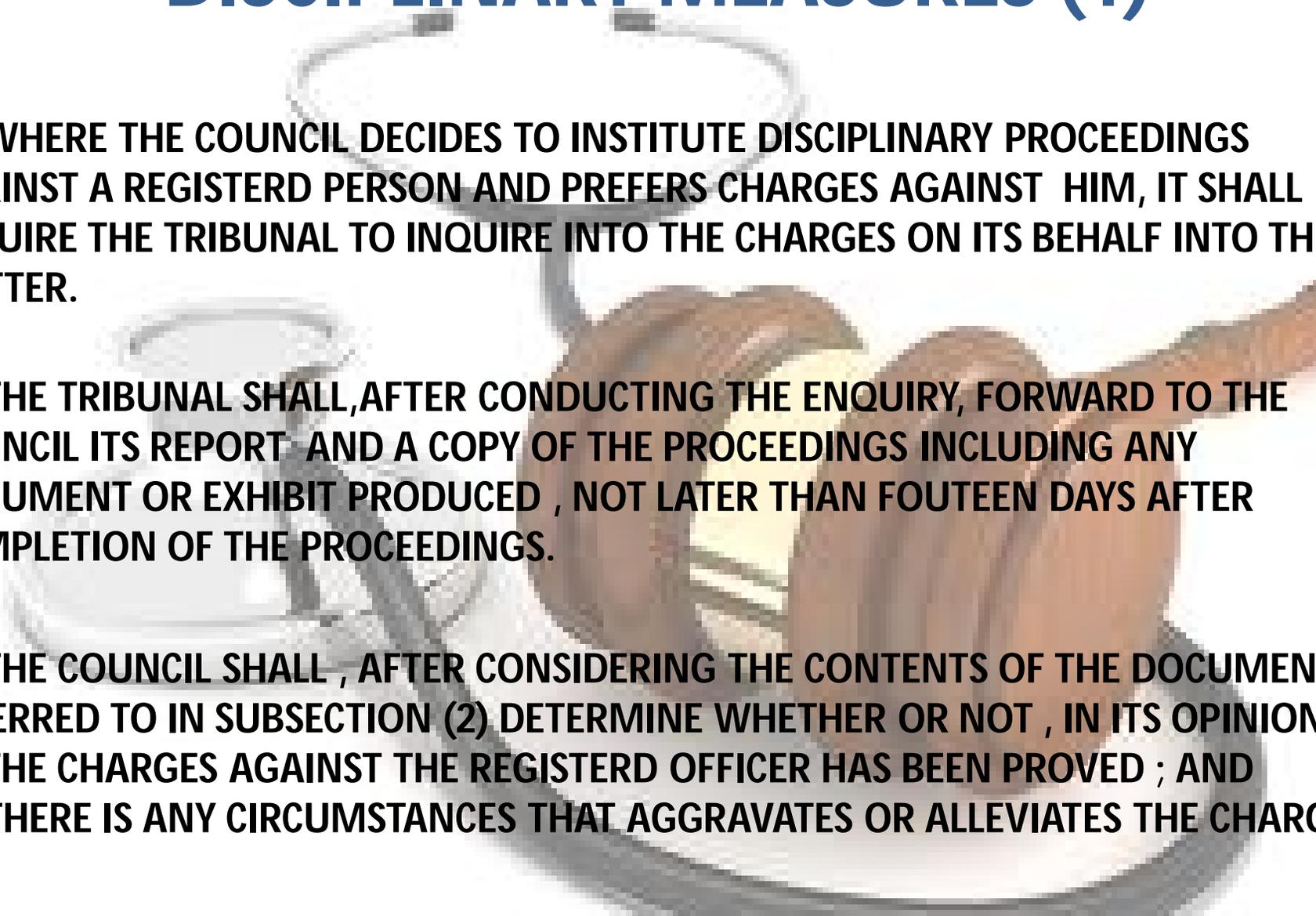
**THE COUNCIL TAKES THE FINAL DECISION.**

# HOW INVESTIGATIONS ARE CARRIED OUT(5)

## •INVESTIGATION OF PUBLIC OFFICERS.

- THE COUNCIL HOLDS A DELEGATED POWER FROM THE PUBLIC SERVICE COMMISSION TO INVESTIGATE A CASE IN RELATION TO A PUBLIC REGISTERED PRACTITIONER.
- AT THE RECEIPT OF ANY COMPLAINT IN RELATION TO A PUBLIC OFFICER , THE COUNCIL MUST FIRST SEEK THE DELEGATION OF POWER FROM THE PSC THROUGH THE MINISTRY OF HEALTH.
- IN ANOTHER SCENARIO, THE MINISTRY OF HEALTH CARRIES OUT AN INTERNAL INVESTIGATION AT THE LEVEL OF THE MINISTRY AND THEN SENDS THE CASE TO THE MEDICAL COUNCIL FOR INVESTIGATION.
- ONCE THE INVESTIGATION IS OVER, THE COUNCIL COMMUNICATES ITS DECISION TO THE PUBLIC SERVICE COMMISSION THROUGH THE MOH.
- ONCE THE DELEGATION OF POWER IS RECEIVED, THE INVESTIGATIVE PROCEDURES ARE SAME AS OF A PRIVATE PRACTITIONER.

# DISCIPLINARY MEASURES (1)

A pair of wooden gavel and scales of justice. The gavel is positioned horizontally across the middle, with its head pointing to the right. The scales are positioned vertically behind the gavel, with the pans hanging from a central point. The entire image is rendered in a semi-transparent, light brown color, serving as a background for the text.

**(1) WHERE THE COUNCIL DECIDES TO INSTITUTE DISCIPLINARY PROCEEDINGS AGAINST A REGISTERD PERSON AND PREFERS CHARGES AGAINST HIM, IT SHALL REQUIRE THE TRIBUNAL TO INQUIRE INTO THE CHARGES ON ITS BEHALF INTO THE MATTER.**

**(2) THE TRIBUNAL SHALL, AFTER CONDUCTING THE ENQUIRY, FORWARD TO THE COUNCIL ITS REPORT AND A COPY OF THE PROCEEDINGS INCLUDING ANY DOCUMENT OR EXHIBIT PRODUCED , NOT LATER THAN FOUTEEN DAYS AFTER COMPLETION OF THE PROCEEDINGS.**

**(3) THE COUNCIL SHALL , AFTER CONSIDERING THE CONTENTS OF THE DOCUMENTS REFERRED TO IN SUBSECTION (2) DETERMINE WHETHER OR NOT , IN ITS OPINION-**

- (a) THE CHARGES AGAINST THE REGISTERD OFFICER HAS BEEN PROVED ; AND**
- (b) THERE IS ANY CIRCUMSTANCES THAT AGGRAVATES OR ALLEVIATES THE CHARGES.**

## **DISCIPLINARY MEASURES (2)**

**(4) THE COUNCIL SHALL , WHERE IT DETERMINES THAT THE CHARGES AGAINST A REGISTERED PERSON HAS BEEN PROVED – (a) in the case of a public officer forward its report on the matter to the public service commission. And (b) in every other case , impose on the registered person such disciplinary measures as it thinks fit, namely- (i) a warning or a severe warning. (b) a reprimand or a severe reprimand. (iii) a suspension from medical practice for a period not exceeding 12 months; or (iv) the removal of the registered person name from the register.**

**(5) WHERE THE PUNISHMENT INFLICTED BY THE PUBLIC SERVICE COMMISSION ON A PUBLIC OFFICER IS DISMISSAL OR RETIREMENT FROM THE PUBLIC SERVICE, THE COUNCIL SHALL DETERMINE WHETHER OR NOT THE PERSON NAME SHOULD BE REMOVED FRO THE REGISTER.**

**(6) A DECISION OF THE COUNCIL UNDER SUBSECTION (4) OR (5) SHALL BE COMMUNUCATED TO THE REGISTERED PERSON NOT LATER THAN 14 DAYS FROM THE DATE OF DECISION.**

# STATISTICS SINCE 2005 ON ALLEGED CASES OF MEDICAL NEGLIGENCE INCLUDING NUMBER OF FOUNDED ALLEGATIONS AFTER INVESTIGATIONS. (1)

NO OF RECEIVED CASES: 353.

NO OF CASES SET ASIDE AFTER INVESTIGATION: 191.

NO OF CASES REFERRED TO MOH FOR DELEGATION OF POWER CONSISTENT WITH SECTION 13 (1) OF THE MEDICAL COUNCIL ACT AND PUBLIC SERVICE COMMISSION (AMENDMENT) REGULATION 2010 : 24.

NO OF CASES REFERRED TO MOH BEFORE REGULATION 2010:34

NUMBER OF MEDICAL PRACTITIONERS INFLECTED A :

WARNING: 12.

SEVERE WARNING : 5.

CAUTION: 9.

SANCTION : 1.

NONCOMPLIANCE WITH CODE OF PRACTICE: 8.

# **STATISTICS SINCE 2005 ON ALLEGED CASES OF MEDICAL NEGLIGENCE INCLUDING NO OF FOUNDED ALLEGATIONS AFTER INVESTIGATIONS. (2)**

**NO OF CASES NOT INVESTIGATED. COMPLAINT NOT DIRECTED AGAINST MEDICAL PRACTITIONER: 9.**

**NO OF CASES REFERRED TO MOH FOR SANCTIONING A PUBLIC OFFICER WITH PROVEN ACT(S) OF MEDICAL NEGLIGENCE/ MALPRACTICE.**

**NO OF CASES REFERRED TO THE POLICE (A CRIMINAL OFFENCE IS SUSPECTED):5**

**NO OF CASES BEING INVESTIGATED: 25.**

**NO OF CASES REFERRED TO THE MEDICAL DISCIPLINARY TRIBUNAL :12.**

**NO OF MEDICAL PRACTITIONERS IN THE 12 CASES REFERRED TO MDT:15.**

**NO OF CASES REFERRED TO MOH (MISSING CASE FILE): 2.**

# PROFILE OF SOME CASES SANCTIONED BY THE MEDICAL COUNCIL.(1)



## **MEDICAL CERTIFICATES.**

- BACKDATING OF MEDICAL CERTIFICATE.*
- ISSUING CERTIFICATE TO PERSONS NOT PRESENT IN THE COUNTRY AT THAT TIME.(IMPERSONATION)*
- ISSUING MEDICAL CERTIFICATES TO PERSONS IN JAIL AT THAT MOMENT.*
- REISSUING MEDICAL CERTIFICATES TO RELATIVES ON BEHALF OF PATIENT.*

## **FAILURE TO ATTEND PATIENT WHEN ON CALL.**

- A YOUNG PATIENT WITH BLEEDING GIT , SPECIALIST ON CALL GIVING INSTRUCTIONS ON PHONE AND ATTENDING PATIENT AT VERY LATE STAGE ONLY TO WATCH DEATH OF PATIENT.*

## **SURGEONS LEAVING SWABS IN ABDOMEN.**

# PROFILE OF SOME CASES SANCTIONED BY THE MEDICAL COUNCIL.(2)



- **PHYSICIAN MISGUIDED BY PARAMEDICAL STAFF. (UNINTENTIONAL).**

- *PHYSICIAN DONG WARD ROUND. NURSING STAFF PUTTING THE BLOOD INVESTIGATION OF ANOTHER PATIENT IN THE FILE. PHYSICIAN OVERLOOKING IT AND PRESCRIBING A DRUG ACCORDINGLY. PATIENT COME TO KNOW ABOUT IT WHEN CONSULTING HIS MEDICAL DOCUMENTS AT HOME.*

- **OBSTETRICS CASES.**

- *PREGNANCY INDUCED HYPERTENSION.*

- *SEVERAL CASES SANCTIONED WHERE THERE IS A DELAY IN DELIVERING BABIES. (HIGH BLOOD PRESSURE, ALBUMINURIA +++, ECHOGRAPHY SHOWING MATURE BABY > 37 -38 WEEKS, YET NO DELIVERY PERFORMED.*

- *OBSTETRICIAN RELYING TOO MUCH ON PARAMEDICAL STAFF FOR MONITORING PREGNANT LADIES. ( A TERM LADY ADMITTED IN THE LABOUR WARD WITH RUPTURE OF MEMBRANE AND NOT IN LABOUR. Obstetrician does a proper examination and gives instruction for monitoring of patient. Obstetrician fails to attend to patient before leaving the hospital. In the ward nurses fail to do proper monitoring and patient delivers a still born baby.*

# PROFILE OF SOME CASES SANCTIONED BY THE MEDICAL COUNCIL.(3)

## **EXAMINATION OF PATIENT WITHOUT CHAPERON**

*RADIOLOGIST DOING AN ABDOMINAL ECHOGRAPHY ON A LADY WITHOUT A NURSE ATTENDING. PATIENT ALLEGES THAT THE DOCTOR WHILE WIPING THE GEL FROM THE ABDOMEN ATTEMPTED TO PALPATE INTIMATE PARTS OF HER BODY.*

## **FAILURE TO TREAT COMPLICATIONS.**

*COMPLICATIONS DO EXIST AND IT IS ESSENTIAL TO TELL PATIENTS ABOUT IT AND TO TRY TO TREAT AS SOON AS POSSIBLE. IN MANY CASES DOCTORS TRY TO HIDE IT TO THE PATIENT HOPING TO GET AWAY WITH IT.*

## **MULTIPLE FRACTURE RIBS.**

*PATIENT COMING TO CASUALTY WITH MULTIPLE FRACTURE RIBS. SENT HOME ON ANALGESICS ON THREE OCCASIONS. ULTIMATELY PATIENT CAME TO CASUALTY AFTER ONE WEEK AND DIED. DIAGNOSIS HAEMOTHORAX.*

## **FAILURE TO EXAMINE PATIENT.**

*BABY BROUGHT BY MOTHER TO AREA HEALTH CENTRE COMPLAINING OF BLOCKED NOSE AND CONSTIPATION. DOCTOR PRESCRIBING MEDICATION WITHOUT ANY EXAMINATION. BABY BROUGHT IN DEAD AT SAME AREA HEALTH CENTRE AFTER ONE HOUR.*



**THANK YOU**