



# **MEDICAL COUNCIL OF MALAWI**

## **GUIDELINES FOR INTERNSHIP TRAINING**

**HANDBOOK FOR INTERNS,  
APPROVED INTERNSHIP HEALTH FACILITIES,  
AND MINISTRY OF HEALTH AND POPULATION**

**LILONGWE  
2002 EDITION**

## 1.0 Introduction

It is accepted and practised in Malawi that newly qualified doctors and paramedicals should undergo a period of supervised training before they can register on respective main registers. The internship for doctors is eighteen months made up of sixteen months attachment at an approved hospital and two months of district hospital management course. Paramedicals, i.e. Clinical Officers and Dental Therapists go through a one year rotation at an approved hospital.

This document provides guidelines for newly qualified Medical Doctors, Clinical Officers and Dental Therapists by coming up with broad guidelines applicable to all health facilities and domains. It also includes appendices related to assessment and information bulletins.

## 2.0 Aims And Purpose Of Internship Training

2.1 The purpose of internship training is to enable interns complete their medical training under supervision and guidance in approved facilities. They should effect the transition from undergraduate students, with responsibility primarily to themselves, to professional persons with responsibilities to patients, the health team and communities. Internship training should provide opportunities to further develop their knowledge, skills, appropriate behaviour patterns and professional thinking, as well as to gain insight, understanding and experience in patient care to equip themselves to function as competent and safe medical practitioners.

2.2 The training should be comprehensive and complementary to the health care system in Malawi which places emphasis on the primary health care approach. The training should provide exposure to a spectrum of clinical conditions in order to provide a wide base of experience as a first step towards further training and study with a view to private practice, specialization or continued hospital practice. Skills in the management of common emergencies should also be developed.

- 2.3 The importance of cost consciousness, professional behaviour patterns and ethics in professional practice form additional components in this training.

### **3.0 Functions of The Medical Council of Malawi**

Internship training should be a constructive, organized and progressive period of training. It therefore forms part of the responsibility of the Medical Council of Malawi (hereafter referred to as “the Council), in cooperation with educational institutions and Ministry of Health and Population, to ensure that newly qualified practitioners are adequately trained and sufficiently competent when applying to the Council for registration as medical practitioners. As such, it falls within the Council’s statutory obligation to act on behalf of the profession and in the interest of the public. Training will only take place at facilities approved by the Council, and as such, status shall be subject to regular inspections and adherence to the prescribed criteria and requirements. It shall be provided by trainers who are medical practitioners with adequate experience.

### **4.0 Criteria For The Training of Interns**

The following are the four basic requirements which shall be complied with:

- 4.1 Training shall only be recognized if the intern was registered in terms of the *Medical Practitioners and Dentists Act, 1987* (Act No. 17 of 1987), for the full period of training and provided that training took place in one or more of the facilities which were approved by the Council for this purpose.
- 4.2 Training shall be for not less than twelve months for clinical officers and eighteen months for medical doctors including vacation on leave not exceeding one month and sick leave not exceeding one month, if required.

## **5.0 Accredited Facilities**

### **5.1 Facilities Relating To Clinical Domains**

An accredited facility shall provide adequate opportunities for the intern to obtain a wide range of clinical experience with regard to in-patients, out-patients and emergency services. There shall be sufficient facilities to ensure a proper diagnosis and correct treatment under satisfactory conditions.

### **5.2 Support Services**

Support services such as radiological services, main laboratories (Haematology, Biochemistry, Microbiology and in the other Pathology disciplines), the pharmacy, the services of other health care professionals, a library and other specialized services should be available. Medical Officer and Clinical Officer Interns should be encouraged to do their own ECGs and routine side-room tests.

## **6.0 Supervision Of And Responsibility For Training**

6.1 The responsibility of the intern firstly rests with the Medical Director as representative of the Ministry of Health and Population under which the facility operates. Thus, the Medical Director plays an important role in ensuring that the requirements of the Council are being met.

6.2 The Medical Director is aided by Heads of Department and other senior personnel who will supervise the training of interns on a daily basis to ensure that the aims and objectives of proper internship training are being met. Apart from their clinical obligation towards patients, it is essential that time be devoted to the training of interns.

- 6.3 Specialists, Medical Officers and other practitioners are, by virtue of their continual contact with interns, important components in their training and all of them are morally obliged to participate in such training. This applies also to part-time appointees.
- 6.4 In smaller hospitals, the Medical Director may personally perform this supervisory function. In larger hospitals, the Medical Director should liaise with an Intern Coordinator to assist him or her. Furthermore, each relevant clinical department should have a named trainer to coordinate training in that department.

## **7.0 The Intern Coordinator**

- 7.1 This person, preferably an experienced member of the training institution, fulfils a very important role in the training of interns. This is particularly so in large hospitals where the complexity of the structure may not always work to the advantage of the intern who is the most junior member of the medical team.
- 7.2 The responsibilities of the Intern Coordinator include the following:
  - 7.2.1 Ensuring that the training of interns takes place according to the prescribed guidelines.
  - 7.2.2 Serving as an easy channel of communication between management and interns.
  - 7.2.3 Acting as a spokesperson on behalf of interns.
  - 7.2.4 Specifically assisting the Medical Director in the following:
    - (a) Organizing the orientation programme for new interns.

- (b) Establishing a representative intern committee to meet monthly with the Intern Coordinator and keeping records of discussions.
- (c) Ensuring that the different departments provide interns with written job descriptions, specifying duties, as well as the training that will be offered.
- (d) Ensuring that on-going evaluations of interns per domain are recorded and the evaluation forms are returned to the Medical Council.
- (e) Dealing with any personality problems, impairment or disciplinary issues pertaining to interns.

## **8.0 Practical Details**

### **8.1 Training Of Interns**

- 8.1.1 During the internship, the intern should rotate through the major departments of the hospital namely, Medicine, Paediatrics, Obstetrics and Gynaecology, Surgery and OPD. Whenever possible they should stick to the Head of Department, joining him on ward rounds.
- 8.1.2 The intern should have the opportunity to gain a wide spectrum of experience in the management of medical and surgical emergencies and, where feasible, to perform those procedures himself or herself under supervision. Thus, attendance of ward rounds and service under constant supervision in casualty departments and in critical or high-care units, are of crucial importance in gaining insight into the management of seriously ill patients.

- 8.1.3 In principle, the intern should assist with major surgical interventions and perform lesser procedures under supervision. He or she should also become familiar with certain common procedures, such as opening and closing of the abdomen, and appropriate parts of operations performed by senior doctors. Special emphasis should be placed on training in pre and post-operative evaluation and care.
- 8.1.4 Emphasis should be placed on the importance of daily or, where needed, more frequent evaluation and management of patients.
- 8.1.5 All supervisors should train interns to assess the spiritual and psychological needs of patients and to act accordingly. Furthermore, specific attention should be given to the care and counseling of the dying patient and the support of relatives. Supervisors should consistently assist interns with this function.
- 8.1.6 Referral of patients to other disciplines for consultation or for taking over the patient, should preferably not be left to interns, except in the event of an emergency where the Registrar or other senior practitioner is not available.

## **8.2 Applied Theoretical And Academic Teaching**

- 8.2.1 The intern shall receive teaching during ward rounds and informal discussions which are directed at patient care. It is important that the intern be given opportunities to test and apply his or her knowledge and experience during ward rounds.
- 8.2.2 Weekly departmental or inter-departmental discussions should be held. It is important that specific problems, such as cardiac arrest, respiratory failure and their management should be discussed with a special view to intern training.

Alternatively, interns may be asked to do case presentations.

- 8.2.3 Interns should be encouraged to express opinions and make proposals during ward rounds.
- 8.2.4 The intern should be taught by precept and example to care for the patient and his family with empathy and to realize that the patient is not simply another case.
- 8.2.5 Where hospitals conduct statistical, mortality and medical audit meetings, they should be arranged at suitable times to ensure compulsory attendance by interns.
- 8.2.6 Interns should be encouraged to take part in management meetings and perhaps even have some minor administrative responsibilities.

### **8.3 History-Taking, Special Investigations And Record Keeping**

- 8.3.1 The importance of proper recording of a comprehensive history, a full clinical examination and follow-up examinations should be emphasized. The supervisor must satisfy himself or herself that these records are of an acceptable standard.
- 8.3.2 Because doctors may sometimes find themselves in situations where minimal facilities are available, interns should be taught how to evaluate and treat patients on the basis of a thorough history and physical examination without the benefit of special examinations.
- 8.3.3 It follows that interns should be taught not to subject patients to needless special and X-ray investigations.



8.3.4 The importance of ethical practice and medico-legal risks must be brought home to interns.

#### **8.4 Cost Awareness**

Cost is a major determinant of individual patient care and hospital budgets. It is, therefore, important to foster cost awareness, paying special attention to the following:

8.4.1 The cost and choice of pharmaceutical agents, as well as their safety. Regular consultations with and participation in relevant training, where applicable, by the hospital pharmacist(s), is therefore essential.

8.4.2 The desirability of requesting selected laboratory tests only, as well as the costs involved.

8.4.3 The importance and cost of relevant X-ray examinations. The dangers of radiation should be emphasized and guarded against.

8.4.4 Costs of other investigations and treatment modalities.

#### **8.5 Patient Allocation And Workload**

8.5.1 Unnecessary administrative duties and red tape are discouraged. Elimination of unnecessary procedures, the use of alternative personnel and modern technology, should be pursued.

8.5.2 Each department should, in conjunction with the Intern Coordinator, draw up a job description of interns, specifying duties, as well as the structured training programme which will be offered.

8.5.3 Departments should also decide how to prevent and deal with stress and unreasonable demands on the intern.

## **8.6 Accommodation And Facilities**

- 8.6.1 Satisfactory sleeping and recreational facilities for interns, especially when on duty, should exist in each accredited facility. Sleeping accommodation should be such that the intern may rest and sleep while awaiting the next patient or operation.
- 8.6.2 Meals and snacks should be available for persons on emergency duty, especially at night.
- 8.6.3 A room/area with recreational facilities and refreshments would enhance social interaction between interns. This would greatly improve job satisfaction and acceptance of the work environment.

## **9.0 Intern Responsibilities**

Although interns, under supervision, are primarily responsible for patient care, they form an important part of the health team and should learn to work together with colleagues in the wider spectrum of medical and other health care services. The professional responsibilities of the intern should include the following important aspects:

- 9.1 Interns are required to keep carefully documented notes. Notes should be made immediately (on the spot date and time) after assessing each patient. They are responsible for following-up all investigations ordered, and to ensure that all results are available and chartered in the bed letter. They should cooperate with medical, nursing and the relevant other health care professionals, e.g. physiotherapy, social work, occupational therapy - especially in relation to their personal cases. Cases summaries must be completed on patient discharge. A concise summary should be given to the patient on discharge to be available at follow-up clinics.

- 9.2 The intern should play an active role in Out-Patient Departments, particularly in regard to the follow-up of their own patients. A balance should be struck between exposure to hospitalized and ambulatory patients.
- 9.3 The intern's care of the patient should be holistic. As the primary medical care giver, the intern is the optimal person to deal with emotional, spiritual and family problems that are often present in addition to the physical illness. Confidentiality is imperative.
- 9.4 Interns must be aware of their limitations, both in knowledge and skills, and not hesitate to seek advice from senior colleagues. Such referral is not a sign of weakness, but of maturity and is to the benefit of the patient.
- 9.5 Continuity of care is vital in a hospital situation. Appropriate hand-over of patients is essential.
- 9.6 Interns should avail themselves of formal teaching, as well as of the use of a library or reference books. Reading around patient problems will foster the habit of on-going medical education.

#### **Note**

The responsibility of registration with the Council as an intern in terms of Medical Practitioners and Dentists Act, 1987, rests with the individual. However, it should be noted that no person may undergo internship training in Malawi without having been so registered.

### **10.0 Evaluation And Registration**

- 10.1 Interns should have regular assessments during their training. They should be praised when deserved, and criticized and corrected when necessary.

- 10.2 At the end of each rotation, an evaluation should be completed, using the prescribed form for evaluation of intern rotation and experience. This form has two components:

A section to be completed by the intern, and one by the trainer. The latter should do so in conjunction with his or her colleagues. The assessment must be discussed with and signed by the intern. The form must also be signed by the Head of Department and forwarded to the Intern Coordinator. This will facilitate the early recognition and correction of problems. A confidential counseling service, separate from the appraisal system, should be available.

- 10.3 At the end of the year, the Intern Coordinator, together with the Heads of Department, will certify whether an intern has satisfactorily completed his or her training by using the necessary Intern Duty Certificate, thus enabling the Council to register him or her as a medical practitioner to perform community service.

10.4 *Interns are reminded that it is illegal for them to work in any form of practice outside approved health facilities.*

- 10.5 Interns and medical practitioners are advised that the employment of interns in any clinical practice outside approved facilities is illegal and could lead to disciplinary action on the part of the Council against any intern who might engage in such practices, as well as against any medical practitioner who might be found to employ an intern as a *locum* or in any other fashion outside approved facilities.

## **11.0 Resolution Of Conflict**

It does happen that conflicts arise as to the training and employment of interns. This may be due to the physical unsuitability of the facility, the terms of service, the trainers or the intern(s).

- 11.1 Most minor issues usually can be resolved through negotiation between the various parties. In this regard, the Intern Coordinator plays a crucial role.
- 11.2 Should serious problems regarding professional conduct arise, the Council will deal with such matters. This will consist of an investigation of the issues by means of a round-table discussion. The purpose of such inquiry is to verify alleged facts and to resolve the problems in a constructive manner. However, it should also be noted that the “ethical rules” and the professional conduct procedures of the Council, equally apply to interns as to medical practitioners.
- 11.3 Apart from the above, it needs to be remembered that interns are in the employ of the hospital concerned. Disciplinary matters in terms of those provisions should be dealt with in accordance with the *Labour Act*. A copy of any warning letter addressed to an intern should, however, be sent to the Council for its notification.

## **12.0 Procedure For Dealing With Impaired Interns**

The expression impaired means a mental or physical condition, or the abuse of or dependence on chemical substances which affect the competence, attitude, judgment or performance of an intern.

- 12.1 It needs to be emphasized that management of stress in the study and practicing of medicine and dentistry requires social attention at all levels, but especially in students, interns and young practitioners. Factors creating stress need to be identified urgently and addressed, where possible.
- 12.2 In view of the above, the importance of early identification of impairment in students must be stressed once again, as well as the important role and responsibility of Medical and Dental Deans in this respect.

12.3 Please note that in terms of Council's ethical rules, a registered person has a responsibility to report impaired colleagues to the Council. Please also note the specific reference made to students and interns.

# **GUIDELINES PERTAINING TO THE DIFFERENT DOMAINS**

## **1.0 Introduction**

### **1.1 General Remarks**

1.1.1 This part provides more specific guidelines on the objectives and criteria for each department through which the intern may rotate. It is meant to be a guide and aid for both the trainers and trainees, recognizing that patient profiles and health services may differ widely in different hospitals and clinics.

1.1.2 The overriding goal of the internship programme is to expose the trainee to a wide range of patients and common conditions to further develop his or her clinical skills. Intern training is a step towards professional development, and should not be seen as the completion of training as a medical practitioner.

### **1.2 Emphasis Of Training**

1.2.1 Emphasis of training should be on the core values and skills of:

- history taking
- examination
- clinical diagnosis
- appropriate and cost-effective investigations
- patient management
- need for referral and/or follow-up

1.2.2 The importance of keeping case records and completing official documents cannot be stressed enough, both for the patient care and for medico-legal purposes.

### **1.3 Rotation Through The Departments**

The purpose of interns rotating through the departments is to ensure adequate exposure to and training in that domain. It allows trainers to impart to trainees the knowledge, skills and attitudes of that particular aspect of medical practice. Continuity of training is essential, and blocks should not be broken up. It is recognized that night duties may entail cross over, but during the day the intern should remain in his or her department.

### **1.4 Supervision**

1.4.1 Because of the importance of supervision and adequate training, the Council will expect for interns to be trained by practitioners with the following qualifications and experience, namely:

- a full-time specialist; or
- a full-time medical officer with a diploma in that department or
- a full-time medical officer/in the case of clinical officers, a clinical officer with at least THREE years experience in that department.

1.4.2 Access to a trainer should be available 24 hours per day. Interns must be supported by at least one Medical Officer or Registrar on the hospital premises.

### **1.5 Job Descriptions**

Each hospital and department must specify what is expected of the intern in terms of:

- in-patient responsibilities
- out-patient duties
- casualty department cover
- night and week-end duties
- administrative duties



## 1.6 Educational objectives

Each facility and department must specify what educational aids and opportunities are available to interns. These would include all or some of the following:

- Standard management protocols for common conditions.
- The standard Treatment Guidelines and Essential Drug List.
- A checklist of conditions which interns are expected to encounter and/or learn about.
- A checklist of skills to be acquired and procedures to be observed. (Such a list will depend on the diseases seen at the specific site, and the investigation and management will depend on the facilities available).
- Departmental meetings.
- Presentations by Interns.
- Journal clubs.
- Medical audit meetings.

## 1.7 Evaluation

1.7.1 The evaluation of both the training programme and the progress of the intern should be taken extremely seriously.

1.7.2 Evaluation should be ongoing.

1.7.3 There should be an intern assessment halfway through a rotation to institute any correctional steps that may be required.

1.7.4 A formal evaluation form should be completed by each individual intern at the end of each rotation.

### Note:

Interns who have failed to satisfactorily complete part or the whole of their training, may at the discretion of the Council, be required to undergo extra training.

## Annexure 1

<b>MEDICAL COUNCIL OF MALAWI</b>					
<b>EVALUATION OF INTERN ROTATION AND EXPERIENCE</b>					
SECTION 1: To be filled in by each intern who has completed or is involved in a rotation					
SURNAME (in block letters)..... Initials:.....					
Department (Complete separate form of each Department)	Period				
	From		To		
DEPARTMENT OF:					
Please rate the following on a scale from 1-5 (where 1 = Unsatisfactory; 2 = Below average; 3 = Average; 4 = Above Average; 5 = Outstanding)	1	2	3	4	5
1. ORIENTATION ON ARRIVAL IN THIS ROTATION:					
1.1 Introduction to medical staff					
1.2 Introduction to nursing staff					
1.3 Introduction to other health care professionals					
1.4 Introduction to organization of the department/ward(s)					
1.5 Availability of clinical protocols for common conditions					
2. QUALITY OF WRITTEN GUIDELINES/OBJECTIVES					
3. QUALITY OF PATIENT CARE IN THIS ROTATION					
4. EXTENT TO WHICH YOUR KNOWLEDGE/SKILLS IMPROVED:					
4.1 Number of new procedures learned					
4.2 Degree to which diagnostic skills improved					
4.3 Extent to which your self-confidence improved					
5. YOUR RELATIONSHIP WITH THE FOLLOWING GROUPS:					
5.1 Patients					
5.2 Nursing staff					
5.3 Senior medical staff					
5.4 Other health professionals					
6. INTERACTION WITH AND GUIDANCE GIVEN BY THE FOLLOWING:					
6.1 Nursing staff					
6.2 General Practitioners					
6.3 Registrars					
6.4 Specialists/Consultants					
6.5 Other health professionals					

7. QUALITY/ADEQUACY OF TRAINING RECEIVED FROM THE FOLLOWING GROUPS:					
7.1 Nursing staff					
7.2 General Practitioners					
7.3 Registrars					
7.4 Specialists/Consultants					
7.5 Other health professionals					
8. QUANTITY OF TRAINING RECEIVED FROM THE FOLLOWING GROUPS:					
8.1 Nursing staff					
8.2 General practitioners					
8.3 Registrars					
8.4 Specialists/Consultants					
8.5 Other health care professionals					
9. RATE THE QUALITY OF YOUR CASE PRESENTATION TO SENIOR COLLEAGUES					
10. RATE THE QUALITY OF YOUR -					
10.1 Case notes					
10.2 Referral letters to other services					
11. RATE THE AVAILABILITY AND ACCESS WHICH YOU HAD TO-					
11.1 internal communication systems					
11.1 external communication systems					
11.2 essential information-					
11.3.1 textbooks, journals, etc.					
11.3.2 internet					
11.3.3 other (specify) .....					
11.4 patient records					
11.5 health informatics					
11.6 official transport					
11.7 public transport					
12. DOES THE SPECIFIED DEPARTMENT PROVIDE FOR-					
12.1 an induction and orientation programme					
12.2 a stated policy on internship training					
12.3 a specified training programme					



SECTION II: To be completed by the HEAD OF DEPARTMENT

Surname of Head:

Initials:

Please rate the following on a scale from 1-5 (where 1 = Unsatisfactory; 2 = Below average; 3 = Average; 4 = Above average; 5 = Outstanding)

	1	2	3	4	5
1. THE INTERN'S PATIENT CARE					
1.1 History-taking					
1.2 Exam of patients					
1.3 Ability in problem-solving					
1.4 Diagnostic competence					
1.5 Follow-up competence					
2. THE INTERN'S PERSONAL CHARACTERISTICS					
2.1 Thoroughness					
2.2 Learning ability					
2.3 Punctuality					
2.4 Presentability					
2.5 Commitment					
2.6 Cooperation and attitude to staff					
2.7 Cooperation and attitude to patients and guardians					
2.8 Team effort					
3. THE INTERN'S PERFORMANCE					
3.1 Medical knowledge					
3.2 Achieved level of clinical skills					
3.3 Knowledge of medical ethics					
3.4 Completion of case notes					
3.5 Presentation of cases					
3.6 Emergency handling					
3.7 Empathy for patients and guardians					
3.8 Cost-consciousness					

4. DO YOU AGREE WITH THE INTERN'S RATING IN SECTION 1:  Yes  No

5. IF NO, PLEASE SPECIFY REASONS (use separate sheet if required and attach):

\_\_\_\_\_

\_\_\_\_\_

6. **GENERAL HEALTH OF THE PRACTITIONER** (*Tick in appropriate box*)

In your opinion, is the candidate mentally and physically fit to perform his professional responsibilities anywhere in Malawi?

Yes       No       N/A

If the answer is NO, please specify \_\_\_\_\_  
\_\_\_\_\_

Do you recommend the candidate to seek medical treatment?

Yes       No       N/A

**REGISTRATION** (*Tick in appropriate box*)

Do you recommend the candidate to be registered with the Medical Council of Malawi:

Yes       No       N/A

Do you recommend the candidate for further period of clinical attachment before registration?

Yes       No       N/A

If the answer is YES, please specify length of further period of clinical attachment

Weeks/Months/Year

If the candidate is NOT recommended for registration with Medical Council of Malawi, briefly give your reasons. (The Council MAY require a separate written report).

\_\_\_\_\_  
\_\_\_\_\_

**GENERAL COMMENTS ON OVERALL PERFORMANCE**

\_\_\_\_\_  
\_\_\_\_\_

**REPORTING CONSULTANT**

Name: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Institutions: \_\_\_\_\_

Post Held: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Annexure 2

	<b>MEDICAL COUNCIL OF MALAWI</b>			
On completion of internship training, this form must be filled in and returned to: The Registrar, Medical Council of Malawi, P.O. Box 30787, Lilongwe 3				
NAME OF INTERN (Full names):				REG. NO.: MCM/INT/
NAME OF ACCREDITED FACILITY:				
I, the undersigned, Medical Director of the above facility, hereby certify that the said intern completed internship training in the specified departments of this facility for the periods specified, he or she fulfilled the prescribed requirements, and that all information furnished herein is correct.				
<b>Notes:</b> If the certificate is qualified to the effect that the training of an intern had been <b>unsatisfactory</b> , a detailed statement should be submitted by the Head of Department as to the reasons why the training was considered to be unsatisfactory.				
DEPARTMENT	PERIOD		Months	Signature of Head of Department or official deputy that the internship had been completed satisfactorily
	From	To		
1. <b>MAIN CLINICAL DEPARTMENTS</b>				
1.1 Medicine				
1.2 Surgery				
1.3 Obstetrics and Gynaecology				
1.4 Paediatrics				
2. <b>LEAVE TAKEN</b>				
2.1 Vacation leave			Total No. of weeks	
2.2 Maternity leave			Total No. of weeks	
2.3 Sick leave			Total No. of weeks	
_____ SIGNATURE OF MEDICAL DIRECTOR OR OFFICIAL DEPUTY			_____ DATE	

**MEDICAL COUNCIL OF MALAWI  
P.O. BOX 30787  
LILONGWE 3**

**DELAYED REGISTRATION OF AN INTERN AS A MEDICAL PRACTITIONER**

**BACKGROUND**

All registered interns must produce a formally signed Intern Duty Certificate (see Annexure 2), which shows satisfactory performance during the intern year before the Medical Council will register them as medical practitioners. The Intern Duty Certificate is to be signed by the Intern Coordinator and the Heads of the various departments in which the intern worked. Should a Head or the Coordinator refuse to sign, the intern may be required to spend more time training in that department.

**CRITERIA FOR DELAYED REGISTRATION**

1. Undue absence from work, other than for recognized vacation or sick leave.
2. Repeated failure to perform required duties.
3. Gross incompetence or negligence in patient care.
4. Mental or physical unsuitability for registration as a medical practitioner.

**RECOMMENDED PROCEDURE FOR DELAYED REGISTRATION**

1. The intern should initially be warned verbally or poor performance (see above criteria).
2. The second warning should be issued in writing to the intern with a copy for his or her hospital file and a copy to the Council.
3. If the Intern Coordinator or Head(s) of Department(s) refuses to sign the Intern Duty Certificate, a letter detailing the reasons for delayed registration should be sent to the Council and the intern concerned. This letter should include recommendations on the duration of extra training and the department(s) in which this should be spent.
4. The Education and Training Committee should make the final decision as soon as possible, so that the intern may be registered or timeously informed of the extra time required.



## PROVISIONAL REGISTER

**A SEPARATE REPORT ON A MEDICAL PRACTITIONER CONSIDERED NOT SUITABLE FOR REGISTRATION WITH THE MEDICAL COUNCIL OF MALAWI**

**1. PERSONAL PARTICULARS**

1.1 Name of Intern: \_\_\_\_\_

1.2 Name of Clinical Department: \_\_\_\_\_

1.3 Period of Clinical Rotation: From: \_\_\_\_\_ To: \_\_\_\_\_ (Dates)

**2. ATTACHMENT REPORT (Attach a separate sheet if required)**

**3. REPORTING CONSULTANT**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



- (b) he satisfies the Council that, whilst engaged in training employment as required under paragraph (a), he has acquired sufficient knowledge of, and experience in, the practice of medicine or dentistry, as the case may be; and
- (c) he satisfies the Council that he is a person of good moral character and is a fit and proper person to be registered under this Act.

(2) No qualification from an examining authority outside Malawi shall be recognized or accepted under subsection (1) as a qualification for registration of the holder, unless the qualification entitles the holder to registration in the country, state or territory in which the examining authority has jurisdiction.

(3) In any case where the Council does not recognize a degree, diploma or other qualification in medicine or dentistry held by any person as making him eligible for registration, the Council may take steps to assess his suitability for registration and for the purpose of so doing may require him to attend any interview or to undergo any oral or written examination.

(4) The Council may, after assessing the suitability for registration of a person under subsection (3), direct that before registration that person shall undergo such further period of training thereafter referred to as “vocational training” or pass such further examination as the Council may specify.

(5) The Council may, where it considers it expedient so to do, delegate the assessment of suitability for registration under subsection (3) to a committee of the Council which shall, after making such assessment, make such recommendations to the Council as it considers appropriate.

Person  
registered may  
have additional  
qualifications  
inserted in  
register

27. Every person registered under this Act who has obtained any higher or further degree or qualification than the degree or qualification in respect of which he has been registered shall be entitled, upon payment of the prescribed fee, to have such higher degree or additional qualification inserted in the register in substitution for or in addition to the qualification previously registered.

Certificate not  
valid unless  
signatory  
registered

28. No certificate or other document required by any law to be signed by a duly qualified medical practitioner or dentist shall be valid unless signed by a person registered as a medical practitioner or dentist under this Act.

Procedure for  
registration

29. (1) Any person desiring to be registered under this Act may apply in writing to the Registrar and shall submit with his application-

(a) a certificate of any qualification on which he relies for registration or a certified copy thereof:

Provided that a certificate showing his registration in the country, state or territory in which he qualified is submitted and that such certificate contains details of the qualifications on which registration was based; and

(b) if other practical experience or training is required in the country, state or territory in which he qualified before registration in that country, state or territory-

(i) evidence that such experience has been acquired or that such training has been obtained; and

(ii) a certificate of registration in that country, state or territory or a certified copy thereof; and

(c) if so required by the Council, such evidence of identity, of good character and reputation, of compliance with the conditions, if any, prescribed by the Council in relation to him and of the authenticity and validity of the certificate submitted as the Council may require; and

(d) save in the case of a person referred to in section 25 (2), evidence that he resides or intends, if he is registered, to reside in Malawi.

(2) The Council may require any statement in connection with an application under subsection (1) to be supported by a solemn or statutory declaration.

(3) If the Registrar is satisfied that the qualification and the particulars or documents submitted under subsection (1) are in accordance with the requirements of this Part, he shall, upon payment by the applicant of the appropriate prescribed fee, register the applicant in the appropriate register.

(4) If the Registrar is not satisfied that the qualification or the particulars or documents submitted with an application under subsection (1) are in accordance with the requirements of this Part, he shall refer the application to the Council for decision.

(5) The Council may refuse to register an applicant if in its opinion the applicant, notwithstanding that he is otherwise qualified, is not a fit and proper person to be registered by reason of-

- (a) his physical, mental health; or
- (b) the fact that he is not of good character and reputation; or
- (c) the fact that he does not have adequate knowledge of the English language; and
- (d) any conduct of his which, if he had been registered, would have constituted improper, disgraceful conduct or conduct which, when regard is had to the profession for which that person has applied to be registered, is improper, disgraceful:

Provided that, before refusing registration under paragraph (d), the Council shall refer the matter to the Disciplinary Committee and the provisions of Part XI shall, *mutatis mutandis*, apply as if the applicant were registered on the register on which he has applied to be registered.

Register of  
interns

- 30.** (1) Any person having the qualifications referred to in section 26 (1) who is employed in Malawi in the practice of medicine, surgery or dentistry as an intern in a hospital or an institution approved by the Council shall, subject to the provisions of this Part, be entitled, on payment by him of the prescribed fee, to be registered in the register of interns.

(2) A person registered in the register of interns shall be deemed to be registered on the register of medical practitioners in so far as is necessary-

(a) to enable him to be employed in the practice of medicine, surgery or dentistry at a hospital or institution approved by the Council;

(b) for the purpose of any other enactment or such other purposes as the Council may specify.

Register of  
the  
vocational  
trainees

**31.** Any person who is required under section 26 (4) after acquisition of any qualification to undergo a period of training before he is entitled to be registered and who is employed otherwise than as an intern shall, subject to the provisions of this Part and if he satisfies the Registrar that he is employed at an institution or by an employer approved by the Council, be entitled, upon payment of the prescribed fee, to be registered in the register of vocational trainees appropriate to the profession or calling for which he intends to be registered.

Provisional  
registration

**32.** (1) The Council may accept any qualification which has not been recognized under section 28 as entitling the holder to be registered if, in all other respects, he satisfies the conditions and requirements of this Part for registration on a register kept under this Act:

Provided that the acceptance of a particular qualification for provisional registration of one person shall not confer any right to any form of registration on any other person holding the same qualification.

(2) The Council may require an applicant for provisional registration as a condition of such registration-

(a) to undertake a specified period of practice on the staff of a hospital or other institution specified by the Council or with an employer approved by the Council; and

(b) to pass, during the period of his provisional registration, such examination as the Council may specify.

(3) An application for provisional registration under subsection (1) shall be made in writing to the Registrar and shall be accompanied with the prescribed fee.

Register of  
persons  
temporarily  
employed

**33.** Any person qualified to practice the profession or calling of a medical practitioner, dentist, paramedical or allied health professional, who intends to practice that profession or calling in Malawi but does not intend to reside for a period exceeding twelve months in Malawi may; if he satisfies the Registrar that he is so qualified, be registered on a register of persons temporarily employed subject to the following provisions:

Provided that in circumstances considered by the Registrar to be exceptional, the Registrar may extend the period of registration for two months.

Erasures from  
register

**34.** (1) The Council may direct the Registrar to erase from a register of medical practitioners or register of dentists---

(a) the name and all particulars of a person whose registration has been cancelled in accordance with this Act who-

(i) not being a citizen of Malawi; has been absent from Malawi for a continuous period of three years preceding such erasure; or

(ii) fails to pay the prescribed fee payable under this Act within three months after the date on which that fee became payable; or

(iii) has failed within a period of six months after the date of an inquiry sent by the Registrar by registered letter to the address as shown in the register to notify the Registrar of his present address;

Provided that if such registered letter is returned to the Registrar by reason of it being unclaimed or for any other reason the Council may forthwith direct that the name of the person be erased from the register; or

- (iv) has requested that his name be removed from the register and, if so required by the Council, has lodged an affidavit stating that proceedings are being or are likely to be taken against him in connection with the practice of his profession or calling; or
  - (v) is resident or practicing in Malawi and whose name has been removed from the roll, register or record of any university, hospital, college, training school or institution, society or other body from which that person received the qualification on the basis of which he was registered; or
- (b) any entry which is proved to the satisfaction of the Council to have been made in error or through fraudulent representation or concealment of material facts or in circumstances not authorized by this Act.
- (2) The name and all particulars of a person shall be erased from-
- (a) the register of interns, register of vocational trainees, provisional register or temporary register-
    - (i) when the person is registered on the register of medical practitioners or the register of dentists; or
    - (ii) on the expiration of the period of registration on such register;
  - (b) in case of the provisional register, the cancellation of the registration of that person.



(3) If a person referred to in section 25 (1) fails to take up residence in Malawi within the period referred to in that paragraph, his name and particulars shall be erased from the register on the expiration of that period.

(4) The Registrar shall erase from the register of interns or register of vocational trainees, as the case may be, the name of a person who is registered on that register-

(a) who advises the Registrar that he is leaving Malawi whether after completion of his service as intern or trainee or otherwise; or

(b) on the expiration of eighteen months from the date of his registration unless he satisfies the Registrar that due to illness or other cause the period of his training has been extended; or

(c) on the termination of the period of training which has been extended in the circumstances referred to in paragraph (b); or

(d) if the Council instructs the Registrar to erase the name of that person from the register.

(5) Before the Council directs an erasure to be made under subsection (1) (a) (v) or subsection (4) (d), the Council shall afford the person concerned an opportunity of showing cause before the Council as to why the erasure should not be made.

Method of  
erasure

**35.** In order to effect the erasure of the name and particulars of a person from a register, a line of red ink shall be drawn through such name and particulars but so as to leave them legible.

Consequence  
of erasure

**36.** Any certificate of registration issued to a person whose name has been erased shall be deemed to have been cancelled on the date of erasure and the person concerned shall be deemed not to be registered with effect from that date.

## PART IX

### PRIVATE PRACTICE

Licence for  
private practice

38. (1) The Council may authorize the Registrar to issue to a medical practitioner or a dentist who has applied in the prescribed manner and whom the Council considers has had suitable experience in medicine, surgery or dentistry, as the case may be, a licence to engage in private practice on his own behalf as a private practitioner or to be employed, either whole time or part time, by a private practitioner.
- (2) A licence under subsection (1) shall-
- (a) be subject to such conditions as the Council may either generally or specially determine;
  - (b) be issued upon payment of the prescribed fee;
  - (c) be in such form as may be prescribed; and
  - (d) be valid from the date of issue to 31<sup>st</sup> March next following the date of issue; and
- (d) state whether the person so licensed may practice as a private practitioner on his own behalf or may be employed by a private practitioner.
- (3) The Council may, for good cause refuse to issue a licence to engage in private practice to any person or may withdraw or cancel such licence issued to any person either indefinitely or until such time as the conditions, if any, imposed by the Council have been fulfilled.
- (4) No premises shall be habitually used for the purpose of private practice, unless they are authorized for such use by the Council, and any person duly authorized by the Council in that behalf may at any reasonable time enter upon and inspect such premises.
- (5) Any person aggrieved by any decision of the Council under this section may appeal to the High Court, and in such appeal the High Court may annul or vary the decision as it thinks fit.

Issue, etc, of  
licences to be  
published in  
the *Gazette*

**39.** The issue, cancellation and withdrawal of any licence under section 38 of this Act shall be notified in the *Gazette*.

No fees  
recoverable  
unless  
practitioners  
licensed for  
private practice

**40.** No person in practice shall be entitled to recover any charge for any medical treatment, operation, advice or other medical service which he has rendered, or for any medicine which he has prescribed or supplied unless he is at the time appropriately licensed under section 38 for private practice.

## PART XIV

### OFFENCES AND PENALTIES BY UNREGISTERED PERSONS

Remuneration  
not recoverable  
by unregistered  
persons

**56.** No remuneration shall be recoverable in respect of any act pertaining to a profession or calling in respect of which a register is kept under this Act when performed by a person who is not registered on the appropriate register.

Certain  
certificates  
invalid if  
signed by  
unregistered  
person

**57.** No certificate required by law from any member of a profession or calling in respect of which a register is kept under this Act shall be valid unless the person signing such certificate is registered on the appropriate register.

Proof required  
for issue of  
licences

**58.** No licence required under any law to be obtained by a registered person shall be issued to such person unless the person applying for such licence produces proof that he is registered on the appropriate register.

Unregistered  
persons  
practicing, etc.,  
as medical  
practitioners

**59.** (1) Subject to the provisions of subsection (2) and any exemption granted under this Act any person, who not being registered as a medical practitioner---

(a) for gain, practices or carries on business as a medical practitioner or dentist, whether or not purporting to be registered or performs or undertakes to perform any act specially pertaining to the practice of a medical practitioner;  
or

- (b) pretends or, by any means whatsoever, holds himself out to be a medical practitioner or dentist, whether or not purporting to be registered; or
- (c) uses the title “medical practitioner” or any name, title, description or symbol indicating or calculated to lead any person to infer that he possesses a degree, diploma or other qualification as a medical practitioner, doctor of medicine, physician or surgeon or dentist or that he is registered as a medical practitioner or dentist under this Act,

shall be guilty of an offence and liable to a fine of two thousand Kwacha or to imprisonment for one year.

(2) The provisions of subsection (1) shall not apply in relation to:

- (a) a body corporate which is a local authority in respect of which there is a medical practitioner appointed, engaged, employed or otherwise to supervise the health services provided by that local authority; or
- (b) a body corporate which---
  - (i) employs a medical practitioner principally for the purpose of providing health services for its employees; and
  - (ii) is exempted under subsection (4).

(3) In paragraph (a) of subsection (2)-

“local authority “ means-

- (a) a city or municipal council, a town council or a district council; or
  - (b) any other body or organization which the Minister may, by notice in the *Gazette*, declares to be a local authority for the purposes of that paragraph.
- (4) The Minister, on the recommendation of the Council, may, by notice in the *Gazette*, exempt any person from the provisions of subsection (1) (a).

Unregistered  
persons  
practising as  
dentists

60. (1) Subject to the provisions of subsection (3) and (4) and any exemption granted under this Act, any person who, not being registered as a dentist---
- (a) for gain, practices or carries on business as a dentist, whether or not purporting to be registered, or performs or undertakes to perform any act specially pertaining to the practice of dentistry; or
  - (b) pretends or, by any means whatsoever, holds himself out to be a dental surgeon, whether or not purporting to be registered, or to be entitled to practice dentistry or to perform any act specially pertaining to the practice of dental surgery; or
  - (c) uses the title "dental surgeon" or "dentist" or any name; title, description or symbol indicating or calculated to lead any person to infer that he possesses a degree, diploma or other qualification as a dental surgeon or dentist or that he is registered under this Act; or
  - (d) by any means whatsoever gives advice in dentistry or in any act specially pertaining to the practice of dentistry;

shall be guilty of an offence and liable to a fine of one thousand Kwacha or to imprisonment for two years.

(2) For the purposes of subsection (1), the following acts are specified as specially pertaining to the practice of dental surgery-

- (a) the performance of any operation and the treatment of any disease, deficiencies or lesions on or of the human teeth or jaws, the correction of the malpositions thereof and the performance of radiographic work in connection with the human teeth or jaws;
- (b) the giving of any anesthetic in connection with any operation on the human teeth or jaw;

- (c) the making, repairing, re-alteration or supply of artificial dentures, restorative dental appliances or similar dental appliances;
- (d) the taking in the mouth of any impression or bite with a view to the making, repairing, altering or supplying any artificial dentures, restorative dental appliances or other similar dental appliances;
- (e) the trying or fitting in the mouth of any artificial dentures; restorative dental appliances or other similar dental appliances;
- (f) the performance of any such operation, treatment, attendance or the giving of such advice as is usually performed or given by a dentist or any operation, treatment, advice or attendance preparatory to or for the purpose of or in connection with the making, repairing, altering, supplying, fitting, inserting or fixing of artificial dentures, restorative dental appliances or other similar dental appliances;
- (g) cleaning and polishing teeth; and
- (h) scaling teeth, that is to say, the removal of tartar deposits, accretions and stains from those parts of the surfaces of the teeth, which are exposed or which are directly beneath the free margins of the gums, including the application of medicaments appropriate thereto.

(3) Nothing in this section shall be constructed as preventing-

- (a) the-
  - (i) performance of any operation or treatment of any disease, deficiency or lesion of the jaws and soft tissue of the mouth; or
  - (ii) giving of any anesthetic in connection with a dental operation; or
  - (iii) performance of any radiographic work, by a medical practitioner in the ordinary course of his practice.

- (b) the extraction of a tooth—
  - (i) by a medical practitioner, where the services of a dentist are not readily available; or
  - (ii) by any person, where the case is urgent and no registered medical practitioner or dentist is available and the operation is performed without the application of a local or general anesthetic;
- (c) the performance in any public service of dental work by any person in accordance with conditions of his employment;
- (d) the carrying on, in accordance with conditions approved by the Minister, of the practice of dental surgery at any hospital or other institution approved for the purposes of this paragraph by the Minister;
- (e) the performance, in relation to the practice of dental surgery, of any radiographic work at a hospital or nursing home or at the request or under the direction of a registered medical practitioner or dentist; and
- (f) the making, repairing or altering of artificial dentures, restorative dental appliances or other similar dental appliances by any person who is registered as a dental technician:

Provided that nothing in this paragraph shall be construed as permitting a registered dental technician to perform an operation in the mouth of any person including the taking of an impression or a bite.

- (4) The provisions of paragraph (a) of subsection (1) shall not apply in relation to:
  - (a) a body corporate which is a local authority in respect of which there is a dentist appointed, employed or otherwise engaged to supervise the dental services provided by that local authority; or

- (b) a body corporate which---
  - (i) employs a dentist principally for the purpose of providing dental services for its employees; and
  - (ii) is exempted under subsection (6);
- (c) a body corporate the directors and shareholders of which are all persons who are individually registered as dentists.
- (5) In paragraph (a) of subsection (4)-  
“local authority” means-
  - (a) a city or municipal council, a town council or a district council, or
  - (b) any other body or organization which the Minister may by notice in the *Gazette*, declare to be a local authority for the purposes of that paragraph.
- (6) The Minister, on the recommendation of the Council, may, by notice in the *Gazette*, exempt any person from the provision of subsection (1) (a).



## MEDICAL COUNCIL OF MALAWI INFORMATION DOCUMENT

This document is made available to all members of Medical Council of Malawi upon their registration in terms of the Medical Practitioners and Dentists Act 1987. The Medical Council of Malawi therefore, takes the opportunity to congratulate each and every newly-qualified practitioner on the successful completion of his or her studies and entry into the profession.

The Medical Council trusts that the information contained in this document will be of assistance and will form the basis for good communication between professionals and the Council.

1. **Question:** I have just paid an amount of money to the Council and am informed that this is a “registration fee”. What does this mean?

**Answer:** The registration fee is a one-time fee only. Payment thereof confers professional status upon the practitioner and, therefore, the right to practise his or her chosen profession by having his or her name entered into the official register of professional persons who are members of the specific profession.

2. **Question:** Are there other fees payable?

**Answer:** Yes, and specifically the annual retention fee, payment of which ensures that a practitioner remains registered on an annual basis, with the concomitant privilege of being able to pursue his or her profession legally.

Other fees that are payable in certain circumstances would, for example, be the fee in respect of the registration of an additional qualification, or registration in an additional category, or registration as a specialist, and the like.

3. **Question:** When is this annual fee payable?

**Answer:** The annual fee is due and payable by all practitioners whose names appear in the relevant register on 1 July of any year. So, for example, the name of a practitioner who registered on 30 June 2000 and paid the (one-time) registration on that date, appeared in the register on 1 July 2000 on which date an entirely separate fee, namely the annual fee, became payable, shall be required to pay annual retention fee for the ensuing year. On the other hand, the name of a practitioner who was registered on, say, 2 July 2000, did not appear in the register on 1 July 2000, in that case, the practitioner will only be liable for payment of the annual fee on 1 July 2001.

**Bear in mind that the registration fee and the annual fee are two entirely unrelated and separate entities.**

4. **Question:** Do I get a “discount” if I pay the annual fee timeously?

**Answer:** Yes indeed, in a sense. If the annual fee which becomes due on 1 July next is paid before or on that date, only the prescribed fee needs to be paid. If paid after 1 August next, the prescribed fee plus a 50% surcharge will be levied.

5. **Question:** Once I am registered with Council and I continue payment of the annual fee, do I have any further legal obligation to Council?

**Answer:** Yes. The Medical Practitioners and Dentists Act, 1987, stipulates that every health professional who is registered in terms of the Act, has the obligation to advise Council of any change of his or her address as entered into the register. Failure to do so may lead to the erasure of a practitioner’s name from the register and subsequent legal and professional complications.

**Please do not neglect to notify Council in writing of any change of address as registered with the Council. A physical and postal address must be registered.**

Also of vital importance is a reliable database of available human resources in the health professions. Such statistics are indispensable for strategic planning of health care at the national, regional and local levels. For these reasons, there is a legal obligation upon practitioners to furnish information in this regard to Council upon request. The information asked for is very basic and relates to the practitioner’s work environment and the type of practise engaged in.

**Your co-operation in furnishing information for statistical purposes when requested annually by Council is essential.**

6. **Question:** I now know that, as a registered professional person, I have to pay certain fees, keep the Council informed of changes of addresses and on participation in Continuing Personal Development, where applicable. But what is the Council?

**Answer:** The Medical Council became operational in 1988. It is charged with the responsibility of registering all medical practitioners, regulating of medical training in Malawi and inspecting all health facilities to ensure that they meet minimum requirements in terms of standards.

**7. Question:** What does the Council do?

**Answer:** The primary object of the Council is to assist in the promotion of the health of the population of Malawi. This, broadly speaking, is achieved mainly in the fields of education and training, and in terms of the regulation of professional conduct:

➤ **Recognition of Professional Education, Training and Qualifications**

In terms of education and training, the work of the Council is the recognition of qualifications for registration purposes; laying down minimum standards of education and training required for achieving such qualifications; the accreditation of facilities for such education and training at all levels, i.e. diploma, undergraduate, internship and the conducting of certain examinations.

➤ **Regulation of Professional Conduct**

The professional conduct duties are fully vested in the Council. These duties are and will continue to be discharged in accordance with strict legal principles, following upon formal complaints lodged with the Council against registered persons. The need for impartiality is self-evident and clearly implies the observance of every nuance and fact of legislation, as well as of the basic human rights of the public – but, at the same time, also those of practitioners.

In addition, Council advises the Minister of Health and Population on matters within its competence and also communicates to the Minister information on matters of public importance which come to the attention of Council and the Boards.

*The Council should not be confused with professional associations, such as, for example, the Medical Association of Malawi. The Council is a statutory body and the country's official "keeper of registers". In order to safeguard the public, registration in terms of the Act is a legal prerequisite for practicing any of the said health professions. The associations, on the other hand, are voluntary bodies, established mainly to serve the interests of the relevant professions and their members.*

**8. Question:** Why are there professional registering and regulatory bodies?

**Answer:** The reason for the existence of Medical Council of Malawi stems mainly from the very nature of the professions.

The essential character of a profession is that its members have specialized knowledge and skills which the public wishes to use. To enable the public to have access to practitioners who are competent to practise, a list or “register” of such practitioners is a prerequisite, since only those practitioners whose names are entered into the register may legally make this fact known to the public. The body responsible for maintaining the register, therefore, has two duties to discharge: To assure itself that practitioners admitted to the register are competent; and to remove those practitioners who are found unfit to practise.

The maintenance of a register is, conversely, also to the advantage of those whose names appear in it, since this confers public recognition on the competent practitioner who will thus be able to command a reward for his or her services.

A further characteristic of a profession is that it is self-regulatory and that non-professional authorities (such as governments or governmental agencies) do not dictate to a profession on matters of professional responsibility, education and training. It is, therefore, to be noted that the Council is an autonomous body.

9. **Question:** It is stated that the Medical Council has the power “to remove the name of those practitioners from the register who are found unfit to practise”. This is surely a draconian provision?

**Answer:** Not at all. Practitioners who remain within the bounds of professional propriety (as indeed dictated by the professions themselves), and who do not act outside the norms of serving the best interests of the public, have no concern with Medical Council of Malawi’s disciplinary powers. Reference was made in paragraph 8 to the Council’s legal and moral obligations to both practitioners and the public.

This is best summed up in the legal maxim “*audi alteram partem*”, dating back to Roman times which states the principle that “the other side must be heard”. Any practitioner against whom a complaint is lodged with a Council, may rest assured that this basic principle in law is in all cases adhered to.

10. **Question:** I have heard of “Code of Ethics and Professional Conduct”, what are they?

**Answer:** This is a pamphlet that spells out the way practitioners should relate to their patients, their colleagues and the public. The pamphlet also explains the “doables” and “non-doables”.

11. **Question:** What other guidelines are there as to what is regarded as ethical and unethical behaviour?

**Answer:** The Council makes rulings and regulations from time to time on various aspects of professional conduct in the light of the needs of society and changing professional norms.

The professionals are kept abreast of the developments by the way of the Council's publication in the gazette and newsletter. The latter is sent to all registered persons. Other matters of sufficient import are made known to the professions by way of special circular notices as the need arises.

12. **Question:** If I need information about any aspect of my professional relationship with Council, who do I approach?

**Answer:** Please feel free to get in touch with the Council by telephone or in writing at any time. Council's personnel will be pleased to assist you.

When writing, please write to:

The Registrar  
Medical Council of Malawi  
P.O. Box 30787  
**LILONGWE 3**

Telephone : 01759562  
Fax : 01759561  
E-mail : medcom@medcommw.org

Please quote your reference number which, in the case of individual interns/practitioners, is your registration number.

---

**TYPE OF ACTIONS WHICH MAY CONSTITUTE PROFESSIONAL MISCONDUCT AND MAY RESULT IN DISCIPLINARY ACTION**

**1. Termination of Pregnancy**

1.1 The laws of Malawi do not allow for termination of pregnancy on demand. Practitioners found guilty of procuring or attempting to procure abortions or miscarriages are liable to severe penalties under the Penal Code (Cap. 7:01). In all cases of illegal termination of pregnancies, the penalty shall be suspension or erasure from a register.

**2. Issue of Reports and Certificates**

There are instances when members of the public require certain reports or certificates to be signed and issued by a duly qualified and registered medical practitioner on the presumption that the truth of such statements can be accepted without question. Practitioners must be meticulous in making sure that the certificates they issue are accurate in their statements of fact. They must resist all requests to issue false certificates. Particular care should be taken in completing documents connected with insurance. Certification includes any act whether concerned with medical certificates or documents which must statutorily be signed by a medical practitioner or other person so authorized.

2.1 Before filling any certificate, for example for committing a person to a psychiatric hospital, etc., a practitioner must have carried out a medical examination on that person.

**3. Prescribing Drugs**

Practitioners are expected to be fully conversant with the provisions of the Pharmacy, Medicines and Poisons Act and the Dangerous Drugs Act. The Council urges all practitioners to study these Acts, and in case of doubt, to seek advice from the Chairman or Registrar of the Council. Practitioners must always be mindful of their privileged positions in relation to dangerous

drugs as well as the scheduled ones and should avoid their unethical use. They should particularly endeavour to be conversant with side effects and interactions of all drugs. No drugs which have expired according to manufacturers' specifications should be dispensed to patients.

#### **4. Patient Preparations**

A practitioner should not make of, or recommend any remedy, the principal ingredients of which are not disclosed to the profession.

#### **5. Systems of Methods of Treatment**

It is unethical for a practitioner to be associated with any system or method of treatment which is not used under medical control.

#### **6. Administration of Anaesthetics**

The Council urges all practitioners to ensure that as far as possible informed consent is obtained before any anaesthetic is administered to a patient, and that the full nature and extent of any operation to be carried out is explained to the patient. In the case of minors, unconscious or psychiatric patients, and any others who may be unable to give consent, the most senior practitioner may give consent for anaesthesia, and such consent should as far as possible be witnessed by a second practitioner.

#### **7. Abuse of Professional Confidence**

A practitioner should not disclose to a third party information which he obtained in confidence from a patient. The following are possible exceptions:

- (i) The patient or his legal adviser may give a valid consent;*
- (ii) The information may be required by law;*
- (iii) Public interest may persuade a practitioner that his duty to the community overrides that to his patients;*

- (iv) *Information may be given to a relative or appropriate person if in his opinion it is undesirable on medical grounds to seek the patient's consent;*
- (v) *In the interests of research and medical education, information may be divulged, but at all times the patient's name shall be revealed.*

A practitioner shall always be prepared to justify his action whenever he discloses confidential information. He should, whenever possible, except in the public interest, keep secret the identity of the patient.

## **8. Abuse of Relationships between Medical Practitioners or Dentists and Patients**

Abuses of the practitioner/patient relationship including committing adultery with patients, having carnal knowledge or maintaining improper emotional or sexual relationships at the material time.

### **8.1 Abuse of financial opportunities may occur as a result of:**

- (i) improperly obtaining money from patients, or from medical insurance schemes;
- (ii) improperly sanctioning payments or financial claims under insurance schemes, workmen's compensation schemes, civil suit cases or any other authorities.
- (iii) splitting of fees, for example between consultants and general practitioners.
- (iv) in the case of a treatment which involves more than one specialist in the same discipline only the original specialist should charge the approved fees for that treatment which he will then share with the additional specialists; or in the case of a treatment involving more than one specialist in different disciplines only the original specialist should send the bill for the approved fee indicating the appropriate proportions for the additional specialists, depending on their individual contributions to that treatment;



- (v) improperly prescribing drugs or appliances in which a practitioner has a financial interest;
- (vi) practitioners should not take advantage of patients' dependence on them to get disproportionate benefits or financial rewards for their services.

**9. Disregard of Personal Responsibilities to Patients for their Care and Treatment**

Negligence in Diagnosis or Treatment

The Council has a duty to protect the public by ensuring that practitioners do not relinquish their personal responsibilities for their patients, for example by:

- (i) failing to be present at their usual places of work without notifying patients or making alternative arrangements for patients to be attended to;
- (ii) failing to visit their patients when called upon to do so without making alternative arrangements. Practitioners should make every effort to see quickly persons whom they have accepted as patients;
- (iii) unskillful or careless treatment of a complaint which has been properly diagnosed;
- (iv) failing to warn of dangers of certain treatment;
- (v) gross and/or prolonged neglect of duties;
- (vi) attempting to carry out procedures for which the practitioner has not adequate training or experience leading to more suffering of the patient. Exceptions may occur in case of emergency, if the practitioner can show that he acted to save life, there being no competent practitioner available in the area for him to consult with.

## 10. **Associating with Unregistered Persons**

It is unethical for a duly qualified and registered practitioner to be associated professionally with a person who is not duly qualified and registered to practice medicine. The Council does, however, give exemption to this statement in the following circumstances:

- 10.1 in those situations where organizations such as the Ministry of Health and Population, religious organizations, local authorities, parastatal organizations, companies and schools operate health services for their personnel on a non-profit making basis and employ non-registrable personnel not working for their own profit with a duly registered medical practitioner being ultimately responsible for the work of the unregistered person;
- 10.2 in a private medical or dental practice, it is permissible for a practitioner to employ persons not registered under the Medical Practitioners and Dentists Act to work for him in his practice. In this case the unregistered person so employed works under the immediate supervision of the practitioner who employs him;
- 10.3 during the course of teaching medical, dental or nursing students or students in other allied fields, practitioners will associate with unqualified persons. Such as association is inevitable, and it is expected to occur under suitable supervision of the trainees;
- 10.4 it should be understood at all times that medical practitioners or dentists who delegate treatments or other procedures must be satisfied that the persons to whom those procedures are delegated are competent to carry them out. Those practitioners should always remember that they are ultimately responsible for those procedures.

## 11. **Conduct Derogatory to the Reputation of the Profession**

Undesirable modes of personal behaviour may arise from abuse of alcohol, breaches of the Pharmacy, Medicine and Poisons Act and the Dangerous Drugs Act, or some other offences committed by the use of drugs. Members of the profession must avoid appearing in public while under the influence of alcohol and they must certainly not be at work with their patients while intoxicated.

Convictions of false pretences, forgery fraud, indecent behaviour, assault or committing other misdemeanors or felonies which reflect adversely on the profession's standing in the public eye should be avoided. The Council takes a serious view of assaults or indecencies in the course of practitioners' duties. The Council may take disciplinary action where a practitioner has been convicted for any offence in a court of law.

## **12. Improper Attempts to Profit**

### **(Advertising, Canvassing and Related Professional Offences)**

These offences may be committed at the expenses of professional colleagues by canvassing for patients, or advertising. Practitioners should avoid doing anything which may be interpreted as an attempt to attract patients to themselves or to undermine the reputation of colleagues.