

Cayman Islands HEALTH SERVICES NEWS

Published monthly for employees of the Cayman Islands Health Services Department

In this issue

- Health Practitioners Bill Revised
- Staff Nutrition Education sessions coming soon.
- News from Health & Medicine

From the Chairman



On behalf of the Board of Directors I take this opportunity to share some thoughts with you as well as our vision for the Health Services Authority in this Newsletter.

The recent changes in the governance of the Health Services through the appointment of a Board of which I have the privilege of being the Chairman present new opportunities for all of us. It allows us the opportunity to look at new and innovative ways to manage the challenges of the health care system in a changing

environment.

Allow me to commend the senior managers and all members of staff for managing so efficiently the transition from the Health Services Department to the Health Services Authority and in achieving the many tasks which were required to ensure the July 1st transition.

It is that spirit of collaboration, teamwork and commitment to duty that we want to encourage among all members of the new Health Services Authority.

The Health Services has some of the most competent and highly trained staff and I encourage you to continue to let excellence permeate all your activities whether in patient care, administration, housekeeping or any other section that you work.

Like you, we recognize that there are many challenges facing us as we move ahead. We do not pretend to have all the answers and will be relying on you who are the experts and the people directly involved for guidance and support as we chart a new path forward.

As we look to the future, it is clear that we will need to adopt a professional and business approach to our operations. There is no question though that the principles and process of change are fundamentally necessary to create a sustainable health care system.

Continued on page 3

Health Practitioners Bill Revised

Input from health professionals in the Cayman Islands has assisted in the preparation of a revised Health Practitioners Bill (2002), which the Minister of Health Services expects to present before the Legislative Assembly in November.

Before doing so, however, the Hon. Gilbert McLean intends to have a meeting with all health professionals, including members of the Cayman Islands Medical and Dental Society, to have any issues addressed prior to its reading in the House. "The contributions and spirit of co-operation from the practitioners were invaluable during this process, and I encourage their continued participation," the minister says.

However, he acknowledges that government is responsible for ensuring the safe and competent delivery of health care to Cayman's residents and visitors. Mr. McLean points out that the current law dates to 1974, when "we had only a handful of practitioners. However, the number of professionals has grown, and it's time to again bring our legislation in line with worldwide practices."

As such, the bill (now named the Health Practice Bill, as it pertains to practitioners and health-care facilities) proposes the dissolution of the current Health Practitioners' Board and the formation of four councils, which would mainly be responsible for regulating the professions. It also provides for the establishment of a health commission and a health appeals tribunal. Four councils

Regarding the councils, the **Medical and Dental Council** would regulate medical doctors, dentists, dental hygienists, dental therapists and similar professions. The **Nursing and Midwifery Council** would regulate various

Continued on page 2

Health Practitioners Bill Revised

Continued from page 1

Midwifery Council would regulate various categories of nurses.

The **Pharmacy Council** would regulate pharmacists, and the **Council for Professions Allied with Medicine** is to regulate all other health care professionals such as chiropractors; mental health counsellors; opticians; optometrists; radiographers; and those in similar positions

“Each of the four councils is charged with formulating and setting criteria, in order to recognise the qualifications and standards that are acceptable for practice in the Cayman Islands,” notes Mr. McLean. Councils also would be responsible for promoting professional education, and providing regulations regarding approved courses and qualifications to certify that candidates have sufficient knowledge and skill to practise or specialise. Another council objective is ensuring that good professional conduct is maintained.

All new applicants for registration would be expected to comply with the relevant council’s criteria. Practitioners currently registered under the present law, and who meet in full the requirements for registration in force immediately prior to the enactment of this bill, would be automatically registered with the appropriate council.

The bill also specifies certain organisational aspects. For instance, each council is to keep one register for each of the different health care professions

for which it is responsible; furthermore, every register will contain four lists. For example, the Medical and Dental Council would have separate registers for medical doctors and dental hygienists; the first list of those registers would contain the names of the practitioners who are judged by the council to be properly qualified and able to



lawfully work in the Islands. Meanwhile, the second list would contain the names of health professionals who visit the Islands for specified periods to supplement the normally available range of health care services.

The overseas list is to contain the names of practitioners who are qualified and experienced, but not presently working in the Islands.

This is to facilitate the registration of Caymanians and permanent residents who are not practising on the Islands. Lastly, the provisional list would contain the names of all persons who are registered to complete internships in Cayman, a step that

is required prior to full registration. Mr. McLean further acknowledges that the bill, in a nod to public interest in such matters, makes provision for registration as specialists.

In addition to being open to persons eligible for full registration in the UK, US, Canada or Jamaica, the Minister intends to extend the register to health practitioners who meet the requirements of any regional registering body or successfully complete recognised regional examinations. In all cases, health professionals must meet continuing education requirements in

order to have their registrations renewed.

Commenting on investigative procedures to be followed when a practitioner is alleged of negligence or incompetence, Mr. McLean says he would like to see the peer review process built into the system.

The Health Commission

The bill also addresses the construction and operation of health care facilities. Mr. McLean says that currently, anyone could build and operate a health care facility upon receiving Planning Department approval and a Trade and Business licence. However, there is no legal provision for As

Continued on page 3

Revised Health Practitioners Bill to go before Legislative Assembly in November

periodically inspecting these facilities. "Although high-quality service is provided by existing public and private facilities, it is essential to have a monitoring system," he remarks. "Therefore, the bill seeks to establish a health commission, which would advise the ministry concerning health policy matters; advise the Director of Planning regarding applications for the development of health-care facilities; and certify and inspect those facilities, including the physical plant, equipment, personnel and procedures."

Health Appeals Tribunal

Health Appeals Tribunal

The bill also allows practitioners and managers of health care facilities to appeal decisions taken by the councils, or the health commission, before a health appeals tribunal.

It would comprise a chairman and two members, all of whom are to be appointed by the Governor-in-Council. The bill requires the chairman to be an attorney-at-law who was called to the bar at least seven years prior; furthermore, at least one of the members is to be a registered health

practitioner.

"It is hoped that the appeals tribunal could sort out various issues without court intervention, which can be a tedious process," says Mr. McLean.



The underlying concept of the Health Practitioners Bill was initially endorsed in 1993 by the then-Minister of Health, the Hon. McKeever Bush. Successive ministers continued working on the bill, acknowledges Mr. McLean.

He emphasises that the bill represents Government's intent to assure quality health care to Cayman's residents, a goal "that we all can achieve by working together."

As part of the framework for the better provision of health care in Cayman, the bill has been the subject of wide professional and

public consultation in the Islands, including with members of the current Health Practitioners Board and representatives of the health professions.

To obtain a copy of the bill, contact the Ministry of Health Services on 244-2377. Any additional input will be considered prior to the first reading of the bill in the Legislative Assembly.

From the Chairman

In that regard, I encourage you to be open and flexible in considering the range of approaches necessary to change the way we deliver services.

I am sure that the change to a Health Services Authority will produce some uncertainty for staff but I can assure you that the members of the Board are committed to working together with all of you as we move forward.

In the coming months, we will be consulting and sharing with you our vision for the Authority. More

importantly, we will be seeking your vision as well. As more information becomes available and decisions are made, we are committed to communicating with you in a timely way. At the same time, there will be instances where we need to make informed, but expeditious decisions.

There will be rumors, and we ask that in these instances you seek clarity from your Supervisor or Senior Manager. We will give every effort to clarify information as quickly

continued from page 1

as possible. It is our responsibility to the community to ensure that the services we operate are of a high standard. The work that you do for patients and clients is clearly your commitment to our organisation, and I trust that you will continue this support in spite of the changes taking place.

I trust that together we can make a difference for the future, and I truly look forward to working with everyone.

Workplace Health Promotion ~ Date for your Diary

“You are what you eat”

Friday, 20th September
Hibiscus Conference Room
8am - 9am

As part of the Workplace Health Promotion Programme (WHPP), the next staff nutrition education session is coming soon. Feedback from the first session, held in June highlights that this is a session not to miss! Although the number of participants was small, those that did attend were certainly pleased that they made the effort. Participants found the session, facilitated by the nutritionist Simone Sheehan, extremely informative, “very practical and applicable” stated one participant.



The session is very participative, so you will get chance to ask questions and clarify what really is a healthy diet for you and your family. You do not need to register for the session, just go along on:

Also on offer to Health Services staff are free weight management counselling sessions with the nutritionist. Contact General Practice at ext. 2800 or specialist clinic at ext. 2701 to make an appointment.

For further information on the above, please contact Sarah Diggle at ext. 2632 or Simone Sheehan at ext 2663.

NEWS FROM HEALTH & MEDICINE

Worldwide violence is a major public health problem, the World Health Organisation (WHO) estimates that in 1990 there were 5.1 million deaths from injuries and that this figure is expected to rise to 8.4 million by 2020. Road traffic injuries are a major cause for this rise. The WHO also indicates that by 2020 injuries from violence will be the third leading cause of death and disability worldwide.

Violence affects everyone regardless of: age, sex, income or geographic region. It is among the leading causes of death for people aged 15 - 44 years. In this age group it accounts for 14% of male and 7% of female deaths. Seven of the fifteen leading causes of death for men in the 15 - 44 age group are injury related. In descending order they are: road traffic injuries, interpersonal violence, self-inflicted injuries, war-related injuries, drowning, poisoning and falls. For women in the same age group five of the fifteen leading causes of death are also injury-related. These are in descending order: self-inflicted injuries, war related injuries, road traffic injuries, fires and interpersonal violence. Interpersonal violence includes deaths resulting from domestic violence and sexual assault.

Considering that the 15 - 44 age group is the most productive segment of society, the worldwide economic impact of violence and injuries is enormous. This economic impact is

even more pronounced in low and middle-income countries. Based on 1998 data, 88% of traffic-related deaths, 86% of suicides and 95% of homicides occurred in low to middle-income countries. This data suggests that the poor are at a much higher risk for injury because they are faced daily with hazardous situations such as safety issues related to roads, public transports, work places and housing. The poor also have less chance of survival when injured because they have less access to health services.

In addition to causing death, injuries also cause a wide range of disabilities depending on the type of injury suffered. Many more millions around the world have to live with the results of injury. These results of injury translate into physical disabilities that cause: loss of income, productivity losses for society and ultimately poverty. The World Health Report of 1999, indicates that the Global Burden of Disease (GBD) attributed to injuries in 1998 was 16%, placing injuries as the third largest contributing cause to the GBD, ahead of cardiovascular diseases (10%), respiratory infections (6%), and neuropsychiatric disorders (12%).

In addition to direct physical damage or injury, violence is also linked to a wide range of other health problems including: depression, alcohol and substance abuse, smoking, eating and

sleeping disorders and HIV and other sexually transmitted infections.

According to the WHO, injuries or physical damage to ones body as a result of unintentional or intentional acts, should not be considered “accidents”. The word “accidents” suggest, random unavoidable events that are part of the world in which we live, putting many injuries in the realm of chance instead of that of science where they can be studied and solutions for their prevention found.

To prevent the health problems associated with violence and injuries, the WHO suggests a multi-sectorial science-based public health approach. This plan focus on preventive measures that can contribute to safer transportation, housing and work places as well as measures that can prevent violence in society.

Contributor: P. Rodrigues (Ph.D.) - H.S. Research Officer.

Sources:

1. **World Report on Violence and Health,** www5.who.int/violence_injury_prevention/.
2. **Road Traffic Injuries,** www5.who.int/violence_injury_prevention/.
3. **Preventing Global Injuries,** www5.who.int/violence_injury_prevention/