

MEDICAL COUNCIL OF ZAMBIA

Medical Council of Zambia Strategic Plan

**“MCZ TRANSFORMED INTO A CONTEMPORARY
HEALTHCARE REGULATORY AUTHORITY”**

STRATEGIC PLAN: FISCAL YEAR 2008 - 2013

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EXECUTIVE SUMMARY

During this strategic plan formulation process, the various organisational, environmental and policy assessments revealed that the MCZ is at cross roads facing three core challenges: the new scope of mandates envisaged in the draft Health Professionals Bill (2006) & other policy directions; the increasing number of licensees and consequent increase in number of registers and demands for procedural guidance; and the necessity to transform into a modern regulatory authority befitting of current times.

This strategic plan, which builds on the experience of MCZ to date, outlines an innovative approach to instigate MCZ to address its challenges. The theme of this strategic plan is “To transform the MCZ into a contemporary regulatory authority.” The consensus of the stakeholders was that the principal drivers necessary for the transformation to take place, were: organisational development of MCZ, and the strengthening MCZ’s ability to promote quality assurance and performance assessments of healthcare services in Zambia. The strategic plan also takes into account the prevailing National Health Strategic Plan (NHSP), the Fifth National Development Plan (FNDP) and other relevant and appropriate national and institutional policies. The strategic planning process has been conducted through a consultative process and financially supported by the Ministry of Health and Health Systems and Services Program (HSSP).

Mission Statement

The Medical Council of Zambia is a regulatory Statutory Body that acts in the interest of the public and its licensees. It sets, promotes, and enforces ethical and professional standards of the practice of health professionals and institutions to ensure provision of quality healthcare services to the public.

Vision Statement

The Medical Council of Zambia will safeguard the ethical conduct, professional excellence, and safe working environments in order to ensure provision of quality healthcare services in the public interest.

Shared Values

The Medical Council of Zambia is dedicated to providing regulatory oversight in healthcare services for the benefit of the public. In the provision of healthcare services Medical Council of Zambia demands for:

- Professionalism
- Accountability
- Best practices
- Integrity
- Client focus

Strategic Directions & Objectives

Organisational Development

MCZ continues to suffer from government dependency, a weak organisational structure, poor staffing levels, and a predominantly antiquated information management system.

Strategic Direction 1 “Increasing the Autonomy and Independence of MCZ” supports MCZ in achieving the necessary independence required of a credible regulatory authority. The levels of autonomy and independence envisaged are achievable if MCZ became financially self-sustaining and operated from independently-sited and permanent premises.

Strategic Direction 2 “Improve the Organisation Structure and Capacity of MCZ” aspires to ensure the highest technical and managerial competence deemed appropriate for a regulatory authority in the Zambia of modern times.

Strategic Direction 3 “Improve Use of ICT in Information Management & PR Activities” speaks to the necessity to evolve in order to meet the demands imposed by an advanced ICT business environment and public expectations.

Quality Assurance and Performance Assessment

The policy and regulatory framework to stimulate quality assurance in healthcare services, and performance assessments of healthcare service providers remains significantly underdeveloped, as does, the framework for the protection of the public.

Strategic Direction 4 “Improve Assessment and Reporting on Performance of both Public and Private Healthcare Organisations” supports the strengthening of National Health Standards, the methodology and tools to assess the standards being provided, together with developing a framework for publications of reports on the state of healthcare in Zambia.

Strategic Direction 5 “Strengthen the Registration & Renewal Systems” fosters guidance on good practice, supports continued professional development (CPD) for licensees and strengthens procedures for registering foreign trained graduates.

Strategic Direction 6 “Strengthen Systems to Safeguard the Public” promotes public interest and patient protection by supporting the development of systems to inform patients, carers, the public, and Government about the standards and quality of healthcare services in Zambia.

The strategies that will be employed to achieve the objectives set out for each strategic direction have considered the Zambian context with regard what is and is not possible in Zambia. Lessons from the implementation of the outgoing 2001-2003 strategic plan suggest that leveraging of resources for the implementation of this strategic plan will be critical to its success. High-level Government support (project

sponsorship) and the goodwill of cooperating partners will be desirable and actively sought.

Key indicators for measuring the success of this strategic plan will include:

1. Percentage of MCZ's income from self-generated sustainable sources (e.g. licensing fees, penalties, accreditations).
2. Progress on relocating to independently-sited and permanent premises.
3. Percentage of total number of protocols/guidelines developed based on the total number of protocols/guidelines set in this strategic plan.
4. Percentage of posts filled in the new MCZ organisational structure.
5. Percentage of turnover of new staff at MCZ.
6. Percentage of staff with access to individual computer workstations that have access to the internet and e-mail services.
7. Availability of registration information, registers, and accreditation information on the MCZ website.
8. Number of roadworthy vehicles available weekly for five years for the MCZ inspectorate.
9. Percentage of public/patient complaints processed through the new complaints procedures/systems.
10. The number of annual reports on the state of healthcare services in Zambia published in 5 years.
11. Public awareness about the mandates and responsibilities of MCZ.

The total budget required for the implementation of this strategic plan is approximately, K5.5 billion. The construction of the new independently-sited permanent premises is the biggest expenditure at K4.04 billion while the other components of the strategic plan will require K1.36 billion. Budget requirements by strategic direction are as follows: SD 1 K4.04 billion, SD 2 K61 million, SD 3 K70 million, SD 4 K902 million, SD5 K240 million, and SD 6 K60 million respectively.

Objectives

1. Increasing the Autonomy and Independence of MCZ

Objective 1: By December 31, 2008, the MCZ will obtain at least 60 percent of total revenue from self-generated sustainable sources (e.g. licensing fees, penalties, accreditation fees).

Objective 2: By December 31, 2008, the MCZ will have implemented a financial accounting and management system that allows for budget planning, efficient management and reporting of annual expenditures, and timely and accurate financial reporting.

Objective 3: By December 31, 2008, the MCZ will have developed structural building plans and bills of quantities and have them approved by the Ministry of Works and Supply.

Objective 4: By December 31, 2008, the MCZ will have developed procedures for engaging Government and Public stakeholders that enhance its capacity to be independent, fair and open in its decision making processes.

Objective 5: By December 31, 2013, the MCZ will have commissioned its new and independently sited permanent premises.

2. Improve the Organisation Structure and Capacity of MCZ

Objective 1: By June 30, 2008, the MCZ will have completed an organisational structure review and restructured MCZ units to increase efficiency and improve service to MCZ stakeholders in fulfilment of the MCZ mission. The restructured MCZ units will include Core Units (Registration & Registers; Inspections & Accreditation; Training & Continued Professional Development; Standards & Fitness to Practise) and Administration & Support Units (Accounts & Public Relations).

Objective 2: Over a three-year period ending December 31, 2010, salaries and conditions of services will be reviewed and adjusted to ensure that the MCZ employee compensation package is attractive and competitive with that of similar institutions in the country.

Objective 3: By December 31, 2009, the MCZ will have recruited staff to fill its new establishment.

Objective 4: By December 31, 2009, technical, administrative and management expertise of the MCZ will be continually strengthened and upgraded through the development and delivery of a comprehensive human resource development programme.

3. Improve Use of ICT in Information Management & PR Activities

Objective 1: By December 31, 2008, the MCZ will have upgraded Internet access and e-mail facilities to all key staff and have completed its ICT situational analysis and made requirement recommendations.

Objective 2: By October 31, 2008, the MCZ will have procured 70% of its ICT requirements

Objective 3: By December 31, 2008, the MCZ will have installed and made functional all its ICT requirements.

Objective 4: By June 30, 2009, the MCZ will have converted its registration records into a digital database.

Objective 5: By June 30, 2009, the MCZ will have its registers available on MCZ Website.

4. Improve Assessment and Reporting On Performance of both Public and Private Healthcare Organisations

Objective 1: By June 30, 2008, the MCZ will have strengthened the existing National Healthcare Standards and Accreditation Guidelines for Anti-retroviral Therapy (ART).

Objective 2: By June 30, 2008, the MCZ will have completed developing the methodology and assessment tools consistent with new National Healthcare Standards.

Objective 3: By August, 2008, the MCZ will have developed the framework to support publications of annual reports on the state of healthcare services in Zambia (including the reporting of adverse patient care incidents).

Objective 4: By December 31, 2008, the MCZ will develop and implement a systematic compliance-monitoring programme and employ a full complement of inspectorate staff to service MCZ-regulated stakeholders.

Objective 5: By December 31, 2008, the MCZ will have increased and maintained in good working order its fleet of inspection vehicles to at least three.

5. Strengthen Registration & Renewal Systems

Objective 1: By August 31, 2008, the MCZ will have reviewed, strengthened and implemented registration and renewal systems that verify evidence of continuing professional development.

Objective 2: By December 31, 2008, the MCZ will have reviewed and strengthened guidelines for accrediting CPD centres and published an initial list of approved CPD centres and activities.

Objective 3: By December 31, 2008, the MCZ will have reviewed and strengthened guidelines for assessing and registering foreign trained medical graduates.

6. Strengthen Systems to Safeguard the Public

Objective 1: By December 31, 2008, the MCZ will have developed and documented systems or processes for dealing with patient complaints and for dealing with unregistered healthcare establishments.

Objective 2: By December 31, 2008, the MCZ will have developed and documented systems or processes for investigating significant failings in provision of healthcare services.

Objective 3: By December 31, 2008, provide best possible information to the public on activities that safeguard patients and promote continuous improvement in healthcare services for patients, carers and the public.

LOGFRAMES FOR EACH STRATEGIC DIRECTION

The final section of this Strategic Plan contains summary tables of strategies, activities, inputs, budgets, outputs, indicators, and means of monitoring and evaluation. For each of the strategic directions and objectives identified. The tables will be used to guide MCZ priority activities and as a basis for reporting and discussing progress with key stakeholders. Action plans (Gantt charts) are provided in the appendix.

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ACRONYMS AND ABBREVIATIONS

AIDS	–	Acquired Immune-Deficiency Syndrome
ART	-	Anti-retroviral Therapy
CHAZ	–	Churches Health Association of Zambia
CBOH	–	Central Board of Health
CPD	-	Continued Professional Development
FAMS	-	Financial Accounting & Management Systems
FNDP	-	Fifth National Development Plan
ICT	-	Information Communication Technology
GDP	-	Gross Domestic Product
GRZ	–	Government of the Republic of Zambia
HIV	–	Human Immune Virus
HSSP	-	Health Systems Services Program
MCZ	–	Medical Council of Zambia
MOH	–	Ministry of Health
NHSA	-	National Health Services Act
NHSP	-	National Health Strategic Plan
PR	–	Public Relations
SMART	-	Specific, Measurable, Achievable, Relevant, Time - bound
UTH	-	University Teaching Hospital

DEFINITIONS OF KEY TERMS

<i>Strategic Planning</i>	Strategic planning involves getting insights about where an organisation is (now), gathering information that identifies where the organisation should be in the future and generating the decisions that are intended to bridge the gap.
<i>Operational Planning</i>	Is usually carried out on an annual, semi-annual, or quarterly basis and is concerned with resource allocation and action planning related to the achievement of short and medium-term goals and objectives that are in turn related to the longer term strategic plans and objectives.
<i>Mission Statement</i>	The Mission Statement is a broad description of what the organisation does, with and for whom the organisation does what it does, and WHY the organisation exists (the ultimate end). Mission conveys a sense of “fundamental purpose.”
<i>Vision Statement</i>	Future-oriented statement of the ‘ideal’, describes the future the organisation intends to create. The Vision Statement provides direction and inspiration for organisational goal-setting and conveys a sense of “future direction.”
<i>Values Statements</i>	Values describe how an organisation intends to operate, on a day-to-day basis, as it pursues its vision and mission. Values are normally ethical considerations and are best expressed in terms of behaviour. “How do we go about doing our work?” If we behave as we should, what would an observer see us doing? How would we be thinking?
<i>Strategic Direction (Goal) Objective</i>	Is a statement of the medium or long-term result that the organisation or institution will achieve in pursuit of its mission. Is a statement of specific shorter-term results which contributes to the achievement of a goal. It should be SMART (Specific, Measurable, Achievable, Relevant, and Time-bound).
<i>Strategy</i>	Is a course of action or an approach (usually involving a group of activities) adopted by an organisation to achieve its goals, and thus fulfil its mission, in the face of existing and anticipated constraints, opportunities and resources.
<i>Activity</i>	An action or series of actions undertaken by the responsible person in order to implement or achieve an objective.
<i>Output</i>	The result of activities
<i>Indicator</i>	Is usually a measure by which means performance over time is assessed (could be a numeric value, a ratio, or a rate)

1.0 INTRODUCTION

This strategic plan is intended to guide operations of the Medical Council of Zambia (Health Professions Council of Zambia, when the Health Professions Bill is enacted into law) from 2008 – 2013. The plan was developed using a participatory planning process, which involved the participation of key stakeholders, within and outside the Medical Council of Zambia. As part of this process a consultant was commissioned to assess the financial performance, organisational structure, and operational context of MCZ in performing an internal assessment of the organisation. Afterward, two workshops, drawing participants from all sectors aligned to the functions of MCZ, were held and the provided opportunities for input into the Mission, Vision, Value Statements, SWOT and Gap Analysis, Strategic Direction Setting, and Priority Setting. The strategic planning process took into account the prevailing National Health Strategic Plan (NHSP), the Fifth National Development (FNDP), and other relevant and appropriate national and institutional policies. The strategic planning process was funded by the Medical Council of Zambia, Ministry of Health, and Health Systems and Services Program (HSSP).

Additional materials relevant to the production of the strategic plan, such as workshop agendas, participant lists, workshop materials and summaries of issues deliberated by participants during the strategic planning process are available from the Medical Council of Zambia and have been compiled under a different volume.

2.0 MCZ STRATEGIC PLANNING PROCESS

2.1 MCZ Strategic Planning

The last comprehensive strategic planning effort undertaken by the MCZ was in 2001 when developing the MCZ 2001-2004 Strategic Plan. The focus of the plan included:

- Registration of practitioners
- Registration and inspection of consulting rooms
- Greater visibility of the MCZ at service level and to the general public
- Practitioners' professional development
- Quality Assurance

The performance of the 2001-2004 Strategic Plan was reviewed as part of the current strategic planning process.

In 2001 a number of planning exercises, organisational development and policy considerations that were undertaken or applied to the MCZ since its inception in 1966 when it was established by the Medical and Allied Professionals Act, were considered including:

- 1966 - MCZ established (Medical & Allied Professionals Act)
- 1977 - Act revised
- 1992 - Govt Policy Change started
- 1995 - National Health Services Act (NHSA)

In more recent times several developments have demanded that the MCZ strategic framework be drastically refocused and redirected to align MCZ strategic directions with Government policy and the emerging new statutory functions. The developments for consideration included:

- 2005 – National Health Services Act (Repealed)
- 2006 - Health Professions Bill submitted to Cabinet Office
- 2006 –An Independent Review of the State of Healthcare Regulation in Zambia Commissioned.

The MCZ and MOH, in partnership with HSSP agreed to undertake the 2008 – 2013 strategic plan for MCZ. They commissioned a Zambian consultant and provided oversight to the strategic planning process together with provisions for planning meetings and workshops.

2.2 Current Strategic Planning Initiative

The development of this strategic plan has been founded on the strategic planning model that consisted of the following four steps:

- Step 1: Assessment (institution & context)
- Step 2: Establishment of a Vision
- Step 3: Identification of Gaps

- Step 4: Definition of Strategic Change

The preparation of this plan involved several sets of meetings and consultations with MCZ staff and former Council members; representatives of professional bodies that have members on the MCZ registers, neighbourhood health committees, clergy, traditional health practitioners, health insurance industry and other special interest groups. Meetings with stakeholders, workshops and information collection were conducted between August and September of 2007. The strategic planning workshop helped to locate the strategic plan in national context and developed a shared understanding of the strategic planning process. Additionally, the workshops provided for opportunities for stakeholders to contribute to review the performance of the 2001-2004 Strategic Plan and contribute to the 2008-13 SP framework [Mission, Vision, SWOT, Gap Analysis, Strategic Direction].

3.0 HISTORY OF THE MCZ

Establishment, Administration and Finances

The Medical Council of Zambia (MCZ) was first established in 1965 by the Medical and Allied Professions Act of 1965 (Chapter 544 of the Laws of Zambia). The Act was replaced by the 1977 Medical and Allied Professions Act. In 1996 the Act became known as Medical and Allied Professions Act number 22 of Chapter 297 of the Laws of Zambia. The Act provides for the regulation of medical, paramedical, dental and allied professions; and for matters connected with or incidental to the practice of the regulated professions. The MCZ was established as a body corporate having perpetual succession and capable of suing and being sued and of purchasing or otherwise acquiring, holding and alienating movable or immovable property and subject to the provisions of that Act, of performing all such acts as bodies corporate may by law perform. The Medical Council consists of seventeen members of whom 14 are appointed by the Minister of Health, the other three are provided for by virtue of holding a designated position. The Chairman and a Vice-Chairman are elected by the Council from amongst the members of the Council. The Council has a secretariat which is headed by the Registrar as the Chief Executive. The Registrar is employed by the Council and is the secretary of all Council Committees. The committees of the Council include a) the Executive Committee, b) the Paramedical Professions Committee, c) the Examinations Committee, d) Disciplinary Committee, and e) other occasional committees of the Council as it thinks fit. The funds of the Council consist of all fees and other moneys payable to the Council in pursuant of the Act; such moneys as may be payable to the Council out of the moneys appropriated by Parliament; and such other moneys and assets as may vest in or accrue to the Council, whether in the course of the discharge of its functions or otherwise.

Functions

The principal functions of the MCZ include the following:

- Cause to be prepared and maintained registers of prescribed health professions (except for nurses who are provided for by an independent and different Act).
- Consider matters relating to training for whom it is empowered to establish a register under the Act.
- Regulate the practice of health professions and health professionals
- Registration of consulting rooms, hospitals, diagnostic services, training institutions, and other specialised services
- Advise the Minister on matters relating to health professions, and
- Do all such things that are connected with or incidental to the foregoing.

Premises

Prior to 1992 the MCZ was squatting in the University Teaching Hospital (UTH). In 1992 MCZ spent approximately K16 million for office on the Dental Training School Plot, *Dental Training School Premises, Wamulwa Road, Thornpark*. The office

buildings are considered a current asset because whenever the MCZ moves to a permanent office, the equivalent amount of the cost of the building shall be recovered from Dental Training School (valued at K16, 425, 012 – 2004 financial statements). The MCZ does not hold title on these buildings.

Financial Performance

Over the period of the previous strategic plan the MCZ income heavily depended on subscription, registration fees and the GRZ grant. Over the years, since inception, organisation's operations have been constrained by dependence on limited budgetary allocations and a sluggish registration fees base. Financing of the previous strategic plan was negligible receiving Kwacha eighteen million of the budgeted Kwacha One and a half billion.

Operational Efficiency

The MCZ has suffered the dilemma of maintaining the institution's broad mandate without receiving commensurate resources for its implementation. Consequently, long-standing administrative and management issues have consequently resulted in unfilled key posts or the recruitment of staff who have retired from active service in other sectors. The antecedent factors have limited MCZ coverage largely confined to urban areas and the private sector. There has also been inadequate dialogue with key stakeholders such as the public and professional bodies.

4.0 THE IMMEDIATE FUTURE FOR MCZ

The eminent enactment of the Health Professions Bill underpins the strategic demands to be applied to the MCZ. These are compounded by the new expectations of the MOH with regard accreditations, performance assessments and standard setting for public and private healthcare provisions enshrined in the policy changes since the dissolution of the Central Board of Health due to the repeal of the National Health Services (1995) Act. Additionally, the increasing demands and expectations of the increasing ranks of new licensees invariably require more of the MCZ. Nevertheless, the statutory provisions of the draft Health Professions Bill will impact the MCZ most considerably:

Highlights from the Draft Health Professions Bill 2006

Part II: Health Professions Council of Zambia – Functions:

- Register members of the health professions;
- Regulate the professional conduct of health practitioners;
- Issue annual practicing certificates to registered health practitioners;
- Approve professional training programmes required as condition of registration or the issuance of practicing certificates;
- License health facilities such as hospitals, hospices, clinics, health centers, consulting rooms, diagnostic services and other specialised services;
- Monitor quality control and assurance of health facilities such as hospitals, hospices, consulting rooms, diagnostic services, and other specialised services;
- Accredite licensed health facilities to provide particular medical services;
- Investigate complaints filed against registered professionals or licensed health facilities;
- Investigate allegations of unprofessional conduct against registered health professionals and impose such sanctions as may be indicated by the circumstances;
- Advise the Minister on matters relating to health professions; and
- Do such things that are connected with or incidental to the foregoing.

Part II: Health Professions Council of Zambia – Staff:

- The Council may employ on such terms and conditions as it may determine, such other staff as it considers necessary for the performance of its functions under this Act.

Part VI: Training

- The Council prepare and publish guidelines for the minimum professional and technical training to be provided by training institutions to persons who are to be registered in a particular class of health professionals under the Act.
- An educational institution wishing to offer training for health professionals shall apply to the Council for approval of such training programme, providing

such information on facilities, faculty and curriculum as the Council may require.

- No educational institution in Zambia shall hold itself out as providing training to prepare students for a particular health profession unless such training programme is approved by the Council under subsection (3) of Section **thirty-five**, and any institution which violates this subsection shall be subject to a fine of not more than 3,000 penalty units.

Part VII: Licensing of Health Care Facilities

- Licenses shall be issued by the Council according to the nature of the License services provided in the health facility and shall be categorised as follows:
 - a) **Class A Facilities** providing inpatient care for acutely ill individuals requiring regular monitoring and intervention by medical doctors, including hospitals and hospices providing palliative care for the terminally ill. Such facilities may be owned by any natural person, company or organisation, but health care in the facility shall be supervised by a medical doctor;
 - b) **Class B Facilities**, commonly called ‘clinics’ or ‘health centres,’ which provide services for prevention, diagnosis and treatment of disease and illness on an outpatient basis and incorporating the services of multiple registered health professionals and/or the use of equipment for diagnosis and treatment, including medical laboratories;
 - c) **Class C Facilities**, commonly called consulting rooms, where individual practitioners registered under this Act provide diagnosis and treatment, performing physical examinations using simple equipment and taking specimens for laboratory analysis, but not including facilities which employ multiple registered professionals or extensive diagnostic equipment or invasive procedures. Consulting rooms may be operated by different health practitioners within the scope of practice for such profession approved by the Council.

Part VIII: Accreditation of Health Services

- In order to improve the quality of care in certain high priority medical services and to assure that such services conform with treatment protocols or other standards designed to protect patients and the public health, health facilities may be required to obtain accreditation for one or more such services as provided in this Part. Such requirements shall be in addition to the requirements for licensure imposed on the health facility generally under Part VII.
- Medical services subject to accreditation shall be procedures for the prevention, diagnosis and treatment of a defined disease or set of diseases, or specialised services.
- Such requirement shall be designated as a required accreditation, and no facility shall provide such service or hold itself out as providing such service without first obtaining such accreditation from the Council.

5.0 THE NATIONAL CONTEXT OF HEALTHCARE REGULATION

Healthcare in Zambia is provided by government institutions, the Churches Health Association of Zambia (CHAZ), mining companies, parastatal organisations, private clinics, and traditional healers, all of whom are register able by the MCZ except for the latter. It is commonly agreed, that in the late 1990s, the quality of health service delivery had deteriorated in the face of a declining economy and Government was unable to provide adequate medical supplies, equipment, and infrastructure for optimal basic health care services. At the same time the disease burden was being worsened by the HIV and AIDS pandemic. Between 1992 and 2002 health indicators, in general, suggested service delivery service in a poor state and the quality of care low. The maternal mortality rate had increased from 649 deaths per 100,000 live births in 1996 to 729 deaths per 100,000 live births in 2002. While there was a decline in Infant and under-five mortality rates from 109 and 197 per 1,000 in 1996 to 95 and 168 per 1,000 live births in 2002 respectively, these were still considerably too high. Factors that contributed to the decline of some health indicators include the HIV and AIDS pandemic; inadequate health personnel; poor state of health facilities; insufficient drugs and medical supplies; and high poverty levels. Financial constraints were always a debilitating hindrance to the aspirations of delivering a quality health service.

Per capita total expenditure on health was US \$18 million for 2001-5. Inevitably, the provision of quality health care declined. In the FNDP, the vision is “to provide Zambians with equity of access to cost-effective, quality health care as close to the family as possible.” Zambia requires at least US \$255 million per year to offer basic health services. It is against this background that the FNDP aims to scale up total health spending to at least 4.6 percent of GDP by 2010 from 2.7 percent in 2006. GRZ allocations are planned to be raised to around 2.4 percent of GDP from 1.4 percent in 2006 while the GRZ allocations in the budget are planned to be raised to at least 12 percent by 2010, from 7.4 percent in 2006. Total health budget (both GRZ and donors) will require to be increased to around 17.5 percent by 2010 from 10.8 percent in 2006.

This is the health service delivery profile and economic backdrop in which the MCZ continues to operate. The National perspective, however, is an economy that has consistently grown at about 5 percent annually, and is looking up for better times, if the trend continues. The number and kind of graduates in the healthcare sector is projected to continue to grow for some time and the MCZ will have a critical role to play in the quality of their training, and practice thereof. On the scale of proportions, the scope and magnitude of demands to be made of the MCZ are expected to drastically increase for the period of this strategic plan. The MCZ must evolve in order to meet its new challenges.

6.0 MCZ MISSION, VISION AND SHARED VALUES

6.1 Mission Statement

The Medical Council of Zambia is a regulatory Statutory Body that acts in the interest of the public and its licensees. It sets, promotes, and enforces ethical and professional standards of the practice of health professionals and institutions to ensure provision of quality healthcare services to the public.

6.2 Vision Statement

The Medical Council of Zambia will safeguard the ethical conduct, professional excellence, and safe working environments in order to ensure provision of quality healthcare services in the public interest.

6.3 Shared Values

The Medical Council of Zambia is dedicated to providing regulatory oversight in healthcare services for the benefit of the public. In the provision of healthcare services Medical Council of Zambia demands for:

- Professionalism
- Accountability
- Best practices
- Integrity
- Client focus

7.0 MCZ STRATEGIC DIRECTIONS 2008-2013

The MCZ through consultations, held in September 2007, with MCZ staff and stakeholders have identified two priority strategic directions. The strategic directions highlight key organisation development and quality assurance & performance assessment issues that the MCZ must strive for over the life of this strategic plan. In addition to meeting these strategic directions the MCZ will fulfil its regular responsibilities provided for in the statutes that currently govern it. The strategic directions, however, have considered the eminent new regulatory mandates that will apply resultant to enactment of the Health Professionals Bill.

The MCZ is addressing the following strategic directions with this strategic plan:

Organisational Development

1. Increase autonomy and independence of MCZ
2. Improve the organisation structure, quality, and motivation of workforce to meet statutory mandates and evolving roles of MCZ.
3. Improve use of information communication technology (ICT) in information management and communication of healthcare regulatory issues and promoting MCZ activities

Quality Assurance and Performance Assessment

1. Improve assessment and reporting on performance of both public and private healthcare organisations
2. Strengthen registration & renewal systems
3. Strengthen systems to safeguard the public.

For each of the elements of the two strategic directions, an initial rationale outlining the issues and background leading to the strategic direction is provided. This is followed with a summary of the related objectives. Log. tables that provide further detail on the objectives, strategies, activities and outputs, budget elements, and responsibilities are included as appendices.

7.1 Strategic Direction: Organisation Development

7.1.1 Increasing The Autonomy And Independence Of MCZ

Rationale

Independence. Nothing but the highest possible standards of ethical performance and professionalism should influence regulation. However, autonomy and independence does not imply isolation. The MCZ will seek all available facts and opinions openly from Government, licensees, the public and other interested stakeholders. The MCZ will strive to base final decisions on objective, unbiased assessments of all information and explicitly state its reasons for the decisions. The levels of autonomy and independence described above are attainable if the MCZ is financially self-sustaining, owns and occupies its premises and buildings. The legal framework for

MCZ's autonomy is provided for in the existing Medical and Allied Professions Act (Cap. 297) and the draft Health Professionals Bill (2006).

Summary of Objectives on Increased Autonomy and Independence

1. By December 31, 2008, the MCZ will obtain at least 60 percent of total revenue from self-generated sustainable sources (e.g. licensing fees, penalties, accreditation fees).
2. By December 31, 2008, the MCZ will have implemented a financial accounting and management system that allows for budget planning, efficient management and reporting of annual expenditures, and timely and accurate financial reporting.
3. By December 31, 2008, the MCZ will have developed structural building plans and bills of quantities and have them approved by the Ministry of Works and Supply.
4. By December 31, 2008, the MCZ will have developed procedures for engaging Government and Public stakeholders that enhance its capacity to be independent, fair and open in its decision making processes.
5. By December 31, 2013, the MCZ will have commissioned its new and independently sited permanent premises.

7.1.2 Improve The Organisation Structure and Capacity Of The MCZ

Rationale

Efficient. The Zambian taxpayer, the healthcare services consumers, and licensees are all entitled to the best possible management and administration of regulatory activities. The highest technical and managerial competence is required and must be a constant MCZ goal. The MCZ must establish means to evaluate and continually upgrade its regulatory capabilities. Regulatory decisions should be made without undue delay.

Summary of Objectives on Improved Organisational Structure & Capacity

1. By June 30, 2008, the MCZ will have completed an organisational structure review and restructured MCZ units to increase efficiency and improve service to MCZ stakeholders in fulfilment of the MCZ mission. The restructured MCZ units will include Core Units (Registration & Registers; Inspections & Accreditation; Training & Continued Professional Development; Standards & Fitness to Practise) and Administration & Support Units (Accounts & Public Relations).
2. Over a three-year period ending December 31, 2010, salaries and conditions of services will be reviewed and adjusted to ensure that the MCZ employee compensation package is attractive and competitive with that of similar institutions in the country.
3. By December 31, 2009, the MCZ will have recruited staff to fill its new establishment.
4. By December 31, 2009, technical, administrative and management expertise of the MCZ will be continually strengthened and upgraded through the

development and delivery of a comprehensive human resource development programme.

7.1.3 Improve Use of ICT in Information Management & PR Activities

Rationale

Advanced. The 21st Century workplace is much different from that of the previous millennium. Leading on the score of advancement is the increased use of ICT technologies for communication and information management. The MCZ needs to evolve to cope with the ICT advancement in order to meet the challenges of a 21st Century regulatory authority.

Summary of Objectives on Improved Use of ICT in Information Management & PR

1. By December 31, 2008, the MCZ will have upgraded Internet access and e-mail facilities to all key staff and have completed its ICT situational analysis and made requirement recommendations.
2. By October 31, 2008, the MCZ will have procured 70% of its ICT requirements
3. By December 31, 2008, the MCZ will have installed and made functional all its ICT requirements.
4. By June 30, 2009, the MCZ will have converted its registration records into a digital database.
5. By June 30, 2009, the MCZ will have its registers available on MCZ Website.

7.2 Strategic Directions: Quality Assurance and Performance Assessment

7.2.1 Improve Assessment And Reporting On Performance Of Both Public And Private Healthcare Organisations

Rationale

Inspecting. This will be done by assessing the performance of healthcare service providers by using prescribed national health standards, registering individuals and inspecting institutions that provided both public and private health care services. To discharge this mandate effectively, the MCZ will have to ensure that mechanisms for enforcement of regulations and standards are in place

Summary of Objectives on Improved Assessment and Reporting On Performance Assessment and Regulation of both Public and Private Healthcare Organisations

1. By June 30, 2008, the MCZ will have strengthened the National Healthcare Standards and Accreditation Guidelines for Anti-retroviral Therapy (ART).
2. By June 30, 2008, the MCZ will have completed reviewing and developing the methodology and assessment tools consistent with new National Healthcare Standards.

3. By August, 2008, the MCZ will have developed the framework to support publications of annual reports on the state of healthcare services in Zambia (including the reporting of adverse patient care incidents).
4. By December 31, 2008, the MCZ will develop and implement a systematic compliance-monitoring programme and employ a full complement of inspectorate staff to service MCZ-regulated stakeholders.
5. By December 31, 2008, the MCZ will have increased and maintained in good working order its fleet of inspection vehicles to at least three.

7.2.2 Strengthen Registration & Renewal Systems

Rationale

Guidance. It is vital for a regulatory authority, such as the MCZ, to foster guidance on good practice for all its licensees (registered practitioners) and to verify practitioners' competence and evidence of continuing professional development. These practices are imperative quality assurance measures for the public and healthcare service institutions.

Summary of Objectives on Strengthened Registration & Renewal Systems

1. By August 31, 2008, the MCZ will have reviewed, strengthened and implemented registration and renewal systems that verify evidence of continuing professional development.
2. By December 31, 2008, the MCZ will have reviewed and strengthened guidelines for accrediting CPD centres and published an initial list of approved CPD centres and activities.
3. By December 31, 2008, the MCZ will have reviewed and strengthened guidelines for assessing and registering foreign trained medical graduates.

7.2.3 Strengthen Systems To Safeguard The Public

Rationale

Protection. Public interest and patient protection is best served where there are systems that inform patients, carers, the public, providers of healthcare and Government about the standard and quality of healthcare services. The information is derived from assessing the performance of providers of healthcare by reference to set national standards which promote improvement. Furthermore, carrying out independent reviews of complaints and investigations into allegations of serious service failings, particularly those regarding patient safety, is an essential component of public protection.

Summary of Objectives on Strengthened Systems to Safeguard the Public

1. By December 31, 2008, the MCZ will have developed and documented systems or processes for dealing with patient complaints and for dealing with unregistered healthcare establishments.

2. By December 31, 2008, the MCZ will have developed and documented systems or processes for investigating significant failings in provision of healthcare services.
3. By December 31, 2008, provide best possible information to the public on activities that safeguard patients and promote continuous improvement in healthcare services for patients, carers and the public.

8.0 LOGFRAMES FOR EACH STRATEGIC DIRECTION

Strategic Direction 1: Increasing the Autonomy and Independence of MCZ

Strategies	Activities	Target	Input	Budget (K)	Output	Indicators	M & E Means
Objective 1: By December 31, 2008, the MCZ will obtain at least 60 percent of total revenue from self-generated sustainable sources (e.g. licensing fees, penalties, accreditation fees)							
1.1 Establish licence fee structure that addresses scope of operations	1.1.1 Review fees & obtain MOH approval 1.2.1 Establish procedures for fee collection and monitoring	Dec, 2008	Financial & human resources	Within MCZ operational budgets	Increased revenues Revised fee schedule	% of total MCZ Income	Fee schedules Annual financial reports
Objective 2: By December 31, 2008, the MCZ will have implemented a financial, accounting and management system that allows for budget planning, efficient management and reporting of annual expenditures, and timely and accurate financial reporting.							
2.1 Implement an improved financial accounting and management system for MCZ	2.1.1 Purchase and install improved financial accounting and management system. 2.1.2 Training of MCZ staff 2.1.3 Implement new system guidelines	Dec, 2008	Financial & human resources, software, computers, printers.	Training costs: K5 million	New financial accounting and management system operational	# of staff trained Timely financial reports Approved budgets	Annual budgets Annual financial reports Reports
Objective 3: By December 31, 2008, the MCZ will have developed structural building plans and bills of quantities and have them approved by the Ministry of Works and Supply.							
3.1 To develop a roadmap to relocate to an independently sited and permanent premises	3.1.1 Engage architect & quantity surveyor and obtain approval for drawing & BOQs 3.1.2 Prepare & market project proposal 3.1.3 Commission construction	Dec 2008	Financial & human resource	Architect's and quantity surveyor's fees K30 million	Roadmap developed Building project proposal prepared and fundraising commenced Plot acquired Building approval granted	Approved drawings Title deeds acquired Funds mobilised	Construction approval certificate Physical inspection of site/premises Title deeds

Objective 4: By December 31, 2008, the MCZ will have developed procedures for engaging Government and public stakeholders that enhance its capacity to be independent, fair and open in its decision making processes.							
4.1 Develop protocols for independent decision making for MCZ	4.1.1 Draft standardised protocols 4.1.2. Engage stakeholders 4.1.3 Obtain MCZ Council & MOH approval	Dec, 2008	Financial & human resource	Protocol production K2 million	Protocol document produced and adopted	Meeting with stakeholders # of resolved cases	Reports Inspection of protocols
Objective 5: By December 31, 2013, the MCZ will have commissioned and occupied its new independently sited and permanent offices.							
5.1 Build or purchase and relocate to permanent premises	5.1.1 Tender procedures 5.1.2 Selection of Contractor 5.1.3 Obtain loan/funds 5.1.4 Commission construction 5.1.5 Relocate to new offices	Dec 2013	Financial & human resource	Adverts – K5 million Construction K4 billion	Achieved long-term stability & sustainability	Title deed	Physical inspection Title deed

Strategic Direction 2: Improve the Organisation Structure and Capacity of MCZ

Strategies	Activities	Target	Input	Budget (K)	Output	Indicators	M & E Means
Objective 1: By June 30, 2008, the MCZ will have completed an organisational structure review and restructured MCZ units to increase efficiency and improve service to MCZ stakeholders in fulfilment of the MCZ mission. The restructured MCZ units will include core units (registration & registers; inspections & accreditation; training & continued professional development; standards & fitness to practice) and administration & support units (accounts & public relations).							
1.1 Review and evaluate the existing structure of the MCZ in relation to the mission-driven functional needs of the institution 1.2 Establish revised MCZ organisational structure with the objective of improving efficiency and effectiveness in meeting the mission of MCZ	1.1.1 Establish Structural Review Committee and develop TORs for review consultant 1.1.2 Hire consultant 1.1.3 Review, revise and approve recommendations 1.1.4 Implement restructuring plan with detailed job descriptions, programme strategies, and unit work plans.	Dec 2008	Financial & human resource	K21 million for consultant fees Budget for new structure dependent on recommendations	Structural Review Committee Structural Review TORs Structural Review Report Approved new structure A new structure for MCZ	Consultant's report	Re-structured MCZ organisational structure
Objective 2: By December 31, 2009, the MCZ will have recruited staff to fill its new establishment.							
2.1 Recruitment	2.1.1 Advertisements 2.1.2 Interviews 2.1.3 Contracts developed 2.1.4 Recruitment 2.1.5. Improvement of the working environment	Dec 2009	Financial & human resource	Adverts K 5 million Interviews K 10 million Depending on new organisational structure	MCZ workforce improved # of staff recruited	% of establishment filled Qualification profile of MCZ workforce	Review of Establishment records

Objective 3: Over a three-year period ending December 31, 2010, salaries and conditions of service will be reviewed and adjusted to ensure that the MCZ employee compensation package is attractive and competitive with that of similar institutions in the country.							
3.1 Review MCZ salary structure and conditions of service relative to similar institutions and areas of responsibility	3.1.1 Conduct market survey of staff salaries & conditions of service for similar institutions and areas of responsibility. 3.1.2 Adjust compensation package to ensure competitiveness and attractiveness within local market	Dec 2010	Financial & human resources	Salary Budget according to approved establishment & levels	Report on market survey Improved salaries and conditions of service Increased motivation and improved quality of work	Increased recruitment and retention	Approved MCZ salary scales and conditions of service
Objective 4: By December 31, 2009, technical, administrative and management expertise of the MCZ will be continually strengthened and upgraded through the development and delivery of comprehensive human resource development programme.							
4.1 To develop human resource development policies and programmes	4.1.1 Identification of training needs 4.1.2 Design and develop an MCZ human resource development programme	Dec 2009		K25 million for consultant services; annual institutional training approx. 10 % of annual recurrent budget	Strengthened institutional efficiency and effectiveness # of staff trained	Training budget utilised	Annual HR development reports

Strategic Direction 3: Improve Use of ICT in Information Management & PR activities

Strategies	Activities	Target	Input	Budget (K)	Output	Indicators	M & E Means
Objective 1: By December 31, 2008, the MCZ will have upgraded Internet access and e-mail facilities to all key staff and have completed its ICT situational analysis and made requirement recommendations.							
1.1 Strengthen MCZ computer and communications systems	1.1.1 Procure and install LAN equipment. 1.1.2 Train staff in use of Internet and e-mail tools in support of work responsibilities	Dec 2008	Financial & human resource	LAN installation K15 million Staff training K 5 million	Local Area Networks Internet and e-mail facilities directly available to the MCZ at individual and common workplaces # of staff trained	% of staff with access to individual work stations # of common workstation	Installation invoices Reports/certificates from ICT staff training
Objective 2: By October 31, 2008, the MCZ will have procured 70% of its ICT requirements.							
2.1 Procure ICT equipment	2.1.1 IT situational analysis done 2.1.2 Requirements report done 2.1.3 Budgeting 2.1.4 Tender procedures 2.1.5 Purchasing	Dec 2008	Financial & human resources	K30 million for computer hardware K15 million for software	Internet and e-mail facilities directly available to the MCZ at individual and common workplaces	# and type of hardware & software # of individual work stations	Equipment Inventory Improved communication
Objective 3: By December 31, 2008, the MCZ will have installed and made functional all its ICT requirements.							
3.1 Commission ICT services at MCZ	3.1.1 Baseline of ICT services established	Dec 2008	Financial human resources	K5 million for baseline inventory	ICT Baseline established	Baseline consultant report	ICT baseline survey report
Objective 4: By June 30, 2009, the MCZ will have converted its registration records into a digital database.							
4.1 Increase use of MCZ communication	4.1.1 Develop TORs for consultant to convert registration data into digital database 4.1.2 Engage consultant to start conversions 4.1.3 Create backup	June 2009	Financial and human resource	K25 million for consultant fees Operational costs	Digital database established	Easy access to database	Consultant's report Physical inspection

Objective 5: By June 30, 2009, the MCZ will have its registers available on the MCZ Website.							
5.1 Strengthen the visibility of MCZ registers	5.1.1 Develop MCZ Website 5.1.2 Launch MCZ Website 5.1.3 Upload MCZ registers onto the website	June 2009	Financial and human resource	K5 million web design and hosting K10 million annual ISP subscriptions	MCZ registers published electronically Application forms available electronically	Web Search Engine	Web browsing for MCZ

Strategic Direction 4: Improve Assessment and Reporting on Performance of both Public and Private Healthcare Organisations.

Strategies	Activities	Target	Input	Budget (K)	Output	Indicators	M & E Means
Objective 1: By June 30, 2008, the MCZ will have completed the development of National Healthcare Standards and Accreditation Guidelines for Anti-retroviral Therapy (ART).							
1.1 Develop National Healthcare Standards & Accreditation Guidelines	1.1.1 Review & standards workshops 1.1.2 Consensus workshops	June 30	Human resource, financial	K150 million for workshops and material productions	National Health Standards developed and standards and guidelines disseminated # of workshops	Availability of National Healthcare Standards	Reports Guidelines
Objective 2: By June 30, 2008, the MCZ will have completed developing the methodology and assessment tools consistent with new National Healthcare Standards.							
2.1 Develop methodology and assessment tools for assessment against National Healthcare standards	2.1.1 Drafting workshops 2.1.2 Consensus workshops	June 30	Human and financial resource Materials	K150 million for workshops and material production	Methodology (protocols) and Tools for assessments developed # of workshops	Availability of assessment protocols Availability of assessment tools	Reports, assessment tools. Protocols
Objective 3: By August, 2008, the MCZ will have developed the framework to support publications of annual reports on the state of healthcare services in Zambia (including the reporting of adverse patient care incidents).							
3.1 Review and strengthen mechanisms for compiling annual reports about the state of healthcare services in Zambia	3.1.1 Constitute Healthcare Assessments Committee 3.1.2 Establish TORs for Committee 3.1.3 Outline publication means and targets	Aug 2008	Human resource	Operational budgets	Framework for reporting on state healthcare services established	# of meetings for committee # of reports	Minutes Annual reports

Objective 4: By December 31, 2008, the MCZ will develop and implement a systematic compliance-monitoring programme and employ a full complement of inspectorate staff to service MCZ-regulated stakeholders.							
4.1 Develop compliance-monitoring programme and protocols through an inspectorate licensing committee	4.1.1 Establish an Inspectorate Licensing Committee and confirm work plans. 4.1.2 Draft standards protocols and guidelines	Dec 2008	Financial and human resources	K2 million for developing programmes	Detailed inspection plans developed Protocol document produced and adopted by MCZ	# of committee meetings # of protocols Detailed plans	Committee minutes
Objective 5: By December 31, 2008, the MCZ will have increased and maintained in good working order its fleet of inspection vehicles to at least three.							
5.1 Purchase Inspection Fleet	5.1.1 Tender procedures 5.1.1 Procurement	Dec 2008	Financial	K600 million for purchase of 3 vehicles K10 million for registration and insurance	Fleet of vehicles increased and maintained	# of vehicles	Tender reports Inventory

Strategic Direction 5: Strengthen Registration & Renewal Systems

Strategies	Activities	Target	Input	Budget (K)	Output	Indicators	M & E Means
Objective 1: By August 31, 2008, the MCZ will have reviewed, strengthened and implemented registration and renewal systems that verify evidence of continuing professional development.							
1.1 Enforce regulations requiring evidence of CPD for renewal of registration	1.1.1 Strengthen CPD requirements for all registers 1.1.2 Consultations with stakeholders 1.1.3 Disseminate CPD requirements	Aug 2008	Financial and human resources	K150 million for workshop consultations K15 million for production of CPD guidelines	Materials produced and disseminated	# of CPD guideline booklets	Registration and renewal forms and reports
Objective 2: By December 31, 2008, the MCZ will have reviewed and strengthened guidelines for accrediting CPD centres and published an initial list of approved CPD centres and activities.							
2.1 Develop protocols for accrediting CPD centres & activities	2.1.1 Produce CPD accrediting protocols. 2.1.2 Advertise for CPD accreditation 2.1.3 Establish register of CPD centres	Dec 2008	Financial and human resource	K25 million for Consultant fees	CPD accreditation protocols developed and disseminated	CPD centres register # of CPD centre applications & approvals	Reports CPD register
Objective 3: By December 31, 2008, the MCZ will have reviewed and strengthened guidelines for assessing and registering foreign medical graduates.							
3.1 Processing of foreign trained graduates streamlined	3.1.1 Develop language and knowledge assessment guidelines 3.1.2 Consult stakeholders 3.1.3 Select assessment centres	Dec 2008	Financial and human resource	K50 million for consultation workshops/meetings	Guidelines for assessing and registering foreign medical graduates developed and implemented	# of Assessment centres registered	Reports

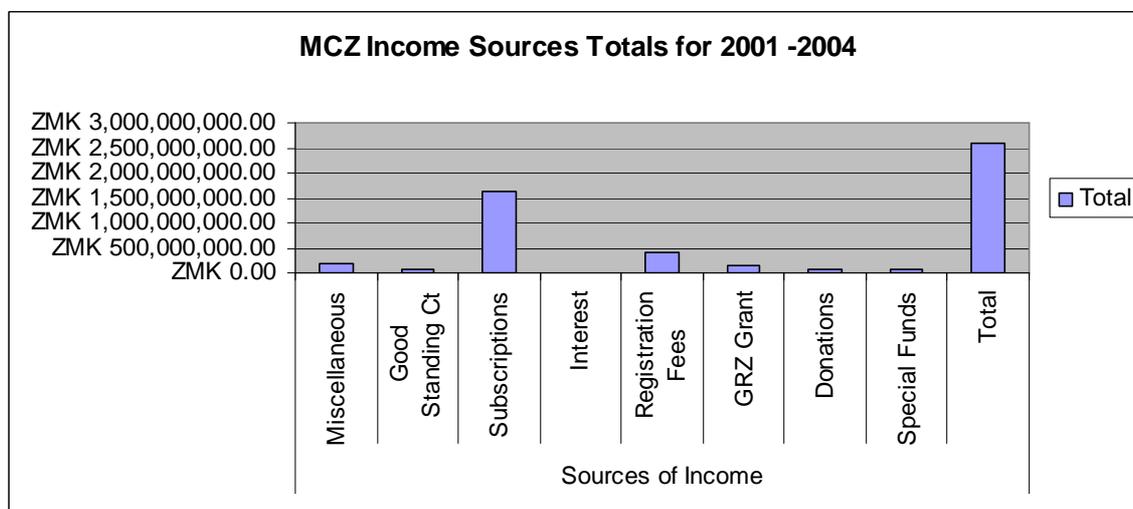
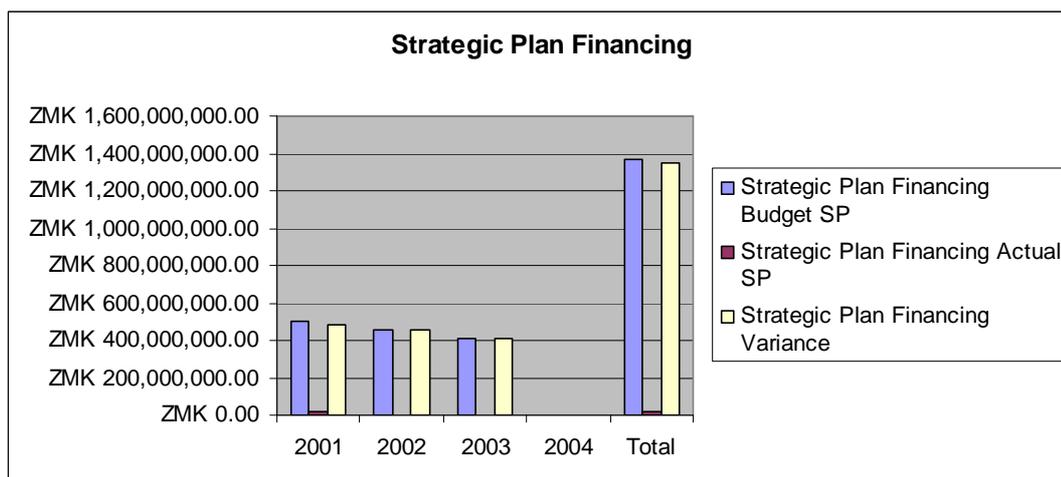
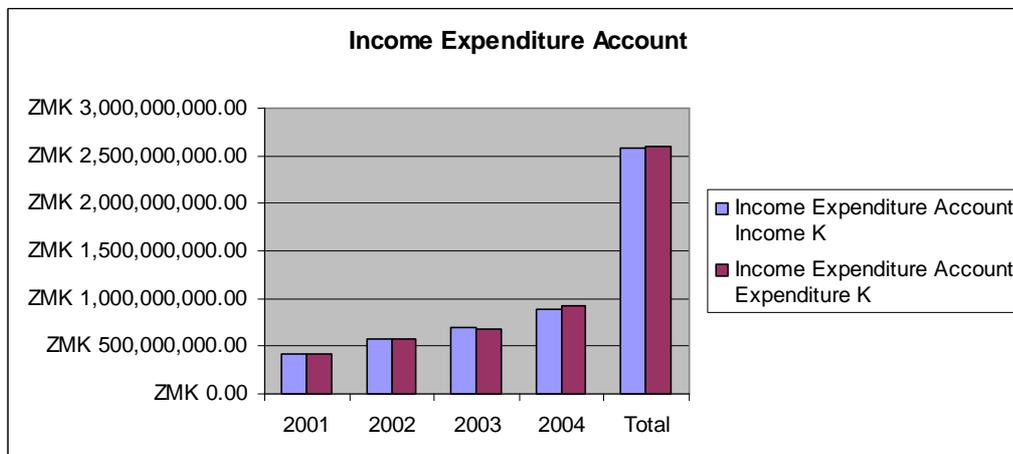
Strategic Direction 6: Strengthen Systems to Safeguard the Public

Strategies	Activities	Target	Input	Budget (K)	Output	Indicators	M & E Means
Objective 1: By December 31, 2008, the MCZ will have developed and documented systems or processes for dealing with patient complaints and for dealing with unregistered healthcare establishments.							
1.1 Strengthen and maintain systems for dealing with patient complaints	1.1.1 Sensitize public	Dec 2008	Financial and human resources	Operational budgets	Public sensitised	# of complaints received	Reports available
	1.1.2 Create public complaints desk				Complaints desk created	Availability of complaints desk	
	1.1.3 Review legislation				Legislation reviewed	Legislation changed	
Objective 2: By December 31, 2008, the MCZ will have developed and documented systems or processes for investigating significant failings in provision of healthcare services.							
2.1 Develop tools for investigating incidences of failing health care services	2.1.1 Workshop to develop protocols	Dec 2008	Financial and human resources	K25 million for workshop	Procedures for investigating significant failings established and implemented	Availability of protocols developed	Reports available

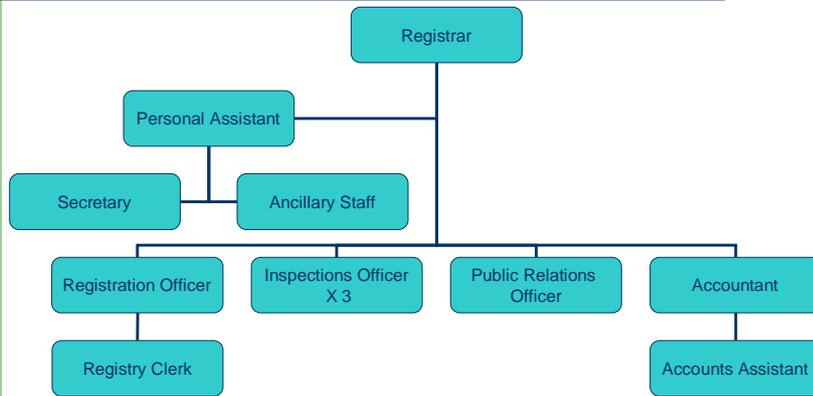
Objective 3: By December 31, 2008, provide best possible information to the public on activities that safeguard patients and promote continuous improvement in healthcare services for patients, carers and the public.							
3.1 Social marketing (public education)	3.1.1 media dissemination of information (radio, TV, print media) 3.1.2 Production of IEC materials	Dec 2008	Financial and human resources IEC materials	Adverts K15 million Radio programmes K 20 million	# of radio, TV, programmes # of print media articles # IEC materials produced	# of radio, TV, programmes # of print media articles # IEC materials produced	Reports available

APPENDIX I – ORGANISATIONAL ASSESSMENTS

Financial Performance



MCZ Chart Recommended 2001 - 2004



SSB

APPENDIX II – SWOT ANALYSIS & STRATEGIC PRIORITY SETTING

Strengths	Strategic Grade	Weaknesses	Strategic Grade
<ul style="list-style-type: none"> • Statutory body • Existing guidelines for standards*** • Several registers • Derives strength from many professional groups*** • Receives ‘guaranteed’ income • Has existing organisational structure*** • Semi-autonomous** 	<ul style="list-style-type: none"> • B • A • A • A • A • B • C 	<ul style="list-style-type: none"> • No own premises*** • Inadequate human resource • Inadequate funding*** • Organisational structure insufficient for functions*** • Registration fees low • Semi-autonomy • Inability to monitor public institutions*** • No web site • Inadequate use of IT • Inability to regulate user fees 	<ul style="list-style-type: none"> • A • A • A • A • B • B • A • A • A • C
Opportunities		Threats	
<ul style="list-style-type: none"> • Fundraising opportunities • Captive audience to market MCZ • Goodwill from cooperating partners • Increase GRZ funding • Expansion of registers • Developing SP to guide • Supportive legislation 	<ul style="list-style-type: none"> • A • B • C • C • A • C • C 	<ul style="list-style-type: none"> • “Divorce” of health professionals from MCZ*** • “Rented” premises*** • Un-assured future due to policies • Political interference • Practitioners outside jurisdiction of MCZ • Inadequate control of externally qualified practitioners “language”*** • GNC functions encroaching on MCZ functions • Not collaborating with other local authorities • Alternative registration bodies 	<ul style="list-style-type: none"> • B • A • A • B • C • C • A • C • B

Key to Grade

A = Significant and of Strategic Priority; **B** = Lesser Strategic Priority; **C** = Other

APPENDIX III – BUDGET SUMMARY

ACTIVITIES	YEAR 1 K' 000	YEAR 2 K'000	OTHER K'000	TOTAL K'000
Strategic Direction 1: Increasing the Autonomy and Independence of MCZ				
1. Training of MCZ staff in new financial accounting and management system	5,000			5,000
2. Fees architect and quantity surveyor for MCZ independently sited and permanent premises	30,000			30,000
3. Production of protocols for independent decision making for MCZ	2,000			2,000
4. Adverts for Tender for Contractors (construction of permanent MCZ premises)	5,000			5,000
5. Construction of MCZ permanent premises (Contractors)			4,000,000	4,000
Sub-Total	42,000		4,000,000	4,042,000
Strategic Direction 2: Improve the Organisation Structure and Capacity of MCZ				
1. Consultant fees (organisational structure and job analysis)	21,000			21,000
2. Adverts for MCZ jobs		5,000		5,000
3. Interview costs for MCZ jobs		10,000		10,000
4. Consultant fees (human resources development programme)	25,000			25,000
Sub-Total	46,000	15,000		61,000
Strategic Direction 3: Improve Use of ICT in Information Management & PR activities				
1. Installation of LAN network	15,000			15,000
2. Staff training in Internet & e-mail	5,000			5,000
3. Procurement of ICT equipment (hardware)	30,000			30,000
4. Procurement of ICT software	15,000			15,000
5. Consultant fees (Converting MCZ data to digital format)		25,000		25,000
6. Web design and ISP hosting	5,000	5,000	15,000	25,000
Sub-Total	70,000	30,000	15,000	115,000

Strategic Direction 4: Improve Assessment and Reporting on Performance of both Public and Private Healthcare Organisations.

1. Workshops for reviewing & strengthening National Health Standards	150,000	150,000
2. Workshops for reviewing and strengthening methodology and assessment tools for National Health Standards	150,000	150,000
3. Printing & dissemination of Compliance-Monitoring programme & protocols	2,000	2,000
4. Purchase of fleet (3 vehicles) for inspectorate	600,000	600,000
Sub-Total	902,000	902,000

Strategic Direction 5: Strengthen Registration & Renewal Systems

1. Workshops for reviewing and strengthening CPD registration requirement guidelines	150,000	150,000
2. Production and dissemination of CPD registration requirement guidelines	15,000	15,000
3. Consultant's fees for developing accreditation guidelines for CPD centres and activities	25,000	25,000
4. Workshop for reviewing and strengthening guidelines for registration of foreign trained graduates	50,000	50,000
Sub-Total	240,000	240,000

Strategic Direction 6: Strengthen Systems to Safeguard the Public

1. Workshops for reviewing and strengthening guidelines for investigating failings in healthcare services	25,000	25,000		
2. Social marketing (public education – radio, TV, print media, IEC materials)	35,000	35,000		
Sub-Total	60,000	60,000		
Grand Total	1,360,000	30,000	4,015,000	5,405,000

APPENDIX IV – QTR 1 - 6 GANTT CHART

