Med Mail

FIJI MEDICAL ASSOCIATION
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INSIDE THIS EDITION:

EDITORIAL

'Solesolevata'

Solesolevata, is a Fijian word that describes the fact that 'many minds work as one'. It sometimes means the acts of young men in the villages, grouping together to plant farms for each other.

We have been asked by the Government and Dr Schramm (who is currently working on it) ; the complicated review of the Medical & Dental Practitioners Act.

Also competencies and continuing medical education on an annual basis is mandatory.

We have requested the Ministry of Health to make sure that CME's are equally available to everybody. The FMA will be willing to be the vehicle with FSM once the details are in place.

Our biggest CME event for the year and to which I encourage you to attend (50% registration fees subsidized by FMA) is the combined **FMA/FCGP/Gold Coast Medical Association Conference,** which will be held at the Radisson Resort from the 24th – 26th September 2009. There will be three streams namely, Cardiology, Endocrinology and Neurology.

I encourage us to take these challenges unitedly as they will help preserve our profession collectively by *"Solesolevata".*

Best Wishes,

Dr Ifereimi Waqainabete

Honorary President, FMA

A Japanese man was boasting about how his country had such advanced medical technology. He said, "We take the lungs out of a man, perform an operation, put the lungs back in, and in 4 weeks, the man is looking for work."

An Englishman said, "We are far more advanced than you. We can take the heart out of a man, perform surgery and have him ready for work in just 3 weeks."

The Irishman says, "That's nothing; we can take a kidney out of a man, put into another man's body and have them looking for work in 2 weeks."

The American says, "Well hell, that's nothin'. We had an idiot taken out of Texas, put in the Whitehouse and now half the country is lookin' for work!"

MEDICAL BREAKTHROUGH NEWS

London: In what is being described as a breakthrough in HIV Prevention, a group of engineering students and a medical doctor have come up with a device that may block the transmission of the HIV virus from the mother to the baby through breast milk. HIV-infected mothers who have no option but to breastfeed their babies contribute to the global spread of HIV, and scientists have long fretted over how to stop it. The breakthrough promises protection to the estimated 700,000 babies who are born each year to HIV-positive mothers - the overwhelming majority of them in sub-Saharan Africa, but many thousands in India too.

After a month-long meeting in August, a team of five engineering students and an experienced medical doctor recently announced that they have found a simple yet effective way of disinfecting breast milk by modifying an existing nipple shield. According to one of the researchers, Stephen Gerrard of Cambridge University, the team was initially given the task of finding a practical way to "deactivate" the HIV virus by heating mother's milk.

"We quickly established the concern that this may be too lengthy for many women in developing countries, so they might not have the time for it," said Gerrard in a statement to his sponsors, the international volunteer group Engineers without Borders.

The team then came across a research group at Drexel University in Philadelphia who had identified a compound called Sodium Dodecyl Sulphate (SDS), which could kill the HIV virus quickly. "They have been studying SDS for use in a filter in a baby bottle, but we came up with a way to make its use much more practical," said Gerrard. Bringing in the Drexel researchers into the project, the team made slight changes to an existing nipple shield so that it could be used to add SDS to breast milk. "We found that if we added a non-woven material like cotton-wool or felt containing SDS to the nipple shield and had the baby feeding on that, the HIV virus could be de-activated without having to go through the heat treatment," said Gerrard. Although the team has filed an application at the US Patent Office, a spokesman for Engineers without Borders UK said there was "no way" the research would be used to make a profit. "Our whole approach is of not-for-profit research, and it's the same with the IDDS at MIT, so there's no way the research will be used for making profit," Chris Cleaver, a Cambridge University engineer, told sources.

Adapted: dailyedunews.

Heart transplant is a long process because you have to wait for a potential heart that is suitable for you and your condition. But there is a new device now that will no longer make a heart patient wait – the Berlin heart. One of its great advantages is it comes with different sizes, from the smallest fitted for babies and large sizes for adults. The Berlin heart takes over the patient's heart for a while that allows it to rest and this will let the patient's body to gain strength thus, making them a better candidate for heart transplantation. And 77 percent of patients who uses Berlin heart survive to their transplant surgery.

Latestmedicalbreakthroughs.com

LOCAL NEWS & UPCOMING EVENTS

Welcome to the newest FMA members:

Dr Ronal Ritesh Kumar: Nadarivatu Health Center

Dr Ranu Anjali Lautoka Hospital

Dr Laisani Veiqaravi Natuva: Tavua Hospital

Dr Aporosa Robaigau: Raiwaqa H/C, Nadroga

Dr Alumita Serutabua: Nacula H/C, Yasawa

Dr Virisila Sema: Ba Mission Hospital

Dr Finau Matatolu: Sigatoka Hospital

Dr Shayne A Prasad: Yasawa

Dr Mark Rokobuli: Lautoka Hospital

Dr Lisepa Tabaka: Lautoka Hospital

A big welcome back to Dr Jitoko Cama, Consultant Surgeon, specializing in pediatric surgery based at CWMH and the Fiji School of Medicine.

Review of the Medical and Dental Act:

This is finally underway and Dr M Schramm has been hired as a consultant by WHO to tackle this great task.

An update is on page 3 & 4.

Upcoming Local Events:

- Central Mini Seminar third week of April, details to follow.
- Combined FMA, Gold Coast Medical Association and FCGP Conference at the Radisson on the 24-26th of September.

FMA end of year Masquerade Ball, date to follow.

Congratulations!!

- Dr Semesa and Dr Sukafa, cent/east committee members for tying the knot in December.
- Dr Rajeev P, Drs' Edward and Finau Rickets for completing the ACM course in Melbourne in January.
- To all our members who are currently in the postgraduate diploma program and to those who made it to the next step of training, all the best for this year!!

RURAL EXPERIENCE

FIRST POSTING :

My first posting after internship was to the island of Kabara in Lau. I remember thinking to ask someone about flights and how far it was from Suva and can I get Vodafone reception there? Growing up in Suva and hailing from Lomaiviti, I knew next to nothing about the Lau group.

I then found out that Kabara was quite far, in the same direction as Ono-I Lau which I had heard was closer to Tonga. There were no airports there, few boats visited the island but at least they had their own vessel the Taikabara. I decided to go and got myself ready, filled with a sense of adventure, anticipating my departure.

I can never forget the day I first saw the Taikabara, so many thoughts went through my mind, "Is this it?"….. "Will I survive"…… "Can it really take people?".

I swallowed my fears and told the driver to unload my things, silently thanking my mum for putting in extra padding in my cartons. Leaving the Suva harbor that day was not without regrets but I was determined to stick to my decision.

As we approached Gau I found myself dozing off, waking up about an hour later to find that we were still passing Gau. The same occurred as we passed Moala. I had only seen the islands of Gau and Moala from the air and used to admire them but on the Taikabara I found myself resenting them because it took more than half a day to get past them, one can only admire for so long.

For a small boat the Taikabara rode those huge waves quite well and I began to appreciate the sight of the vast ocean and the way the sun shone through crystal clear waters, I even saw schools of fish passing by. After a two day journey, Kabara was a welcome sight. The first thing that struck me was the sand, it was so white and made the island so beautiful. My first thought was "yes it was worth it".

Though half of my cartons were slightly squashed and my kerosene drum lost (because it was accidentally offloaded in another island) I was still determined to go ahead with my adventure and tackle whatever this assignment threw at me…….

By R Mataika

Class of 1998

Please feel free to send in stories of your own experiences.

Why do we need a new Medical Practitioner's Act?

Q. What is wrong with the present Act?

A. It is seriously out-of-date, and refers to standards and conditions that have changed out of sight since it was legislated in 1978.

The Act does not define its reason for existence:

How about this ???

1. *To protect the public by providing for*
   - *the registration of medical practitioners*
   - *and medical students,*
   - *and investigations into the professional performance and ability to practise of registered medical practitioners, and*
   - *the ability of registered medical students to have direct patient contact*
2. *To regulate the advertising of medical services*
3. *To establish the Fiji Medical Registration Board as a body corporate to provide all services necessary under this Act*
4. *To provide the Fiji medical Registration Board with all powers necessary to carry out the services made necessary under this Act.*

Continued on page 4.

An ordinary member who has rendered singular and outstanding service to the Fiji Medical Association or to the advancement of medical practice research, or education may be recommended by Council to the Annual General Meeting to become a fellow of the Association. If the recommendation is endorsed by eighty percent of the voting members present, the member shall become a

Fellow of the Association.

SPECIAL FEATURE : MEDICAL & DENTAL ACT REVIEW

The Council/Registration Board

- Has no community (consumer) representative (s)
- Is not resourced, to carry out its functions (no Secretariat, registry, international links
- Is so closely integrated into the Ministry of health, that it cannot exercise independence of function; cannot relate to community needs and expectations, can potentially be manipulated to conform to requirements of PSC, political interference, etc.
- Fails to establish the powers and procedures of the FMC to such a degree that it can function effectively. (*If its procedures are not defined, everything it does can be challenged and its work frustrated)*

How about this ?

An 11-member Council, quorum 6 (at least 4 medical practitioners)

Ministerial Appointments:

-Medical Academic (1);

-Medical, in Public health sector (1)

-Legal professional (1)

-Medical Specialist, from nominated panel of 3 (1)

-Nurse Practitioner, chosen from panel of 3 , nominated by FNA (1)

-Community representative: Appointed by Min for Social Welfare in consultation with Consumer Council, & FHRC (1)

-Members appointed by Fiji Medical Association according to FMA rules (1)

-Member appointed by FCGP acc to FCGP rules (1)

-Members chosen by election by all RMP's (3) Election conducted by Supervisor of Elections

At least 4 men, and 4 women, among the total membership.

Chairperson to be a RMP, appointed by Minister

Vice-chair to be chosen by Council

Term of office 3 years, eligible for reappointment; Maximum term 9 years.

Criteria for Registration

- The Act relates to GMC as the gold standard: GMC has changed out of sight since 1978
- It does not address the need (which we all now agree upon) for regular renewal of registration,
- Procedures are largely undefined
- It has many "grey areas" re categories of registration which are not in line with the realities of medical practitioner needs of Fiji. (NB for newly contracted officers; for holders of FSM Masters and diplomas)
- The empowerment for FMC to keep a register of specialists is out of tune with concepts of post-MBBS vocational accreditation for every practitioner who is to work in an independent setting.

The visiting specialists who come more than twice (eg Interplast, Operation Open Heart, etc) are in a grey area; *temp regn can be renewed only once!)*

How about this:

1. Borrow from New Zealand: 3 stages of registration:
   - Provisional *(internship)*
   - General (*Completed internship); allows practice in any field, under supervision, which need not be on-the-spot, of a vocationally-trained practitioner*
   - Vocational *(Independent practice, as GP, PH, admin, Surg, O&G, Paed, etc*)
2. Registration to be Provisional for all RMP's, **on first** commencing practice in Fiji at any level:
   - For new graduates it will be for the length of their prescribed internship
   - For all others, for not less than 4 months; subject to satisfactory performance report from clinical peers, appropriate registration will be confirmed as from the date of commencing work
3. Annual renewal of Registration, linked to:
   - Recency of practice
   - Participation in an accredited CME programme, on a 2 or 3 year cycle
   - Strict requirements of accountability and transparency (certificates/cards always available to public, showing currency and category)
   - Provision for non-practising registration, eg administrators, retirees, WHO secondments

Powers and Procedures of Council:

Council must no longer be an integral part of the Ministry of Health.

- An independent Secretariat, under a Registrar/ Executive Secretary/CEO, with adequate secretarial support
- Powers and procedures must be established by law and regulation, to enable it to function efficiently in disciplinary and regulatory matters
- A procedure for receiving, recording, investigation and triage of complaints must be set down
- Conciliation must be included in procedures
- Power to impose serious fines should be available for misconduct that is concerned with failure to primarily "commercial"
- A Tribunal, headed by a judge or senior legal practitioner, must be established to deal with serious cases of professional competence and misconduct, where de-registration is considered by Council to be indicated
- The extent to which an appeal against Tribunal decisions can be determined by the Supreme Court should be set; i.e. issues of procedure only
- The situation of a pending civil or criminal trial must be covered
- Powers to make limited-term suspension of registration in cases of urgent need to protect the public should be provided,

It must be EMPOWERED to develop standards and protocols and procedures, and to amend, improve, and adjust them according to changes in society and in the practice of medicine.

It must be REQUIRED

- to publish its protocols to the profession;
- to make its protocols transparent, and to follow them;
- to publish the outcomes of its deliberations / decisions
- to be non-discriminatory (except in matters related to the fitness to practice, in which it must develop and exercise finely focussed standards and judgement)

It must be given the MANDATE

- To assess training courses for MP's as appropriate for recognition in Fiji
- To set and administer testing of linguistic competence for practice in Fiji
- To monitor the training provided by Fiji School of Medicine, to ensure that an appropriate standard is maintained
- To fix the criteria for minimally acceptable internship for all graduates
- To grant waiver of internship requirements in exceptional circumstances, in conjunction with appropriate restrictions on practice (*eg a cardiac surgeon who has not done any O&G & paeds can practice as a cardiac surgeon, but not a GP; a doctor entering primary health care work MUST have had or obtain appropriate basic Paed and O&G experience.)*
- To set criteria for renewal of registration based on:

  - Recency of practice

  - Participation in CPD/CME : (*Assessment of CME would be subcontracted to bodies such as FCGP, PSRH/RANZCOG, and other bodies with established programmes*)

  - Current employment contract / FTIB approval for non-citizens of Fiji.

- Maintain register of retired / non practising doctors, (*including doctors continuing in practice, but outside Fiji)* and set appropriate conditions, on receipt of applications, for re-entry into full or conditional registration.
- Develop standards and procedures for validating applicant's claims of qualifications and experience, with a view to minimising opportunities for fraud (*I am following up a possibility of access to the resources of the ECFMG organization in USA)*
- Investigate complaints against medical practitioners, received through patients, patient's relatives, medical institutions, Fiji Human Rights Commission, and as appropriate promote conciliation;
- conduct enquiries
- determine on suspension/cancellation of registration, or
- apply conditions upon practice, upon an a practitioner who is impaired (eg by health, drug dependence, age etc)