

Proposed Referendum:

# **Safeguarding Member Status, Adopting Rational CME/CPD Policy, and Legislating Bioethics and Financial Accountability**

(to be circulated Unaltered)

## **Preamble to Referendum**

It is crucial to note that the voting exercise in the March 6th, 2024 SGM omitted addressing proposed amendments to the Medical Board Act that may significantly impact the renewal of Member registration and the authority relationship between the Council and the Board. Specifically, these changes include the adoption of Continued Professional Development (CME/CPD) clauses (Medical Board Act Section 12), and the change in nomenclature from “Member” to “Registrant” (Section 2).

Legislative reform of the Medical Board Act is long overdue, but it must be guided by the ethics and expertise of our noble profession. This necessitates scrutiny, input, and consensus from the Board. The Council, being the administrative arm of the Board, has a statutory obligation to seek, represent, and when necessary, promulgate the determinations of the Board. As such the Council has a duty to ensure that any amendments to the Act are thoroughly deliberated and approved by the Board before being forwarded to the Ministry of Health and Parliament. To this end the Members of the Medical Board are invited to vote on the following items:

## Items for Referendum/Resolution:

1. Referendum on the proposed amendment to change the term "Member" to "Registrant" in the Medical Board Act (Section 2).

**Do you approve of the amendments which replace the designation "Member" with "Registrant"?**

☐ Approve ☐ Object

(See annex I for commentary on this change) .

2. Resolution to restore balance of power in Council to Members of the Board who are Registered Medical Practitioners

**The Board resolves to review Section 6, with a view to increase the number of elected council members from 4 to 6 (Section 6.1.c), and to remove the stipulation for the appointment of 2 medical practitioners at the discretion of the Minister of Health (Section 6.1.b)**

☐ Yes ☐ No

3. Resolution on proposed counter-amendment to the definition of “the Council” to reflect a majority influence by Council members elected by the Board.

**In reference to the definition of “the Council” (Section 2) the Board Resolves to reject the proposed amendments which remove the word “Medical” and the phrase “elected by the Board under this Act” and to amend the phrase:**

**“the Council means, the medical Council elected, in the majority, by the Board under this Act”**

☐ Yes ☐ No

4. Referendum on the proposed amendment to introduce Section 12B, facilitating de-registration of doctors based on non-compliance with Continuous Professional Development (CME/CPD) requirements, prior to the operationalization of a CME/CPD-platform.

*Section 12B: "The registration of a medical practitioner shall not be renewed unless the Council is satisfied that he has met the prescribed criteria in relation to Continuing Professional Development and has paid the annual retention fee, including all outstanding annual retention fees."*

**"Do you approve or object to the inclusion of clause (12B) which facilitates annual CME/CPD-based de-registration of physicians, before a CME/CPD platform is implemented and tested?**

☐ Approve ☐ Object".

5. Resolution for the Implementation of CME/CPD-policy and an CME/CPD online platform prior to adoption of CME-enforcement clauses:

**The Board resolves that the CPD committee will develop and implement a comprehensive CME/CPD policy and operationalize a digital CME/CPD platform for a minimum of 3 years before revisiting the adoption of CME-based enforcement clauses in our ACT:**

☐ Yes ☐ No

( See proposed CME policy recommendations: Annex II)

6. Resolution for Bioethics Legislation

**The Board resolves that the Code of Ethics Subcommittee will formulate comprehensive Bioethics Regulation which adapts and codifies the Patient Charter of Rights (Annex III), effectuating, inter alia, truth-telling, Confidentiality, Voluntary Informed Consent and Humanitarian Health Care.**

☐ Yes ☐ No

7. Resolution for Financial Accountability Legislation

**The Board resolves that the Finance Subcommittee will formulate amendments to the Medical Board Act to include a Section for Financial Accountability mandating an Independent Annual Financial Audit:**

☐ Yes ☐ No

8. Resolution for Compliance by Council and suspension of support for Medical Board Act Amendments (2024) pending further input from the Medical Board:

**The Board resolves that the Council will adopt, comply with, and communicate verbatim, all democratic Resolutions and Referenda (1-7) of this SGM to the Ministry of Health and recommends that Parliamentary deliberation on the proposed amendments to the Medical Board Act (2024) are suspended until the Board and its Committees have deliberated, approved and provided feedback on these matters.**

☐ Yes ☐ No

**Annexes to Referendum**

## **Annex I: Overview of the Change in Nomenclature from "Member" to "Registrant"**

### **Rationale for the Change (as communicated by the Council email dated April 24th, 2024):**

The previously appointed Act Review Committee considered it essential to change the term "Member" as part of the reform. The rationale for this change is that it is no longer permissible to be registered with the Medical Board of Trinidad and Tobago (MBTT) as the only condition for membership. To now be considered a "Member" of the MBTT, it will entail payment of the Annual Retention Fee and complying with the requirements for Continuous Professional Development (CPD). This change requires a new determinant for such an individual, and the term "Registrant" was selected.

### **Concerns Regarding the Change (as per Addendum II of the March 14th letter):**

The proposed amendment to change the term "Member" to "Registrant" in the Medical Board Act may potentially undermine the authority of the Board over the Council. As stated in Section 20.1 of the Act, the Board's membership holds the power to enable the Council to act on its behalf. Altering this terminology could be interpreted as diminishing the oversight role of the Board and its members, potentially jeopardizing the meticulously crafted governance structure enshrined in the Act.

The Act, in its current form, establishes a clear nexus between the status of being duly registered as a medical practitioner and being a constituent member of the Medical Board. This is evidenced by Section 4, which unequivocally states that "All persons registered as members of the Board shall constitute the Board." The import of this provision is that the Medical Board is comprised of all registered medical practitioners, who are consistently referred to as "members" throughout the Act.

This nomenclature is of critical significance, as the Council, which serves as the governing body, is elected from among these "members of the Board" pursuant to Section 6(1)(c). Said section stipulates that the Council shall include "four medical practitioners elected by the Board". Ergo, the authority of physicians to elect and regulate the Council is inextricably linked to their status as members of the Board.

The replacement of the term "members of the Board" with "registrants" would sever this essential link. The term "registrants" connotes individuals who are merely listed on the Register, rather than being an integral part of the Board itself. This alteration could undermine the cardinal principle of professional self-regulation that forms the bedrock of the Act. Consequently, the foundation for physicians' authority to elect and oversee the Council would be cast into doubt. If they are deemed "registrants" rather than expressly "members of the Board", their power to appoint Council members and influence the Council's decisions may be called into question.

## **Annex II: Overview of the CME Recommendations (as per Addendum I of the March 14th Motion for Referendum: )**

In the absence of an operationalized CME policy framework, no suitably qualified Member of the Board, in good financial standing, and with no convictions or professional disciplinary action before him/her, should be denied renewal of registration to practice. Medical practitioners who have committed years of service and study should not be threatened with suspension or erasure unless they are legally proven to be negligent or unsafe in practice.

Proposed components of the CME Policy Framework:

1. Listing of CME categories.
2. Criterion for registration of CME events.
3. A Register of CME providers, with clear professional and experiential criteria for registration.
4. An Accessible Online Platform for the submission of CME activities and collation of points.
5. Explicit policy for the conversion and accounting of CME points awarded in other jurisdictions and/or through other accredited institutions.
6. Incentives for Professional Societies to conduct workshops and courses.
7. A CME Remuneration scheme for physicians who participate in such events.

### **Annex III: Summary of the Patient Charter of Rights (adopted from SWRHA Patient Charter of Rights and Obligations)**

The Patient Charter of Rights is a comprehensive document that outlines the rights and obligations of patients within the healthcare system. Some of the key rights include:

1. Access to treatment without discrimination
2. Respect and dignity in healthcare settings
3. Privacy and confidentiality of medical information
4. Personal safety and security while receiving care
5. Freedom from abuse, including mental, sexual, and physical abuse
6. Right to know the identity and professional position of healthcare providers
7. Right to receive complete and current information on diagnosis, treatment alternatives, risks, and prognosis
8. Right to participate in decisions related to one's health and treatment including the right to Voluntary Informed Consent when participating in any medical procedure or pharmaceutical intervention.
9. Right to refuse treatment and to be informed of the consequences of such refusal
10. Right to access medical records and have them explained

### **Voluntary Informed Consent:**

Voluntary informed consent is a crucial aspect of patient rights and bioethics. It ensures that patients are fully aware of the nature, benefits, risks, and alternatives to any proposed medical intervention and that they freely agree to undergo such treatment without coercion or undue influence. Healthcare providers must ensure that patients are given adequate information and time to make an informed decision and that their autonomy is respected throughout the process. **Codifying voluntary informed consent in the Medical Board Act and its regulations is essential in protecting both patient rights and physicians from litigation and promoting ethical healthcare practices.**

### **Humanitarian Health Care:**

Humanitarian health care provides essential health services to crisis-affected populations, including those displaced by natural disasters, conflicts, or epidemics, as well as vulnerable people in stable societies who may struggle to access care, such as children, the elderly, or the impoverished. It aims to save lives, alleviate suffering, and maintain human dignity.