

Executive Summary: Proposed Amendments to the Trinidad and Tobago Medical Board Act

The proposed amendments to the Trinidad and Tobago Medical Board Act aim to enhance the accountability, independence, and ethical standards of the Medical Board while preserving the authority of medical practitioners in its governance. The key changes are as follows:

1. Enhancing Fiduciary Accountability by the Council

- New sections 9B-9G have been added to establish duties of care, loyalty, transparency, disclosure, accountability, compliance with legal and ethical standards, and annual independent audits for Council members, committee members, and employees.
- Proposed Section 9A entitled "Exemption from Liability" has been renamed "Terms of Indemnity & Liability" to reflect the statutory requirements for Council to abide by its Fiduciary Duties.

2. Establishing Standards of Accountability and Transparency in Committees

- Amendments to section 6(2) require committees to submit reports and minutes of their meetings to the Board, ensuring accountability.
- The names of all committee members must be published and circulated to the Board, promoting transparency.

3. Preserving the Authority of the Board Membership over the Council

- The term "Member" has been retained throughout the Act, rejecting the proposed change to "registrant" to preserve the link establishing the authority of the Board membership over the Council (section 20), thereby maintaining the professional self-governing arrangement of the Medical Fraternity.

4. Strengthening Independence of the Medical Board

- The role of the General Manager (section 6A) has been limited to administrative functions, with executive powers being restricted.
- The General Manager has been removed from the Executive Council to minimize potential conflicts of interest and political interference.
- The two Medical Doctors appointed under the discretion of the Minister have been removed from the Council composition (section 6(1)(f)), and the number of doctors elected by the Board has been increased from four to six (section 6(1)(c)), further

reducing political influence and enhancing the representation of medical practitioners in the Council.

5. Clarifying the Duties of the Chief Medical Officer

- A new section 6B has been added to outline the duties of the Chief Medical Officer, mandating the CMO to:
 - serve as a liaison between the Medical Board and the Ministry of Health,
 - promptly inform the Board of proposed changes to public health policy,
 - advocate for the Board's position in policy deliberations, and
 - ensure that local clinical expertise and evidence-based deliberations inform the development of rational public health policy.

6. Removal of CME/CPD Mandates

- References to mandatory Continuing Medical Education (CME) or Continuing Professional Development (CPD) have been removed from section 12 until a rational and transparent CME program is established and operationalized by the Council for at least 3 years, after which time clauses for CME/CPD mandates can be revisited.

7. Codification of Bioethics

- New sections 24A-24I have been added to codify bioethical principles that protect patients' rights, ensure informed consent, minimize risk and harm, promote evidence-based practice, avoid unnecessary suffering, maintain proportionality of risk and benefit, uphold the right to refuse or withdraw from treatment, ensure integrity in promotion and representation, and protect the right to non-discriminatory care.

Other notable changes include:

- Requiring the Minister to obtain the Board's approval before amending the Schedule of recognized medical schools (section 12(2)).

These amendments aim to strengthen the Medical Board's independence, accountability, and commitment to ethical principles while maintaining the central role of medical practitioners in its governance and decision-making processes.