



## Egypt's Healthcare Reform Bill

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*By*

### Healthcare Reform Egypt Egypt (HRE)

Although we fully appreciate many of the lawful reasons that drive physicians to strike in the past, our group adopts a wider scale of long-term objectives, a root cause analysis approach and a uniting rather than dividing pathway of application. We believe in the crucial role of the public pressure in gaining the legislative power for a true and long lasting change. We also believe that health care workers, patients and all Egyptians have the right to understand their health care rights and should participate actively in creating the change.

Our activities revolve around empowering a public bill that defines the key steps to create the desired reform. Accountability, independency of quality control, removal of conflict of interest and following internationally standardized routes of success are the *four* basic principles that encompass the *twenty* subjects of the bill. Communicating the concepts in the bill to the public, media and health care workers is our chief plan to get the required support for further parliamentary and governmental involvement. The proposed bill, which were framed by 46 authors over 30 months of field work, including workshops, brain-storming sessions, communications with world experts, and collecting feedback from patients, students, physicians and academics can be summarized in the following headings:

1-Improving the **medical service** offered to Egyptians to the international levels by applying well recognized methods of health reform including and not limited to: Quality control and monitoring of all sites that offers clinical services, mandatory accreditation of the main central clinical units and of training programs of medical graduates, reliable sources of patient information, monitoring of alternative therapies and investigational practices, and increasing the value of bioethics and bed side manners in medical education.

2-Replacing the unacceptable system of **clinical teaching** that employs poor patients as clinical models in teaching hospitals during everyday training and exams in return of a reduced or free of charge essential medical care. This could be seen as an overt means of social discrimination of patients under the pressure of need and should be terminated and **replaced** by the standard methods of training world wide such as clinical shadowing, participation of students in clinical duties, simulators, multimedia, simulated patients...etc.

3- National action program to stop the catastrophic spread of **hepatitis in Egypt**, being the top country in the world in the prevalence of HCV as a result of the global poor sterilization and infection control practices. The program has to work on the proper infection control training of the medical personnel, acquiring the adequate legal power to supervise and account the sterilization procedures in hospitals and clinics, prioritization of funding of infection control equipment and supplies, prohibiting the performance of invasive procedures and



blood transfusions in non-licensed places, providing feedback to the public about the true statistics and alarms against sites showing unsafe medical services, encouraging research in this area...etc.

4- Foundation of independent, transparent and accountable body for **national medical examinations** to replace the current institutional subjective system and root out corrupt examination practices that prevailed in the Egyptian medical schools and discredited their credentials internationally. This body will be responsible for standardizing the qualifications of medical graduates before entry to medical training. Similar entities are the General Medical Council of UK and the Medical Council of Canada.

5- Elevating **medical education** standards to the international ones and the establishment of channels for students to participate actively in their learning process. Students should be able to evaluate their teachers and educational methods.

6- All Egyptian medical graduates **MUST** undergo a standard **RESIDENCY** program in accredited teaching hospitals before given the right to **PRACTICE** medicine independently. Astonishingly, only a portion of medical graduates gets into residency programs while the rest are licensed without any residency or after very poor training in non supervised non equipped governmental hospitals.

7- Founding an **independent** and accountable body for **accreditation** of residency and fellowship programs nation wide. This organization is crucial to ensure the ability of these programs to equip residents with standardized training and expertise. This body should be qualified through agreements with world class organizations such as the Accreditation Council for Graduate Medical Education (ACGME) of USA.

8- Establishing accredited **sub-speciality** fellowship programs in the leading academic centers nationwide. This is an important obligation of such centers towards our citizens to develop generations of skilled and truly experienced physicians in clinical sub-specialities. It should be unacceptable to waste precious human and country resources only create replicates of the traditional generalists (*All in one physician*) whilst medical knowledge is enormously expanding and increasingly requires sophisticated specialized training.

9- Restructuring the postgraduate medical **degrees awarded** in Egypt. The clinical degrees that denote the qualification of a physician as a specialist (Board Certification) or subspecialist (Fellowship) should be independent of academic degrees such M.Sc. or PhD that denote qualification in research and academia.

10- Reforming the **repulsive** graduate research environment into an objective timed system of evaluation to encourages master and doctorate candidates to innovate and excel.

11- Strict application of research ethics and prohibition of **plagiarism** in all forms of research produced in Egyptian institutions. No scientific progress could happen with the current unacceptable research ethics.

12- Demanding the schools of medicines to take their role as a producer of medical knowledge and science in Egypt. Solutions for the main obstacles are detailed in the full version of the bill.

13- Removal of the **serious conflict** of interest generated through private practice of faculty members and consultants working in university and public hospitals.

14- Advocating new policies for nurses' continuous training and work environment. **Nursing** represents a definite substandard part in the Egyptian health care. Key approaches are suggested in the bill.



- 15- Developing internal democracy in the medical sector by encouraging democratic practices.
- 16- The right of Egyptians to have **Preventive Medicine** instead of the late palliative care they had to deal with.
- 17- Establishing a national electronic medical records system applying security and privacy regulations.
- 18- Quality control over locally produced medicines and drugs.
- 19- Constructing an effective **national health insurance system** that ensures the right of all citizens to **equal health care of standard quality**. Taxation and funding sources can contribute to the system.
- 20- Prioritizing spending of public money over health care reform and proposing new sources of funding.