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The American University in Cairo

School of Global Affairs and Public Policy

**Empowering Professional Syndicates in Egypt to Achieve Good Governance;**

**An Application to the Egyptian Medical Syndicate**

A thesis submitted to the Public Policy and Administration Department in partial fulfillment  
of the requirements for the degree of Master of Arts

By

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Supervised by

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Spring 2013

## ABSTRACT

**University:** The American University in Cairo

**Thesis Title:** Empowering Professional Syndicates in Egypt to Achieve Good Governance ; An Application to the Egyptian Medical Syndicate

**Student Name:** Eissa Mohamed Mohamed Abou Omar

**Advisor:** Jennifer Bremer, PhD

In searching for a governance reform strategy, the size, the vital roles of professional syndicates and their impact on the whole society place them among our top priorities. According to both the old and the new Egyptian constitutions, the professional syndicates have the legal base to represent the different professions, defend rights and interests of their members, improve the quality of the offered services to the society, and share in creating policies and procedures related to syndicates' members and their careers. The discrepancy between the proposed role of the professional syndicates and the reality motivated this research into the reasons behind their weaknesses and poor performance. Little recent analysis of Egypt's syndicates could be found in the literature. Selecting the Egyptian Medical Syndicate (EMS) as a case study was invoked by its vital role in health system reform.

The main research question is "To what extent do the governance structure and procedures of the Egyptian Medical Syndicate correspond to international good governance standards?"

The qualitative method was adopted in this research. The aspects of the governance of the Canadian Medical Association (CMA) were used as a guide to highlight what components and core compositions of the structures of the EMS should be examined in the governance process and how? In addition, two questionnaires were developed. The first one conducted to the members and the later to senior managers and Board members. The respondents answered these questionnaires through group interview for members and Individual In-Depth Interview for senior managers and Board members. The aim was to make sure through these instruments, it will be possible to assess to what extent the EMS covered the standards principles of good governance and illuminate the areas which need to be improved. The study targeted doctors in three Egyptian governorates (Cairo, Giza and Gharbia) and the sample included males and females from different ages and backgrounds.

The research found that the current governance system and procedures are in a bad need to be reformed to be consistent with international good governance standards. The findings of the study illustrated that there is a crucial need to issue a new law and bylaw for the Egyptian Medical Syndicate. The elections' system needs to be revised. There is a necessity to identify a clear vision and mission for the EMS, setting the long term objectives, consider the annual planning and evaluation for the programs and activities. The Board of Directors needs to enhance its leadership and strategic planning skills. The study also highlighted the importance of considering the new tools of communications such as emails, website and video conferences to share

information, and to achieve greater connection, participation and involvements for the members of the EMS.

This study open the door to further research with hope to develop a good model to evaluate the governance system in other professional syndicates, and it will be possible to apply the model with some adaptation to fit the specific features of each syndicate.

## Acknowledgement

I would like to thank ALLAH for the gifts which are not interrupted, the wonderful blessing and for helping me to complete my Master's program. In fact, this thesis would not have been possible without the help of some kind people around me who in one way or another contributed in the completion of this study.

First, I am dedicating this work to the martyrs of the revolution of January 25, 2011 who sparked a new hope for reform in Egypt.

Second, I would like to express my sincere gratitude to Professor Jennifer Bremer, my thesis advisor and the Chair of Public Policy and Administration Department at the American University in Cairo, for her patient guidance, enthusiastic encouragement and constructive suggestions during the planning and the progress of this research.

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Last but not the least; I take this opportunity to express the gratitude from my deep heart to the spirit of my esteemed father and to my beloved mother for everything, my wife for her personal support and patience throughout the entire process. My brothers and sisters have given me their full support and encouragement. I am also dedicating this work to everyone who participated in the data collection through surveys or interviews.

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## List of Acronyms

Al Ahram Center for Political and Strategic Studies	ACPSS
Canadian Medical Association	CMA
Central Auditing Agency	CAA
Chief Executive Officer	CEO
Egyptian Medical Syndicate	EMS
General Assembly	GA
General Council	GC
Governance Review Task Force	GRTF
Institute On Governance	IOG
Muslim Brotherhood	MB
National Democratic Party	NDP
Steering Committee for Health Sector Reform	SCHSR
Supreme Constitutional Court	SCC
United Nations	UN
World Health Organization	WHO

## 1. CHAPTER ONE

### STUDY OVERVIEW

#### 1.1 Introduction:

In addition to the public and private sectors, civil society plays an important role in development in any country. Professional syndicates in Egypt are considered an important part of the civil society organizations. Currently, the roles of these syndicates are limited and ineffective, as further discussed below. Due to the evident weakness and poor performance of the professional syndicates in Egypt, this thesis was conducted to study whether improving governance systems can enable these syndicates to be more effective and efficient in playing its role for the benefits of the members and the society as well. To conduct this research, the Egyptian Medical Syndicate was selected as a case study. The main idea of this thesis was to try to find out the reasons behind the weakness and the poor performance through examining whether the existing governance system of the Egyptian Medical Syndicate (EMS) accords with international good governance criteria. To achieve this goal, it was useful to compare the current governance system of the Egyptian Medical Syndicate, including its component and core elements to the governance system in the Canadian Medical Association (CMA) as one with a developed governance system and to try to find out the strengths and the weaknesses. In addition, using the international standards principles of good governance to illuminate the areas which need to be improved was another important tool to evaluate the performance of the Egyptian Medical Syndicate. Despite the availability of hundreds of articles and researches about the professional syndicates in Egypt in the literature review, yet further

researches still needed to investigate ways for accounting their weaknesses and poor performance still need to be investigated. The importance of this study arises from its new perspective as to how to apply principles of governance to reform the weakness of the Egyptian professional syndicates.

The main purpose of this research is to answer the question: **To what extent do the governance structure and procedures of the Egyptian Medical Syndicate correspond to international good governance standards?** This question is followed by other investigative questions to help in gathering the required information about the concept of governance, the existing governance system in the Egyptian Medical Syndicate, and the governance system of other medical associations. The qualitative methodology was adopted in this research. In addition to a case study of the EMS, two questionnaires were developed to target selected respondents from the members of the Egyptian Medical Syndicates, Board members and senior managers in the General Medical Syndicate. The total number of the respondents was 52 EMS members from the Cairo, Giza and Gharbia governorates, in addition to one of the EMS board members and the managing director.

This thesis consists of four chapters. The first chapter includes the introduction, statement of the problem, research questions and background. The literature review concerning professional syndicates and governance will be presented in the second chapter. This part will cover in brief the current situation of the professional syndicates in Egypt including what scholars and experts wrote about the professional syndicates in general and the Egyptian Medical Syndicate in particular. In addition, this chapter will focus on the concept of good governance and its sound principles. The methodology will be discussed and introduced in chapter three. This part includes the plan and the tools of conducting the research. Chapter four will be allocated to the

analysis of the data, conclusions and findings from the data, discussion of the implications of the findings and the overall conclusion of the research.

## **1.2 Statement of the Problem:**

Due to the political and social changes in Egypt over the last two years, after the revolution of January 25, 2011, most of the Egyptian citizens try to practice their rights of expression and to criticize the wrongdoings loudly through demonstrations and strikes. These peaceful strikes for political demands or social rights are legal. However, they affected badly the economic situations due to the slowdown of production in factories, companies and other authorities. In addition, strikes also affected negatively the daily life of the citizens due to the stoppage of key services such as transportation and medicine. If Egyptian professional syndicates and labor unions are strong enough, the members of these syndicates and unions can defend their rights in an efficient and effective way without resorting to strikes. For instance, we cannot imagine the absence of the teachers' syndicate or Egyptian Medical Syndicate during the discussion of the "special Cadre" for their members.

Unfortunately, the weakness and poor performance in Syndicates and unions may encourage some professionals to organize themselves and form informal groups to fill the gap and to play the proposed role of the syndicates. These informal groups such as "Doctors without Rights" do not have the legal base or the basic components and composition of the governance system to be able to act effectively and efficiently.

The first doctors' strike in Egypt which started in the first of October, 2012 is a good example to illustrate the weakness of the Egyptian Medical Syndicate as one of the professional syndicates and the crucial need to apply the principles of governance to empower them to be able to play their proposed roles. In this example, some

independent doctors established the organization of Doctors Without Rights. They expressed themselves in the following quotation: “Believing as we do in the great principles of the Jan 25 Egyptian Revolution – a revolution that called for Justice, Freedom, and Human Dignity – we, the doctors of Egypt, have decided to move in order to repair the broken healthcare system and to raise the level of healthcare service. We first had a meeting at the general assembly of the Doctors’ Syndicate on the 25th of March, 2011 – during which several decisions were taken to fix syndicate issues and the healthcare system itself, and we decided to present our demands to those responsible in the government” (“Egypt: Doctors to,” 2011).

One of the participants in the strike, identified by Al Masry Al Youm as Dr.Zeid, said: “We must cleanse our ranks in the syndicate and the ministry in order to improve health services and working conditions. The dignity of Egypt's doctors and patients has been trampled underfoot for far too long” (Charbel, 2011).

Another participant expressed the success of the strike in the following quotation: “Today was a major success for many of Egypt’s doctors who have been trying to organize a strike for several years, but their plans were always aborted by the syndicate”( Fathi , 2011).

The above examples of actions by doctors outside their formal syndicate illustrated that organized groups can defend their rights professionally and care for the society. Syndicates are assumed to be potentially effective associations that can achieve these goals as they are backed by the constitution and their own bylaws. Therefore, empowering the professional syndicates has become a crucial issue especially given the trend toward governance reform, privatization and economic reform in Egypt.

These syndicates should be strong enough to be able to participate in the policy making process when it affects their members or the role of their profession.

My thesis is that applying the concept and the principles of good governance can help greatly to empower professional syndicates to be able to play their proposed role, provide socioeconomic services, improve the level of civil service, the performance of their members, defending members' interests and rights and give political protection to syndicates' members.

### **1.3 The purpose of this research:**

The purpose of this research is to find out **whether inadequate governance contributes to** the weakness and poor performance in the Egyptian Medical Syndicate and **how** we can empower the Doctors' Syndicate to achieve good governance. When we succeed in achieving good governance in the Egyptian Doctors' Syndicate, we can replicate this model in other professional syndicates with some adapting according to the specific features of each one.

#### **The Major Research Question:**

**To what extent do the governance structure and procedures of the Egyptian Medical Syndicate correspond to international good governance standards?**

#### **Investigative questions:**

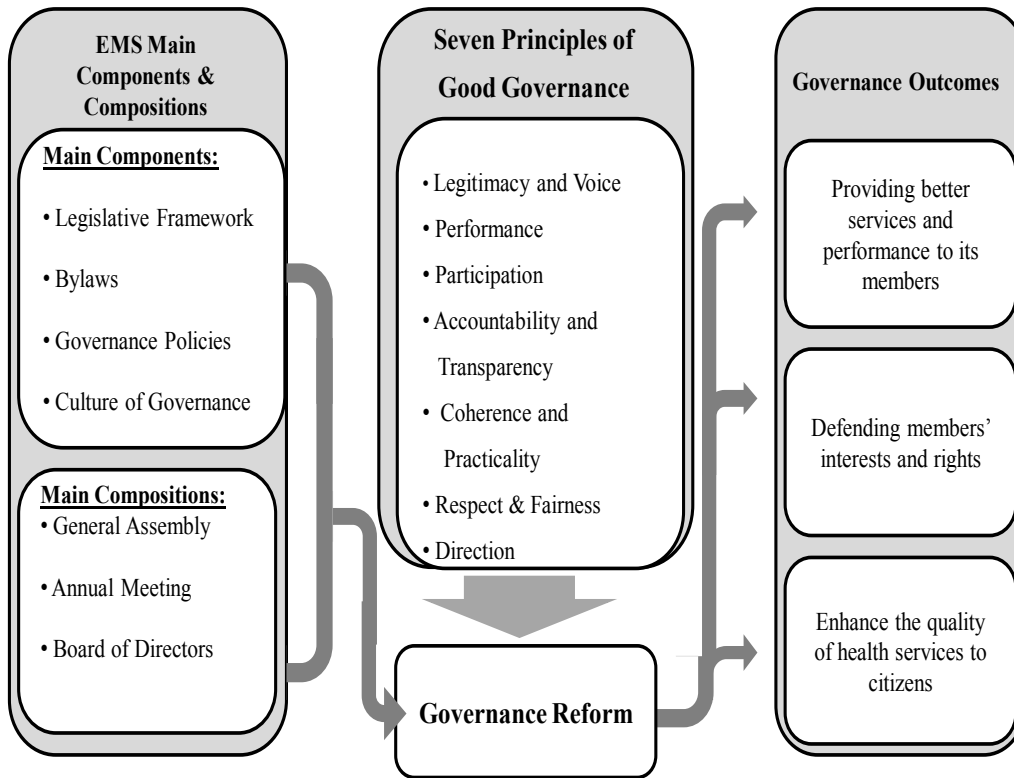
- 1- How does the lack of democracy affect the professional syndicates?**
- 2- How did the professional syndicate's Law100 of 1993 affect the professional syndicates?**
- 3- What is the possible effect of the new political party formation law on the professional syndicates?**
- 4- How did the corruption within the professional syndicates affect their resources and credibility?**
- 5- Is there a need to achieve reform in the professional syndicates?**

- 6- Are the Egyptian professional syndicates eligible to apply the principles of good governance?**
- 7- How did the Canadian Medical Association as an example apply the concept and the principles of good governance to increase its effectiveness and efficiency?**
- 8- What is the current system of governance in the Egyptian Medical Syndicate?**
- 9-How does the Egyptian Medical Syndicate governance system compare to governance of other medical syndicates such as Canadian Medical Association?**
- 10- How do syndicate members perceive their role in the organization?**
- 11- What are syndicate members' opinions of syndicate governance?**
- 12- How does the quality of governance affect member engagement in the syndicate?**

#### **1.4 Conceptual framework:**

The following Diagram illustrates the proposed outcomes when applying the considered seven principles of good governance to achieve the required governance reform in the main components and compositions of the Egyptian Medical Syndicate

## Conceptual Framework



Source: author's analysis.

### 1.5 Background:

#### 1.5.1 The history and the development of the professional syndicates in Egypt:

The idea of forming professional syndicates started in Egypt in the late 19th Century to defend the economic and social rights of the professions of specific career. At the same time, these syndicates participated in political activities and provided aids to their members when they need. According to the updated website of “Egypt State Information Service”, there are 25 professional syndicates. Appendix (D) shows a list of the 25 existing professional syndicates in Egypt). “Syndicate formations have existed in Egypt for a long time to cover all professions, specializations and different crafts in order to defend the rights of the workers and develop and protect the



profession itself. The year 1876 saw the lawyers' establishment of a syndicate before the mixed courts ("Trade unions in,").

The number of syndicates has increased over many decades. "The lawyers came first, forming the first predominantly Egyptian professional syndicate in 1912. A burst of activity set up the medical, press, and engineering syndicates in quick succession (1940, 1941, 1946). The formation of the teachers syndicate and other less important ones under the Nasser regime in the 1950s rounded out the movement...

These bodies [professional syndicates] of lawyers, doctors, engineers, journalists, and teachers have struggled to further their own economic interests and prestige, raise professional standards, influence the country's politics, and—less consistently—to serve the public" (Reid, 1974, p.24).

### **1.5.2 The importance, features and place of the syndicates:**

In Egypt, the size and the vital roles of professional syndicates and their impact on the whole society place them among our top priorities in our search for a governance reform strategy. The membership in these syndicates is mandatory and one of the basic requirements to start professional career. According to both the old and the new Egyptian constitutions of 1971 and 2012 respectively, the professional syndicates have the legal base to represent the different professions, defend rights and interests of their members, improve the quality of the offered services to the society, and share in creating policies and procedures related to syndicates' members and their careers. There are three major axes for the syndicates to play their roles; the first one is to provide service, the second axis related to the professional career, to ensure professional rights and responsibilities. The third axis is the national role. In this level the main focus is coordination and collaboration with the government in case of

creating new policies to organize the professional work or considering new legislation. Based on the statistics of the year 2000, the total number of the members of the professional syndicates in Egypt was 3.9 million (UN, 2002-2003, P. 10).

From a sociological perspective, the chairman of the board of Ibn Khaldun, Dr. Saad al Din Ibrahim has expressed that the political participation of the majority of the existing parties in Egypt is poor compared to the impact of the professional syndicates. This advantage refers to the higher level of harmony, homogeneity and the high level of education and the independent financial resources. Moreover, the professional syndicates have good communications and representations in the pan-Arab level and they also have a direct contact with their international counterparts around the world. The variety in the professional syndicates' communications inside and outside Egypt provides them with some protection against the state interfering. Due to the place of the syndicates in the core of the strategic institutions and the production system, wise leaders should not try to dissolve them (Ismael & Ismael, 1998, P. 442).

From the literature review, presented below, it is clear that professional syndicates have their own laws, regulations, features, problems and different degree of confrontation with the state.

In reviewing the literature regarding professional syndicates, unfortunately, little recent analysis of Egypt's syndicates could be found. Most of the available resources were not related to Egypt; moreover, most of the material which studied syndicates in Egypt discussed this topic from a political point of view. The theme of these articles was the crisis of democracy in Egypt and the relationship between these organizations and the Egyptian government. An important topic considered in many articles was the

role of both the state and the Muslim Brotherhood in the Egyptian professional syndicates.

Another crucial issue mentioned several times in the literature was Professional Syndicates' Law no. 100 of 1993. Almost all writers criticized this law due to its negative impact on the activities and the performance of the Egyptian syndicates. Therefore, this law and its negative influence on syndicates will be further discussed below.

It was difficult to find some articles which discussed even partially the role and the performance of the Egyptian syndicates. In addition, most of these articles were written more than 10 years ago.

### **1.5.3 The importance of the Egyptian Medical Syndicate as a case study:**

[The Egyptian Medical Syndicate was established in 1940. The listed number of members in the table was 160, 000 in year 2002] (Al Shobaky, 2004, P.58-59).

[However, the listed number was only 50,000 in year 1982] (Al Shobaky, 2004, P.71). [Currently, the registered number of doctors in the EMS exceeds 230,000 members](Charbel, 2011).

“The Medical Syndicate is regarded as being the most likely professional association to become involved in and possibly react to health reform; however, its role and participation in the reform to date has been marginal” (“Health s,p.21”).

“Every health care service delivery and financing system must resolve questions of power between doctors and laymen”(Glaser,1994.P.706). This quotation reflects the importance of the cooperation between the state and the medical associations to deliver better service to the people. To cite one example of the possible role of medical association in reform, in Quebec, the Canadian Medical Association [Play the

main role to convince young doctors to work in undeveloped areas of the country, to share in the social health services at health care centers, and to work in hospital in emergency cases] (Glaser,1994.P.719).

In Egypt, [there are many reasons to select the Egyptian Medical Syndicate to be a case study. First, it is a member of the Steering Committee for Health Sector Reform (SCHSR) which was formulated by ministerial decree no.256 in 1997 to oversee the planning and implementation of health sector reform initiative] ("Health s,p.17").

In addition, [EMS is the founder and administrator of what is perceived as a successful health insurance model in Egypt] ("Health s,p.21"). Furthermore, "The professional syndicates or union also worked to defend the interests of their members. The Medical Syndicate, for example, lobbied to restrain the indiscriminate expansion of professional school enrollments, which it said was producing a surplus of undertrained graduates" ("Interest groups,").

## 11. CHAPTER TWO

### Literature Review

#### **Examination of the Literature on the Status of the Professional Syndicates in**

#### **Egypt:**

The purpose of examining the literature was to gather the relevant information about the difficulties that hinder the professional syndicates from playing their proposed roles and to gather the suggested ideas about the possible reform for the professional syndicates in Egypt. In searching for this information, little relevant sources could be found. There hundreds of sources studying the civil societies, trade unions from different points of view. Hundreds of articles about the Egyptian Syndicates in Egypt are available. Unfortunately, most of them discuss the syndicates from a political point of view. Moreover, most of these articles were written more than ten years ago. In addition, the available sources about governance for nonprofit organizations were limited. Although the research covered a long period of time since establishing the professional syndicates in Egypt, the researcher hardly succeeded to find about 60 different relevant sources to the research topic. These resources include books, journal articles, websites and newspapers. The newspapers in particular were a good source to the updated news about the professional syndicates in Egypt.

This part of the thesis will cover briefly what scholars and experts have written about the following points:

- The impact of the lack of democracy on the syndicates
- The negative impact of Law 100 of 1993
- The positive effect of the new party formation law on syndicates
- Corruption within the Egyptian syndicates

- The calling for reforming the professional syndicates
- Egyptian syndicates as corporatist organizations
- The functions of the Board of Directors in the nonprofit organizations
- Good governance and the possibility of applying this concept in syndicates
- Governance in the Canadian Medical Association (CMA) as a comparator case for the Egyptian syndicate

### **2.1 The impact of the lack of democracy on the syndicates:**

Unfortunately, the lack of democracy in Egypt affected badly the professional syndicates. The opposition realized that there is a room to play political roles through syndicates. [The politicized nature the syndicates, and the possibility of holding fair elections for board members and officers, all these factors has made the professional syndicates ideal battlegrounds for competition among many political players to demonstrate their strength and to increase their appeal] ("Egypt the impending crisis," 1995, p.15).

Contrary to the revolutionary change in Iran, many Islamist groups decided to practice their activities through the existing laws and procedures. Therefore, in an effective strategy these groups tried to push for reform from inside the professional syndicates (Norton, 1993, p.208). However, “when the Islamist won elections in a number of crucial syndicates in 1990’s, they too became victims of restrictive governmental policy” (El-Gawhary, 2000, p.39). The Egyptian government assumed that the success of the Muslims Brotherhood (MB) was due to the low turnout in the elections and responded with a law to put the syndicates under governmental administration in case of low turnouts (Vickie, 2004, p.187). This situation led the government to issue the infamous Law 100 in 1993 which imposed a caretaker system on syndicates and put their boards under the direct control of the authorities (El-Gawhary, 2000, p.39). [The

degree of the independency of the professional syndicates were eroded, and the old political parties were squashed] (Reid, 1974, p.57).

## **2.2 The negative impact of Law 100 of 1993:**

In brief, [according to this law half of the syndicates' general assembly should vote in order to validate the result of the election. If the ratio of participants was less than 50% then the second option is to get at least 33% of the syndicates' member to vote in a second election. From a practical point of view, it was impossible to attain these ratios in the current political environment. Hence, by Law 100, the Ministry of Justice became responsible for appointing a committee to take charge of syndicate affairs] (El-Gawhary, 2000, p.41). Definitely, this law hinders the activities of the syndicates. Khalifa, the chairman of the syndicate of Giza lawyers said: "It [Law 100] was drafted by the NDP [National Democratic Party, the ruling party] without approval from 19 existing parties, and without even referring to members of professional syndicates, which clashes with articles three and five of the constitution-(on the people as the source of the government and the multiparty system, respectively) (El-Jesri, 2008,p.3). Others argued that Law 100 was not presented to the Shoura Council which was developed to be a consultative body responsible for advising the government on national public policy matters" ("H ealth s,p.22"). In addition, Abdel Razek, secretary general of the leftist Tagammua Party, agreed with El-Erian the declared Islamist and said: "All professional syndicates have their own laws, which were approved by the legislative authorities, and which had been amended several times to suit the inner workings of each profession. The strange thing about Law 100 is that it attempted to unify the working of professional syndicates where elections are concerned, handing this job to what they term a judicial committee" (El-Jesri, 2008,p.4,5).

“Another defect of this law is its application to all professional syndicates despite differences between each one of them. There is a central trade union such as journalists and other unions have branches in the governorates, which create different rules between elections of its boards” (Abadi, 2007, p.4).

In addition to the opposition to Law 100 from leftist and Islamists, Abdel Moneim Said, from Al-Ahram Center for Political and Strategic Studies (ACPSS) advocates the previous idea and said “Professionals must be part to any laws governing syndicates’ work” (El-Jesri, 2008,p.7).

El Jesry quotes El-Erian at length to illustrate the negative impact of law 100 of 1993 on the Egyptian Syndicates as follows:

*“There are several professional issues that we need to address, but we don’t because we lack the stamina. We need elections, we need a new council with enough energy to look at many problems that have come up either because of the growing numbers of doctors or because of the free trade agreements that will definitely affect the profession,” he says. El-Erian also complains of boredom, which is very limiting to the creativity of the council. “Can you imagine doing the same thing for 16 years? The council has not changed, four of our members (of the Board) have passed away, and four have left the country. The remaining members have to do all the work. I’ve had to take unpaid leave from my job because the government has refused to grant me my salary with permission to work solely in the syndicate,” he says.*

*Another problem threatening the profession, says El-Erian, is that “the last 12 classes of medical school graduates have lost all contact with the syndicate due to the absence of elections. They only come to the headquarters to renew their IDs, but other than that, they’re not aware of the role of the syndicate. “We have 12 classes that have not practiced democracy, and who do not know how to vote,” he says (El-Jesri, 2008,p.6,7).*

On January 2, 2011, “Egypt’s Supreme Constitutional Court (SCC) issued its final ruling regarding the Professional Syndicates’ Law 100/1993, finding it unconstitutional thereby invalidating the incumbent boards of syndicates” (Elyan, 2011). According to Essam Al-Islamboly, the lawyer who filed the case in front of the



SCC, The SCC ruling is considered equal to a law and should be published in the official newspaper within 15 days before becoming effective” (Elyan, 2011).

In fact, the SCC ruling opened the door to fair elections within the Egyptian Syndicates based on their own laws and bylaws. Accordingly, the cancellation of this law is supposed to empower the syndicates and revive the syndicates activities and reform.

### **2.3 The positive effect of the new political party formation law on syndicates:**

As a result of the great Egyptian revolution in January 25, 2011, many activists and interest groups wanted to be involved in the political life including the elections of the Parliament and Shoura Council. In response to these changes in the Egyptian society, The Supreme Council of the Armed Forces announced new legislation on March 28, 2011 to oversee the formation of political parties in Egypt. According to this announcement:

*“A judiciary committee will be formed to look into the procedures of launching parties and make sure all applicants fulfill the new terms,” Shahin told a press conference Monday.*

*“However, the law shouldn’t be a stumbling block towards the political hopes of the Muslim Brotherhood as it enables the controversial opposition organization to form a separate party”.*

*“In the old regime, the committee responsible for allowing new parties to be launched was headed by the Shura Council chief, a member of the ruling party” (“Military council announces,” 2011).*

The enacting of the new party formation law is another significant progress which is supposed to enhance the democratic environment and give more political space to political players. This can help to allow professional syndicates to focus on the professional work rather than political concerns.

### **2.4 Corruption within the Egyptian syndicates:**

Not only did the intervention of the government affect the performance of the syndicates, but also the practices of some members and leaders, including corruption, have a great negative impact on the syndicates' activities. "Even the performance of the Muslim Brothers was no better than the previous leaders and members of these syndicates". (Ninette, 1998, p.562) "The credibility and prestige of professional syndicates have been eroded by charges of corruption, waste of funds and embezzlement that have been made against syndicates members and their leaders, including those in the Lawyers and Engineers syndicates" (Ninette, 1998, p.557).

An example of corruption in the Egyptian syndicates was in Engineers'

Syndicate where:

*"The Central Auditing Agency in 1994 discovered that nearly \$ 400,000 from the budget could not be accounted for and that additional sums had been spent on activities unrelated to syndicate work. The Muslim Brothers had spent \$120,000 on religious conferences and trips abroad, and moved \$60,000 from pension fund to the council fund to pay for day to day syndicates expenses. Thirty Thousand Dollars had been disbursed as expenses allowances to the members of the syndicate council members. And \$ 260,000 had been spent on advertising and propaganda for council members. The result of the investigation into all these transgression was a court ruling in February 1995 that placed the Engineers syndicate under judiciary supervision" (Ninette, 1998, p.561).*

Another example of corruption in the Egyptian syndicates was declared during Friday's Doctors Syndicate's general assembly meeting on March 29, 2013. In its report,

*"The Central Auditing Agency report claimed that the value of the LE 330,000 deficit in the syndicate report did not include an estimated LE1.263 million that was moved to other accounts. This sum pushes the deficit up to about LE 1.593 million. An estimated LE 802,000 of the misplaced funds, attributed to the syndicate's election expenses, was allocated to deferred administrative expenses.*

*In its response to the Central Auditing Agency representatives, the syndicate hinted that these violations were inherited from the old regime. If indeed*

*inherited, this would implicate Brotherhood leading member Essam al-Erian, who served as treasurer of the union from 1992 until 2011.*

*No elections were held in the syndicate between 1992 and 2011, when it was mainly dominated by members of the now-defunct National Democratic Party and the Brotherhood”(Adam, 2013).*

The above examples point out to possible corruption in handling the budget of some syndicates.

The external factors which represented in the governmental intervention, the poor democratic environment make syndicates one of the few convenient fields open to opponents of the government to practice their activities, which in addition to the internal factors, including corruption, led to the weakness of these syndicates

## **2.5 The calling for reforming the professional syndicates:**

“The intense politicization of the syndicates often hindered the advancement of purely professional concerns, but it is difficult to see how it could have been otherwise” (Reid, 1974, p.56). Furthermore, according to Mohamed El-Sayed Said, deputy director of the ACPSS, “the idea of professional control and guidelines has been completely ignored. In the quagmire of political conflicts, no candidate dares to talk about professional guidelines or ethics. They must only talk about how much more money or services they are going to bring members”(El-Jesri, 2008,p.6). Said added “There is a national necessity for syndicates to work properly. If Egypt is to grow, the idea of professional control becomes of utmost importance. There must be clear criteria for professional work. The basic idea in modern society is the idea of rights, i.e. a physician has rights and so does the patient. Doctors must not be allowed to deal with their patients with disgust, and journalists must not be allowed to invade the public’s privacy. It is the only way for society to develop. It is an economic necessity. There

must be professional guidelines clear to all if we are to deal with open markets” (El-Jesri, 2008,p.7).

In addition, in Middle East/North Africa Report no 46, Recommendation no.2.c to the Egyptian Movement for Change and Other Extra-Parliamentary Groups Calling for Reform was: “Reaching out to other associations and movements of civil society, especially professional associations, syndicates, trade unions and women’s group”

("Reforming egypt: In," 2005).

Obviously, many effective political players inside and outside Egypt are calling for reforming the professional syndicates, but how? And what actions should be taken to achieve the required reform?

There are many articles in the literature which discuss the necessity of changing Law 100, the political role of the syndicates and the role of Brotherhood in syndicates; however, it was difficult to find articles that discuss how to improve the internal governance weaknesses of the syndicates and enhance their level of performance.

## **2.6 Egyptian syndicates as corporatist organizations:**

In a valuable study about the associational groups in Egypt, the author “utilized the paradigm of corporatism as the tool of analysis, and he categorized the professional syndicates of lawyers, journalists, engineers and commercial employees as corporatist sectors” (Deeb, 1991, p. 640). There are many definitions for corporatism. Macmillan English Dictionary defined corporatism as “a political and economic system in which planning and policy are controlled by large groups such as business, Trade Unions, and central government”(Macmillan Dictionary ,2002).

According to Schmitter:

*“Corporatism can be defined as a system of interest representation in which the constituent units are organized into a limited number of singular compulsory, non-competitive, hierarchically ordered and functionally differentiated categories recognized or licensed (if not created) by the state and granted a deliberate representational monopoly within their respective categories in exchange for observing certain controls on their selection of leaders and articulation of demands and supports” (Pearson , 1997,p.36).*

According to the above definition, the main characteristics of corporatism fit very well the Egyptian reality in the syndicates. To illustrate this idea, the syndicates as trade unions are considered interest groups to defend the rights of their members. In addition, there are no competitions among the syndicates as they are different according to the professions of their members. They are responsible for developing and protecting the professions themselves. Egyptian syndicates are licensed by the state to be the official representative for their members who have the right to elect their board and leaders. At the same time, according to the Egyptian Constitution of 1971, syndicates are considered a part of the civil society organizations. Moreover, the membership in syndicates is obligatory and a condition for practicing professional work. In addition, syndicates are responsible to protect and guarantee professional rights and duties. Furthermore, syndicates have the right to coordinate with the state for new policies and/or legislations related to their members and careers.

The importance of the definition of the syndicates as an aspect of corporatism in Egypt is to make sure that their reformed purposes, structures, formation and roles permit them to apply the principles of good governance. However, the existing model of corporatism in Egyptian syndicate is not the ideal as it is more convenient to authoritarian systems. Dr.Samer Suleiman agreed with the above definition of Schmitter for the concept of corporatism, but he does not believe in this model and calling for the pluralistic system which more applicable to the democratic countries.

In his view:

*“In contrast to corporatism, the pluralistic system, prevalent in democracies, is one in which every social group has the right to establish numerous syndicates on a voluntary basis, and these syndicates are not under state control” (Suleiman, 2011).*

Applying the concept of governance can help to empower professional syndicates, solve this dilemma, fill a part of the gap in the literature and open new windows for further research. Probing the literature is the first step to find out the meaning of governance, its principles, the possibility and the importance of applying them in organizations, associations and professional syndicates.

### **2.7 The functions of the Board of Directors in the nonprofit organizations:**

In nonprofit organizations such as syndicates, the role of the Board of directors is essential to direct and guide the organization. The Board should focus on the strategic planning and achieving the mission of the organization for the benefits of the stakeholders. “Generally speaking, the Board is not in charge of day-to-day affairs of the nonprofit. Taking care of the many details involved in running the organization is the responsibility of the nonprofit’s staff, including the executive director, paid workers and volunteers”(Pakroo, 2011, P.68).

In an important article titled Governance for Nonprofits: From Little Leagues to Big Universities, the author give a great focus on the Board of Directors and its basic responsibilities. According to this article, basic board responsibilities include:

1. Determining the organization’s mission and purpose.
2. Selecting the chief executive.
3. Providing proper financial oversight.
4. Ensuring adequate resources.
5. Ensuring legal and ethical integrity and maintaining accountability.
6. Ensuring effective organizational planning.
7. Recruiting and orienting new board members and assessing the board’s own performance.
8. Enhancing the organization’s public standing.
9. Determining, monitoring and strengthening the organization’s programs and services.

10. Supporting the chief executive and assessing his or her performance.  
(Benasaraf, 2012).

## **2.8 Good governance and the possibility of applying this concept in syndicates:**

What is meant by good governance? Can we apply this concept in syndicates?

Some scholars use the term sound governance instead of good governance. “We use both adjectives interchangeably. Good appears to be internationally agreed to terminology”(Graham, Amos & Plumtre, 2003).

There are many definitions to the concept of governance and there are minimum requirements to be able to apply this concept. For instance, many scholars differentiate between governance in the private sector and public sector. From the literature, the application of the current concept of governance started at the beginning in private sector. Later on, many states and public organizations tried to apply it to improve their performance.

On the other hand, the United Nations states that, “The concept of governance is as old as human civilization” (*What is good*, 2008, p.1).

Kofi Annan, Secretary General of the United Nation highlighted the importance of good governance in his saying “it gives every citizen, young or old, man or woman, a real and lasting stake in the future of his or her societies-politically, economically and socially. With that stake in their mind and hearts, there are no limits to what people of your countries can achieve” (“Guide to key,” p.4 ).

The above quotation illustrates the importance of governance, but what is governance? “Governance is the way we organize ourselves to do our work, formally or informally, in any social or organizational environment” (“Guide to governance,” 2006, p.3).

The Concise Oxford Dictionary defines governance as: "act, manner, fact, or function, of governing; sway, control" (Davies, 1999, p.3).

According to the UN "good governance has 8 major characteristics. It is participatory, consensus oriented, accountable, transparent, responsive, effective and efficient, equitable and inclusive and follows the rule of law.....It assures that corruption is minimized, the views of minorities are taken into account and that the voice of the most vulnerable in society is heard in decision-making. It is also responsive to present and future needs of society" (*What is good*, 2008, p.1).

After applying the concept of governance successfully in private and public sectors, recently, some non-profit organizations wanted to make use of this idea in developing their performance. However, it was not easy to apply the governance in not for profit organizations due to the nature of the nonprofit organization and its ownership. In addition, the budget of some organizations may be too small which restrict the possibility of applying the governance. In a valuable study concerning this issue, Turbide and Bertrand stated that they "found in the for profit literature, a framework of interest developed by Charreaux (1997). His conceptual framework proposed two types of governance mechanisms: intentional and spontaneous. We have adopted the framework to the nonprofit sector and hypothesized that "small" nonprofit organizations make more use of spontaneous governance mechanism than do intentional and formal ones.....Our results support our hypothesis" (Turbide & Bertrand, p.1). From the above mentioned study, it is clear that there is a possibility to apply the idea of governance for non-profit organizations, but does it fit all nonprofit organizations? Based on discussion in the literature, it is debatable issue.

Some scholars focused on the importance of the clear ownership to the organizations to be able to apply the idea of governance. In this regard, "Certain nonprofits, such as



trade associations or professional societies, are clearly owned by their members”

(Carver & Carver, 2001, P.2).

Based on the above discussion, the professional syndicates in Egypt can be considered as corporatist organizations owned but not effectively controlled by their members, and at the same time, nonprofit organizations, and their sizes, budget, and other elements can enable to apply the concept of governance and help to improve the performance of the Egyptian syndicates.

### **2.9 Governance in the Canadian Medical Association (CMA):**

“The CMA was born in 1867 it had 167 members living in Canada’s four provinces. Today it represents more than 70,000 members”

("Canadian medical association,a," ,p.3).

The Canadian Medical Association (CMA) is a good example in the literature of a medical association that has tried to apply the concept of governance to increase its effectiveness and efficiency. They felt that they faced a problem and wanted to solve it. So, in 2008, they started to prepare a plan of governance. As Dr. Louise Cloutier, chair of The Canadian Medical Association (CMA) board of directors said “The organization will be smaller and more nimble and able to respond to issues of concern to doctors and the public”(“Cma adopts new,” 2008, p.520). In addition, Dr. Cloutier identified the goal of the governance reform as to ensure that CMA remains effective, agile, and responsive in the face of the medical profession’s changing needs, so that we may serve our members better”(“Equipping cma for,” 2007, p.1).

There were two main reasons for considering changes to the governance structures and processes in CMA. The first one was “to enhance accepted exemplary governance practices.” The main concerns in this area, as cited by the association, include:

- Uncertainty about roles, responsibilities and authorities among various governance bodies (e.g. General Council and CMA Board of Directors).

- Complexity of the existing governance structures and the negative impact this may have on members' perceptions of their ability to participate.
- Constraints on CMA's ability to respond quickly and effectively to environmental changes.

The second main reason for considering changes to the governance structures and processes in CMA was "to achieve greater connection, engagement and relevance for members". This was to be achieved through the guarantee of sufficient transparency and accountability within the CMA as some view CMA as a closed organization in which participation is difficult ("Consultation document. proposed," 2008, p.1).

The CMA established the Governance Review Task Force (GRTF) to be responsible for the process of governance reform. "Its mandate is to examine CMA's governance processes and structures-including General Council (GC) and the Board of Directors-and bring forward recommendations for improvement to the board for presentation at GC 2008" (Equipping CMA for tomorrow's challenges p.3). The GRTF cooperated with the Institute on Governance and Ascentum (a firm specializing in consultation and engagement) and concluded the following definition for governance:

"Governance is the art of steering an organization, the process whereby strategic goals are set, key relationships are maintained, the health of the organization is safeguarded, and account is rendered for performance"("Equipping cma for," 2007, p.4).

In addition, "Governance typically involves principals, the legal or moral owners of the corporation, and agent (such as the board of directors), who provide direction to the organization on their behalf". The Governance Review Task Force (GRTF) stressed that "in the case of non-profit organizations, a board of directors usually sits at the heart of governance and the annual general meeting is the main forum within which principals are able to hold their agent to account"("Equipping cma for," 2007, p.4).

The Governance Review Task Force (GRTF) in consultation with the Institute on Governance (IOG) outlined seven principles for sound governance that were expected to be helpful to the CMA as tools for analysis in considering its own governance issues:

1. Legitimacy and voice: the governance system inspires confidence in both its process and results. It provides an adequate voice to members and stakeholders and decisions are based on a consensus orientation.
2. Performance: the system performs well, leading to sound decisions that are responsive to the interests of members, stakeholders and the public.
3. Direction: governance process and structures result in a sense of clear strategic direction for the organization.
4. Participation: the system encourages meaningful involvement by members and stakeholders.
5. Accountability and Transparency: process for decision-making includes open communication and readily available information; the system allows members and stakeholders to hold decision-makers accountable.
6. Coherence and practicality: the system is rational and people can easily understand how it works.
7. Respect and fairness: members and stakeholders are treated with respect, fairly and impartially. ("Equipping cma for," 2007, p.5).

The Governance Review Task Force GRTF outlined a work plan to achieve its tasks and examine CMA's governance processes and structures:

*"This work plan includes three distinct phases, moving from general guiding values and principles, through the articulation of conceptual options and models, to the formulation of specific recommendations". (CMA Governance Review Members Consultation, summary report, January 2, 2008,p.1)*

*“Engagement and consultation with CMA members and stakeholders has been identified as a priority for the Governance Review Task Force GRTF’. The GRTF’s Governance Review Members Consultation was developed to help inform Phase1 of the Task Force’s work, by seeking member input on the governance issues to be addressed and the governance principles that should guide the development and selection of alternative governance options for CMA.*

*CMA members were invited to complete a workbook which was largely based on a consultation document that had been prepared for delegates to CMA’s General Council 2007. The workbook provided participants with information on:*

- Key governance definitions and concepts*
- An overview of best practices in governance*
- Brief overview of the current CMA model*
- A mix of closed and open-ended questions to gather feedback on CMA governance and issues identification.*

*Workbook respondents were also invited to provide comments on:*

- The seven principles developed by the Governance Review Task Force with assistance from the Institute on Governance (IOG) for proposed adoption and implementation by CMA.*
- The general comments on CMA’s governance structure, including what’s working well and what could be improved. An invitation to complete the workbook (online or on paper) was sent to all CMA members (by both mail and email), as well as members of the CMA Board, Councils and Committees” (“Cma governance review,” 2008, p.1).*

In conclusion, there are many internal and external factors that contribute to the weakness of the Egyptian syndicates and which are reflected in the poor service for their members, weak performance in the society and marginal participation in the reform process. In addition, it is clear that there is a gap in the literature review regarding how to improve the performance of the Egyptian syndicates. The concept of governance can be applied in Egyptian syndicates to empower them and to improve the quality of services to the members and the society.

## 111. CHAPTER THREE

### Methodology

#### 3.1 Basic Aim of the Research:

This research examines the components and composition of the governance system of the Egyptian Medical Syndicate (EMS) in the light of the criteria of governance in non-profit organizations and in particular, in comparison to the component and composition (core elements) of the Canadian Medical Association (CMA). In addition, the seven principles of the sound/good governance which introduced earlier in the literature will be utilized as a tool to evaluate the current governance system and find out the weak points and the gaps between the current and desired governance. In this research, the researcher needs to answer the major research question which is:

**To what extent do the governance structure and procedures of the Egyptian Medical Syndicate correspond to international good governance standards?**

To answer this question, it is important to examine the current system of governance in the Egyptian Medical Syndicate EMS, both on paper and in reality. It will be possible to determine whether the governance is adequate based on its structure and whether it is doing the job based on collecting information from the members, which was accomplished through the interviews and the questionnaires.

After answering the major research question, it will be possible to recommend areas for improvement.

#### 3.2 Qualitative Research Method and Data Collection Techniques:

This goal can be achieved by using a qualitative research strategy to gather the required data in order to allow the researcher to study how and why things happen.

Also, a qualitative research strategy can help greatly to answer the question of whether the current governance of the EMS reflects principles of good governance, why the weaknesses observed occur, as steps toward identifying improvements. In addition, the qualitative methodologies are very helpful to gather and then assess the required data from different sources such as individuals, groups of people, documents of the Egyptian Medical Syndicate, published books and articles. Furthermore, the qualitative strategy is effective in collecting the required data in a reasonable time within the limits of the resources available.

In this research, a case study, groups and individual in depth interviews and two questionnaires were used to evaluate the governance system of the EMS.

### **3.2.1 Case Study:**

The case study technique allows studying the Egyptian Medical Syndicate (EMS) in detail through published materials including books, reports, and articles. In addition, it will be possible to compare the governance in EMS to the governance in the Canadian Medical Association (CMA). As mentioned in the literature “Sometimes it’s useful to see your organization in relation to other similar ones. It can give you a better perspective of the current environment and your organization’s challenges and options” ("Institute on governance," 2008). Furthermore, this technique enables the analyst to combine the secondary data (from printed materials) with primary data from the interviewees and questionnaire. These different sources of data can help to understand the real situation of the Egyptian Medical Syndicate and the possibility of applying and achieving good governance in this pivotal association. In addition, this technique gives an opportunity to explore and analyze the contents of the internal system, regulations and bylaws that govern the EMS.

In CMA, they raised many crucial issues which need to be studied to evaluate the current governance structure. In EMS, it is also essential to examine the existence of these crucial issues and compare them to the situation and structure of the CMA. In this part of the research, the component and the core elements of both EMS and CMA will be discussed and compared to each other in some details. The purpose of this step is to make sure of the existence of the fundamental aspects of the governance system. In addition, comparing the components and the core elements of EMS and CMA will help to identify some of the strengths and the weaknesses of EMS and develop some suggestions to enhance the level of governance in the Egyptian Medical Syndicate.

**\* The components of the governance system which will be studied in this part are as follows:**

- 1- A Legislative framework
- 2- Bylaws
- 3- Governance policies
- 4-The culture of governance

**\* The core elements of the governance structure which will be covered in this part are as following:**

- The General Assembly
- Annual meeting
- Board of Directors and Board of sub syndicates in the Egyptian governorates

For the above mentioned core elements, the research will study the roles, responsibilities, authorities and the structure of each element.

### **3.2.2 Interview (group interview and Individual in Depth Interview).**

The interview technique makes it possible to explain the principles of sound governance and to discuss the questions with the interviewees. Thus, more insightful answers can be obtained.

#### **- Group Interviews:**

Through this technique, mini groups (up to 6 people) will be interviewed. The limited number of interviewees gives better opportunity to talk in a way that is friendly and informal with doctors. The mini-group technique is effective with young and old doctors.

During the group interviews, the interviewees answered the listed questions in the questionnaire (attached).

#### **- Individual In-Depth Interview (IDI):**

The technique of Individual In-Depth Interview (IDI) is more convenient to gather information from people with high experience in the field as it allows the opportunity to meet them and probe through the interview. The Managing Director of the Egyptian Medical Syndicate and one of the board members answered the attached questionnaire (appendix c) and added some valuable information about the performance of the board and the board meetings.

This questionnaire was prepared to examine the existence of some principles (mainly Direction and performance) out of the seven suggested principles of good governance.

It was edited and prepared for the board members and/or senior managers based on the “Implementation Checklist” (Wyatt, 2004, p. 32a-33b).

#### **3.2.3 Questionnaire:**

Developing a questionnaire is another effective tool in this research to gather data about the current governance system. There are some difficulties of the terms of governance and most of governance principles need more clarification to the



respondents of the questionnaire. In designing the attached questionnaire, it was very important to make sure that the questions cover most of the areas of governance. To achieve this goal, it was useful to examine the literature about the content of each principle of governance. In a valuable study about “Governance Principles for Protected Areas in the 21<sup>st</sup> Century”, by John Graham, the Institute on Governance, Canada, and based on the explanation of the content of each principle of governance, it was possible to design the questionnaire, shown in appendix B. To make sure that the interviewees understand the questions properly, it was better to help and encourage them to answer the questionnaire during the group interviews. Through the interviews and the questionnaire, it was possible to clarify many important issues regarding the governance in the Egyptian Medical Syndicate. In addition, it was possible to know the impact of the current governance system on the performance of the Egyptian Medical Syndicate. Furthermore, it was possible to identify areas of strengths and weaknesses and prepare the required recommendations to improve the performance of the EMS.

#### **3.2.4 The Interview Mode:**

Semi-structure interviews allow gathering the required information, and give the interviewees the opportunity to explain and elaborate. In addition to the semi-structure interviews, it is also planned to use structured interviews with a sample of doctors (during the group interviews) to know their attitude towards the performance of their syndicate. These types of interviews help to have better control and save more time. Through the interviews and the questionnaire, it was possible to examine the performance of The Egyptian Medical Syndicate against the suggested seven principles of the sound/good governance.

#### **3.2.5 Sample Design and Size:**

Despite the big size of the population in this research-the EMS has around 200,000 members -the homogeneity of its components makes it possible to select small samples to represent the whole community. Also, the homogeneity makes it possible to reduce the overall cost of the data collection exercise. Although all members graduated from the faculty of medicine, they have different careers, interests, opinions.

Based on the nature of this study as a qualitative research, it was possible to use a small sample as we have many other valuable sources to gather information as mentioned earlier. Non-probability sample was more convenient in this research as it enabled to gather preliminary information in a quick and inexpensive way. In this research, purposive sample as a type of non-probability samples was used. This type of samples enables to choose some participants with specific features, experience and background. To ensure better sample representation and obtain more accurate information, it was planned to meet two groups of 5-7 doctors in three different governorates (Cairo, Giza, Gharbeyia). The researcher has better communications in the medical field in these three governorates which facilitate interviewing doctors in their work place. With assistance of some doctors, it was possible to distribute the questionnaire and to explain the importance of the research to the interviewees as members of the Egyptian Medical Syndicate and its importance to the development of the Medical Syndicate itself. Conducting these interviews lasted about 6 weeks starting from the beginning of October, 2012 till the mid of November, 2012.

Although there was no plan to allocate a quota for males and females as the interviews conducted based on the convenience of doctors during their break in their work place, the interviewees represented young and old doctors, males and females. Four doctors refused to be involved because they do not like to cooperate with any

American organizations. Seven doctors refused to participate in the research because they did not want to sign the consent form. Twelve doctors were not enthusiastic or busy and did not answer the questionnaire. During each interview, explanation to the purpose of the research and the questions were explained and forms of the attached questionnaire were filled by the interviewees.

### **3.2.6. Limitations of the study:**

There are some limitations related to the literature review and the qualitative research methodology. These limitations include the following:

- Despite the fact that there are hundreds of articles about professional syndicates in Egypt, yet the articles about how to empower these syndicates and improve their performance are very limited.
- There are many definitions for the concept of governance and its principles. This concept in Egypt is still new and need to be explained to the respondents to get more accurate answers.
- It was very challenging to meet some key persons and experts in this field. While I was planning to meet the head of the Egyptian Medical Syndicate and some activists from doctors without rights; however, it was not possible due to the ongoing doctors' strike which occurred on the first of October, 2012. In addition, the Board members from the Brotherhood and Doctors Without Rights were too busy in mobilizing their affiliates against each others. While the Doctors Without Rights struggle to defend doctors interests, including salaries and the special cadre, and to improve the work conditions, the Board members from the Brotherhood and their supporter try to call for the same requirements in peaceful ways to avoid embarrassing the loyal governments.

- Due to the current transition period in Egypt and the frequent streets demonstrations, many experts in the field were too busy and it was very difficult to meet some of them.
- Most of the Egyptians are not familiar with the surveying culture and are not willing to answer questionnaires seriously.
- Many participants were enthusiastic to participate in the study without filling the consent form, and I hardly succeeded to get the consent of 52 participants in the study. The number of the respondents was quite sufficient with regard to the planned number which was only 42 doctors according to the outlined research plan in the methodology.
- Although doctors study medicine in English, it is better to attach an Arabic version from the questionnaire to encourage more doctors to participate and to improve the obtaining answers. This remark is really important, in particular, if it is planned to send the survey by mail or email instead of self administrated.

## 1V. CHAPTER FOUR

### The Analysis of the Data

#### 4.1 Case Study: The Egyptian Medical Syndicate and The Canadian Medical Association

##### 4.1.1 The component of the governance system

As introduced earlier in the second chapter of literature review, applying the principles of governance to nonprofit organizations such as civil societies, trade unions and syndicates is a new approach and little sophisticated studies could be found in the literature. The Canadian Medical Association started a plan of governance in 2008. As explained in the literature, they mobilized internal and external sources and specialized in governance to achieve better governance reform. At the same time, they explained the steps and procedures based on the consultations with members and professionals. Although the different culture and development in the two countries, it was possible to identify the main aspects of governance which need to be examined in the structure of the CMA. In fact, the specialists in governance, based on their experience identified the most important factors in the nonprofit organization which should be examined to evaluate the governance system. This model encouraged the researcher to check the existence of these factors in the EMS and compare according to the law and bylaws of the two organizations the components and the compositions to assess the weaknesses and strengths of the governance system of the EMS. It is worthy to state that the amendments bylaw of the CMA of 2012 reflects the outcomes from the governance process which started in 2008. In addition, the CMA created their definition for governance and the adopted principles of good governance which differ from the eight introduced principles of good governance according to the United Nations as introduced earlier in the literature. There is a similarity in most principles, but the CMA focused on the most

relevant model and approach to the nonprofit organizations. Although a lot of materials were available through the CMA website, the questionnaire which conducted to the members of the CMA was not available. Based on the above illustration, in the methodology in this research, the researcher customized two questionnaires to help in examining the existence and the applications of the standard principles of good governance.

CMA focused on the following 4 components of a governance system:

- 1- A Legislative framework
- 2- Bylaws
- 3- Governance policies
- 4- The culture of governance

The EMS structure in each of these areas may be compared to CMA's structure.

The following table no.1 will summarize the features of the main components of the two organizations, and it will be followed by further details and explanations.

**(The Main Components of the Governance Structure of CMA and EMS)**

<u><b>Canadian Medical Association (CMA)</b></u>	<u><b>Egyptian Medical Syndicate (EMS)</b></u>
<p><b>Establishment:</b> In the year 1867</p> <p><b>Number of members:</b> 70,000 In 2008-2009</p> <p><b>Membership:</b> Membership is optional, and <b>in addition to</b> the physicians, membership also includes student in the faculty of medicine and the association can grant an honorary membership for Persons who have distinguished themselves by their attainments in medicine, science, the humanities or who have rendered significant services to the Association as honorary members. (CMA Bylaw, Chapter 5, Membership).</p> <p><b>* A Legislative framework:</b></p> <ul style="list-style-type: none"> <li>- Exist as a legal entity and imposes certain requirements, such as the obligation to hold an annual general meeting of members.</li> </ul> <p><u>Purpose:</u> “The Canadian Medical Association (CMA) is as a national, voluntary association of physicians, residents and medical students”. “The CMA's mission is to serve and unite the physicians of Canada and be the national advocate, in partnership with Canadians, for the highest standards of health and health care”(“Frequently asked questions," ).</p>	<p><b>Establishment:</b> In the year 1940</p> <p><b>Number of members:</b> 230,000 members</p> <p><b>Membership:</b> The membership is mandatory and one of the basic requirements to start professional career in medicine. Only graduated students from the faculty of medicine are eligible to be enrolled in the syndicate.</p> <p><b>*A Legislative framework:</b></p> <ul style="list-style-type: none"> <li>- Professional syndicates backed by the constitution itself</li> <li>- The Creation of syndicates and unions on a democratic basis is a right guaranteed by law, and should have a moral entity</li> </ul> <p><u>Purpose:</u> The law regulates the participation of syndicates and unions in carrying out the social programs and plans, raising the standard of efficiency, consolidating the socialist behavior among their members, and safeguarding their funds”. - The same Article, the syndicates are responsible for questioning their members about their behavior in exercising their activities according to certain codes of morals, and for defending the rights and</p>

<p><b>Bylaws:</b></p> <p>Define the objects of the corporation, who are its members, the powers of the board, how directors are elected and their terms of office. They also, establish the officers of the corporation. The Bylaw was amended in August 2012 ("The act of," ). CMA Bylaws</p> <p><b>Governance policies:</b></p> <p>Passed by the Board of Directors to provide further definition as to how governance process are supposed to work</p> <p>- The governance policies were stated clearly such as rules of order, amendments to bylaw, operating rules and procedures, and execution of documents.</p> <p><b>The culture of governance:</b></p> <p>The CMA has achieved a significant progress in promoting the culture of governance among its members. Of course, the CMA has the main components and composition of governance including elected Board, auditors, annual meeting Bylaws, etc</p> <p>In 2008, they started to prepare a plan of governance reform as to ensure that CMA remains effective, agile, and responsive in the face of the medical profession's changing needs, so that they may serve their members better ("Equipping cma for," 2007, p.1).</p>	<p>liberties of their members as defined in the law</p> <p><b>Bylaws:</b></p> <p>- Egyptian Medical Syndicate has its own bylaws which were created by decree no.235 in 1974 by the ministry of health, and the bylaws itself were formulated by the General Assembly of doctors syndicate in 1974</p> <p>The last amendment of the EMS bylaws was in April 25, 2011, and it was only for a few articles.</p> <p><b>Governance policies:</b></p> <p>- The current bylaw of the Egyptian Medical Association does not include clear governance policy as to how decisions may be taken or how voting is accomplished.</p> <p><b>The culture of governance:</b></p> <p>- The Medical syndicate achieved some progress and development in promoting the culture of governance. In addition, it has elected board, internal and external auditor to check its budget and resources, annual meeting.</p> <p>- It became well known and accepted by the members of the doctors syndicate that the syndicate is the main representative for doctors in front of the governmental and the non governmental bodies.</p>
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The EMS structure in each of these areas may be compared to CMA's structure.

**4.1.1.1 “A Legislative framework:** makes it possible for the organization to exist as a legal entity and imposes certain requirements, such as the obligation to hold an annual general meeting of members” (“Equipping cma for,” 2007, p.6).

In fact, a legislative framework is very important to organize and assure the legal practice of an organization. In Egypt, “These unions (professional syndicates) have legislative power with the State as they have the right of organizing the professional work; likewise they execute a legal power when they correct the behavior of their members” (UN, 2002-2003, P. 10). In addition, professional syndicates backed by the constitution itself. According to Articles no.56 in the Egyptian constitution of 1971, “The Creation of syndicates and unions on a democratic basis is a right guaranteed by law, and should have a moral entity”.

In addition, the same article stated that “The law regulates the participation of syndicates and unions in carrying out the social programs and plans, raising the standard of efficiency, consolidating the socialist behavior among their members, and safeguarding their funds”.

Furthermore, according to the same Article, the syndicates are responsible for questioning their members about their behavior in exercising their activities according to certain codes of morals, and for defending the rights and liberties of their members as defined in the law” (“The egyptian constitution,"1971).

In addition to the above mentioned article no. 56 in the Egyptian Constitution of 1971, there is also Law no.45 in the Year of 1969 to organize the purpose, composition, roles and responsibilities of the Egyptian Medical Syndicate. It is notable to add that

the new constitution of December, 2012 also guarantees the rights of establishing professional syndicates in its article no.53 ("The new Egyptian constitution," 2012).

**4.1.1.2 “Bylaws:** define the objects of the corporation, who are its members, the powers of the board, how directors are elected and their terms of office. They also, establish the officers of the corporation” ("Equipping cma for," 2007, p.6). The Egyptian Medical Syndicate has its own bylaws which were created by decree no.235 in 1974 by the ministry of health, and the bylaws itself were formulated by the General Assembly of doctors syndicate in 1974. Further discussion will be given to many articles in the EMS bylaw of the Egyptian Medical Syndicate in the following section which will be allocated to discuss the core elements of the composition of CMA governance structure and the EMS structure.

**4.1.1.3 “Governance policies:** passed by the Board of Directors to provide further definition as to how governance process are supposed to work (e.g., a conflict of interest policy)” ("Equipping cma for," 2007, p.6).

In CMA, after achieving the research of the proposed governance, according to “The Act of Incorporation and Bylaws as Amended, August 2010”, the governance policies were stated clearly such as rules of order (Chapter 18), amendments to bylaw (Chapter 19), operating rules and procedures (Chapter 20), and execution of documents (Chapter 21).

For instance, based on the amended bylaw of the CMA in Chapter 18, the members of the Board of Directors or committees can participate in the meetings by telephone or other communication facilities, and in urgent matters, they considered remote ballot for the Board of Directors, Executive Committee and Staffing Committee. On contrary, the current bylaw of the Egyptian Medical Association does not include

clear governance policy as to how decisions may be taken or how voting is accomplished.

**4.1.1.4 “The culture of governance:** includes those practices and traditions, implicit and undocumented that develop over time in any organization” (“Equipping cma for,” 2007, p.6).

The Egyptian Medical Syndicate was established in 1940, and over more than seventy years of regulating and practicing its roles, the syndicate achieved some progress and development in promoting the culture of governance. For instance, the Egyptian Medical Syndicate has legal base to exist through the legislation and law. In addition, it has elected board who responsible for directing the syndicate for the benefits of the members and stakeholders. Moreover, the medical syndicate has internal and external auditor to check its budget and resources and announce the results in the general assembly annual meeting. It became well known and accepted by the members of the doctors syndicate that the syndicate is the main representative for doctors in front of the governmental and the non governmental bodies. Furthermore, the Medical Syndicate has branches in the Egyptian governorate, and it has its own bylaw to identify and organize the roles and responsibilities of the Board, the committees. The above illustration confirms the existence of culture of governance regardless its quality which will be examined in this research.

#### **4.1.2 The core elements of the composition of CMA’s governance structure and The EMS structure:**

The following table no.2 will summarize the features of the main composition of the two organizations, and it will be followed by further details and explanations.

**(The Compositions of the Governance Structure of CMA and EMS (The Core Elements)**

<b><u>Canadian Medical Association (CMA)</u></b>	<b><u>Egyptian Medical Syndicate (EMS)</u></b>
<p><b>- General Council:</b></p> <p>(governing body and legislative authority)</p> <p><u>Composition</u></p> <p>- The General Council is legislative and also intermediary between the members and the board. It recognizes that the group is too large for the GA to be an effective management body. So, it has a much smaller membership and the delegates elected or appointed by divisions to General Council in accordance with the specific divisional entitlement</p> <p><b>- <u>Roles and Responsibilities:</u></b></p> <p>Acts on behalf of CMA members in providing policy direction; reviewing bylaws for members' approval; electing CMA officers, directors and chairs and members of the Committees on Ethics, Finance and Nominations; establishing membership fees; and appointing an auditor</p> <p><b>Annual Meeting:</b></p> <p>- In CMA, there are two annual meetings: The summer meeting should continue to include elections, setting membership fees, installation of the president, and other ceremonial functions, while the winter meeting should primarily be a working business meeting for the purpose of policy design</p> <p><b>Board of Directors (Executive Authority)</b></p> <p><b>-<u>The composition of the Board</u></b></p>	<p><b>- General Assembly</b></p> <p><u>Composition</u></p> <p>General Assembly in EMS consists of all doctors who registered in doctors' syndicates and paid the annual fees or exempted from them.</p> <p><b>- <u>Roles and Responsibilities:</u></b></p> <p>Almost the same power and responsibilities. The general assembly in EMS is responsible for discussing the report of the board of directors for the previous year and discussing the statement of the previous year and the budget of the coming year and approves them.</p> <p>Discuss the bylaw of ethical integrity and approve any suggested amendments before getting the final approval from the ministry of health.</p> <p><b>Annual Meeting:</b></p> <p>- The normal annual meeting of the general assembly should be in March every year.</p> <p>According to the law of the Egyptian Medical Syndicate, the minimum numbers of attendees to approve the general assembly meeting in the General Syndicate is 1000 members, and it can be reduced to 300 members in case of failing to mobilize 1000.</p> <p><b>Board of Directors:</b></p> <p><u>The composition of the Board</u></p>

<p>The Board of Directors shall comprise:</p> <p>(a) ex-officio: President, President-Elect, Immediate Past President, and Chair of the Board of Directors</p> <p>elected or appointed pursuant to these bylaws; and</p> <p>(b) the following elected directors:</p> <p>(i) divisional directors in accordance with the following divisional entitlement: each division shall be entitled to have 1 director for up to 6000 of its members, and 1 additional for each further 6000 or fraction thereof;</p> <p>(ii) a student director; and</p> <p>(iii) a resident director.</p> <p><u>Board Responsibilities:</u></p> <p>-The Board of Directors shall have the executive authority of the Association and shall be responsible for the management of the affairs of the Association in accordance with the policies established by General Council.</p> <p>- Board of Directors: reports to GC and acts in accordance with its policies in overseeing the affairs of CMA. The board assumes fiduciary responsibilities (deputy) on behalf of the CMA. It appoints the secretary general and the chairs and members of councils and committees not appointed by GC; approves plans and budgets of all councils and committees; and reviews reports from management, councils and committees</p>	<p>-The chairman of the medical syndicate and other 12 elected members represent doctors on the general association council and other 12 members represent the 6 areas (provisions) which include the Egyptian governorates.</p> <p>-In the time of the election, 12 members out of the 24 must be registered in the syndicate since 15 years or more and the other 12 must be registered for less than 15 years.</p> <p>-The membership of the Board of Directors is 4 years, and half of the Board of Directors must be elected every 2 years. At the same time, it is not allowed for any members to be elected more than 2 periods</p> <p><u>Board Responsibilities:</u></p> <p>- Achieve the main goals of Doctors' Syndicate and set the tools that help to execute the goals and monitoring them.</p> <p>- Ensure adequate resources and through collecting the due fees, accept donations and aids and supervise the bank accounts of the syndicates.</p> <p>- Ensure adequate resources and through collecting the due fees, accept donations and aids and supervise the bank accounts of the syndicates.</p> <p>- Communicate with the governmental entities, institutions, public authorities and individuals for any related issues to the syndicate</p> <p>- Preparing the bylaw of ethical integrity and any amendments and get the approval of the general assembly to the changes: hence the ministry of health issues the required decrees to enact the</p>
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<p>- The board of directors should be the principal executive authority in CMA. This means that the board is responsible for putting laws/policies into execution and administers them</p> <p>- The Chief Executive Officer (CEO) and the staff are running the CMA. To ensure the effectiveness and avoid overlapping , “The CMA Board of Directors should ensure that the roles, responsibilities and authorities of the CEO are clearly defined and communicated to the Board of Directors on an ongoing basis”</p>	<p>amendments.</p> <p>- Preparing the annual budget and the statement.</p> <p>- It is the same in EMS as executing the decisions of the general assembly is one of the responsibilities of the board of directors</p> <p>-The chief executive (Managing Director) has a written job description outlining performance expectations and goals. The Board of Directors is responsible for evaluating the performance of the chief executive annually. Therefore, the chief executive is not a member of the Board. In addition, the staff and the chief executive are not voting members of the board.</p>
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The composition of the Canadian Medical Association (CMA) consists of the General Council, Board of Directors, Advisory Structures, Members and Staff. But in governance at CMA, they highlighted the core elements of the composition of CMA’s governance structure as follows: General Council, Annual meeting of members and Board of Directors ("Equipping cma for," 2007, p.8).

The composition of EMS is almost the same. It includes the General Assembly, annual meeting, Board of Directors and the Boards of sub syndicates in the Egyptian governorates.

It is important to identify the functions of the areas of General Assembly (General Council in CMA), the Board of Directors, Annual meeting, and then check its roles, responsibilities and authorities according to the laws and bylaws of the EMS. With comparing the areas and the functions in CMA and EMS, and taking into consideration the function of these mentioned areas according to the documents of the CMA and the requirements of the Society of Corporate Secretaries and Governance Professionals and the National Center for Nonprofit Boards, we can find out the shortage in the bylaws, and then find out what to suggest to enable this area to improve its performance.

This part of this research will study each of the following core elements of EMS in details. The main source of this study is the law and the bylaw of doctors' syndicate.

- The General Assembly
- Annual meeting
- Board of Directors and Board of sub syndicates in the Egyptian governorates

#### **4.1.2.1 General Assembly:**

In CMA, the General Council (GC) is not the same as the General Assembly. It has a much smaller membership. In addition to the Ex-officio delegates, the

Composition of General Council formed as follows:

*“Delegates shall be elected or appointed by divisions to General Council in accordance with the following divisional entitlement: each division is entitled to elect or appoint 4 delegates for up to 100 of its members; 1 additional for 101 to 250; 1 additional for 251 to 500 and 1 additional for each further 500 or fraction thereof. For greater certainty, student members may be elected by their divisions as divisional delegates to General Council” (“The act of,” 2012, p.6).*

The General Council is legislative and also intermediary between the members and the board. It recognizes that the group is too large for the GA to be an effective

management body “General Council: acts on behalf of CMA members in providing policy direction; reviewing bylaws for members’ approval; electing CMA officers, directors and chairs and members of the Committees on Ethics, Finance and Nominations; establishing membership fees; and appointing an auditor” (“Equipping cma for,” 2007, p.8). The annual meeting is the same as the general assembly of the EMS. This is an interesting structure which can help to improve the decision making process in the Egyptian Medical Syndicate and the other Egyptian professional syndicates.

The General Assembly in EMS consists of all doctors who registered in doctors’ syndicates and paid the annual fees or exempted from them (“Law 45 of,” 1969, Article no.12).

There are many common areas in the main responsibilities of the general assembly in EMS and The General Council in the CMA (“Consultation document. proposed,” 2008, p.5). and (“Law 45 of,” 1969, Article no.16). as following:

- 1- Both of General Council in CMA and General Assembly in EMS approve the changes of the bylaws.
- 2- Discussing the high level policy in health, participating in studying the projects of medical education policy and technical training for doctors.
- 3- Appointing auditor
- 4- Electing the board of directors (“Law 45 of,” 1969, Article no.18) and Consultation document, Proposed Direction and Areas for Change for CMA’s Governance Structures and Processes (“Consultation document. proposed,” 2008, p.5).
- 5- In the CMA, the general council has the right to approve membership fees and general assembly has the same right as it is mentioned in article no.13 in the bylaw of doctors’ syndicates.



At the same time, according to Law no.45.year 1969 article no. 16 the general assembly in EMS is responsible for discussing the report of the board of directors for the previous year and discussing the statement of the previous year and the budget of the coming year and approves them. In the CMA, these functions achieved through the General Council not through the General assembly.

It is important to mention that the General Council in CMA is considered the legislative authority and this mean that it is the body that enacts the laws/policies within an organization or entity ("Consultation document. proposed," 2008, p.1). It is easy to prove that the general assembly in EMS also can be considered as the legislative authority as the board of directors is responsible for putting the decisions of the general assembly into execution (Law no.45.year 1969 article no. 28/2).

#### **4.1.2.2 Annual Meeting:**

In CMA, "Annual meeting of members: deals with the matters referred by GC and provides a forum for members to ask questions of the Board of Directors" ("Equipping cma for," 2007, p.8).

(According to the law of the doctors' syndicate article no (12) and its bylaw article no (18) the general assembly has to hold an annual meeting every year in March)

According to the law (article no. 13) and the bylaw (article no.18) of EMS, the normal annual meeting of the general assembly should be in March every year. For subsidiary unions (sub-syndicates), the normal annual meeting should be in February every year. (the bylaws of EMS, article no 32). During the annual meeting, there are many important issue must be discussed as illustrated above in the role and responsibilities of the general assembly.

In emergency, the general syndicate or any sub-syndicates can call for an extraordinary meeting for the general assembly or the sub general assembly, but in

this case the minimum numbers of doctors should match with the terms in the law and the bylaw of the syndicate.

According to the law of the Egyptian Medical Syndicate, the minimum numbers of attendees to approve the general assembly meeting in the General Syndicate is 1000 members. This number can be reduced to 300 members in case of failing to mobilize 1000 (Law no.45.year 1969 article no.14).

For sub-syndicates, the minimum numbers of attendees for the validity of the general assembly meeting is half of the number of registered members in the tables of the syndicate who have the right to vote or 100 members. To validate the meeting, the syndicate can consider the minimum of the two above mentioned numbers. At the same time, if the syndicate failed to mobilize the required numbers in the first meeting the general assembly meeting will be valid regardless the numbers of the attendees in the second meeting (Law no.45.year 1969 article no.32).

It is important to reconsider the minimum required numbers in the elections, and revise the terms of holding general assembly in general syndicate and sub-syndicates.

The stated numbers were determined long time ago in Law no.45.of 1969 and the bylaw of the syndicate in 1974. Now due to the increasing numbers of registered members in the EMS, it is important to amend the stated numbers to validate the elections. In reality, the General Assembly as a governing body made up of thousands of people who are busy and distributed inside and outside Egypt. In addition, there is a difficulty of having the general assembly make rational decisions as there is no guarantee to have some attendees with good experience in governance. Furthermore, the current system allows some groups to mobilize their members to attend and influence the taken decisions regardless their rationality through voting in the elections and the annual meetings. A good example for this mobilization is the

behavior of the affiliated to the Muslim Brotherhood in their preparing for Friday's Doctors Syndicate's general assembly meeting to pass the budget of the last year and the coming year. The meeting was held on March 29, 2013 where:

*“In a scene similar to Islamist demonstrations in Egypt, private buses that had transported Brotherhood doctors from different governorates surrounded the yard of Qasr al-Aini Hospital and the affiliated campus of Cairo University faculties of medicine and dentistry....*

*In the above example, despite the “critical announcement by representatives of the Central Auditing Agency who highlighted financial discrepancies exceeding LE1 million between its own findings and the figures in the syndicate's report, the Muslim Brotherhood majority inevitably pushed budgets through” (Adam, 2013).*

The above illustration highlighted the importance of considering the adopted model of General Council in the CMA as a representative of the General Assembly in the annual meetings and most of the vital decisions that affect the members and the association.

In CMA, there are two annual meetings. “The summer meeting should continue to include elections, setting membership fees, installation of the president, and other ceremonial functions, while the winter meeting should primarily be a working business meeting for the purpose of policy design” (“Consultation document. proposed,” 2008, p.6).

#### **4.1.2.3 Board of Directors:**

In CMA, “Board of Directors: reports to GC and acts in accordance with its policies in overseeing the affairs of CMA. The board assumes fiduciary (deputy) responsibilities on behalf of the CMA. It appoints the secretary general and the chairs and members of councils and committees not appointed by GC; approves plans and budgets of all councils and committees; and reviews reports from management, councils and committees” (“Equipping cma for,” 2007, p.8).

- “The board of directors should be the principal executive authority in CMA. This means that the board is responsible for putting laws/policies into execution and administers them” (“Consultation document. proposed,” 2008, p.7). It is the same in EMS as executing the decisions of the general assembly is one of the responsibilities of the board of directors (law no. 45 year 1969 for the EMS article no.28/2).

In large organization such as CMA and EMS the board of directors should not be involved in daily work. . “The larger your organization and the greater your support staff, the less "hands-on" the board will be. On the other hand, directors or trustees of smaller organizations may, by necessity, find themselves more involved in the day-to-day operations” (“Governance for nonprofits,” 2008, p.5).

- The size of the board of directors should be reasonable to be more efficient and effective. The Egyptian Medical Association has ideal size which consists of 25 members including the president of the board. (law no. 45 year 1969 for the EMS article no.18). On the other hand, in CMA, the board consists of 34 members which is too large. Many think the current size makes effective and efficient deliberations very difficult. The task force recommends that the CMA Board of Directors be reduced to 17-25 members (“Consultation document. proposed,” 2008, p.7).

#### **4.1.2.3.1 The composition of the Board of Directors in EMS:**

The chairman of the medical syndicate and other 12 elected members represent doctors on the general association council and other 12 members represent the 6 areas (provisions) which include the Egyptian governorates. In the time of the election, 12 members out of the 24 must be registered in the syndicate since 15 years or more and the other 12 must be registered for less than 15 years (“The bylaw of,” 1974, Article no.26).

There are many important and interesting articles in the law no. 45 year 1969 for the EMS. For instance, the membership of the Board of Directors is 4 years, and half of the Board of Directors must be elected every 2 years. At the same time, it is not allowed for any members to be elected more than 2 periods (equal to 8 years) (Article no.20).

Concerning the chairman of the Board, He must be registered in the syndicate for more than 15 years, and not allowed to be elected more than two periods each one is four years.

(Article no. 21). In reality, the above rules were not followed because of the suspension of the elections for long time (No elections were held in the syndicate between 1992 and 2011 as illustrated in the literature review, Chapter two).

It is notable that the above mentioned articles no.20 and 21 ensure the renewal of the representatives in the Board. These articles encourage healthy turnover on the board and according to The Society of Corporate Secretaries and Governance Professionals: “the Board should have an appropriate level of turnover in its membership-new members and ideas balanced with experience and continuity” (“Governance for nonprofits,” 2008, p.16).

According to the above mentioned responsibilities, there are many common areas with the board responsibilities in law no. 45 year 1969 for the EMS (article no.28) as follows:

- Achieve the main goals of Doctors’ Syndicate and set the tools that help to execute the goals and monitoring them (article no.28/1).
- The Board elects every year from its members the deputy, general secretary, treasury, and assistant to the treasury (Article no.23).

- Ensure adequate resources and through collecting the due fees, accept donations and aids and supervise the bank accounts of the syndicates (article no.28/5).
- Communicate with the governmental entities, institutions, public authorities and individuals for any related issues to the syndicate or anything belong to execution of the law (article no.28/12).
- Preparing the bylaw of ethical integrity and any amendments and get the approval of the general assembly to the changes: hence the ministry of health issues the required decrees to enact the amendments (article no.28/3).

It is worthy to highlight that getting final approval from the ministry of health affects the independency of the syndicate.

- Preparing the annual budget and the statement (article no.28/8).
- Organize the relationship between the Board of Directors and the sub-syndicates in the Egyptian governorates (article no.28/6).

The Chief Executive Officer (CEO) and the staff are running the CMA. To ensure the effectiveness and avoid overlapping , “The CMA Board of Directors should ensure that the roles, responsibilities and authorities of the CEO are clearly defined and communicated to the Board of Directors on an ongoing basis” ("A balanced blueprint," 2008, p.A33).

### **Electing The Board in the Egyptian Medical Syndicate (EMS):**

After the cancellation of the governing Law of the professional syndicates in Egypt (Law 100 of 199), currently each professional syndicate follows its own law and bylaw. As for the Egyptian Medical Syndicate, in April 25, 2011, the minister of

health issued decree no.304 in year 2011. This decree includes the amendments of articles no.43, 44, and 47 of the bylaw of the Egyptian Medical Syndicate which includes details about the time and terms of the election. Based on these amendments, the electing of chairman and members of the general syndicate or the sub-syndicates' Association Council is fixed to occur every two years. In addition, according to this ministerial decree, the first election should be for the whole Board of the syndicate and the subsidiary.

It is worthy to say that the new ministerial decree cancelled topic no.5 in article no.47, which dealt with the Arab Socialist Union which ceased to exist with the formation of the now-also-defunct National Democratic Party. Unfortunately, there are many other articles in the law and the bylaw of the Egyptian Medical Syndicate still referencing the Arab Socialist Union. No doubt these articles need to be amended according to the current political and economic situation. In particular, article no.39 in the bylaw of the EMS still refers to a requirement for candidates for board and leadership positions to be a member of the Arab Socialist Union., this condition should be cancelled before the coming election.

#### **4.1.2.3.3 Board Committees:**

Active board committees make board meetings more efficient and effective. The following committees are commonly found in nonprofit organizations:

Audit Committee--composed of independent board members (those who have no significant financial or other relationship with management), responsible for the integrity of internal financial controls and reports and legal compliance.

Development/Fund-Raising Committee--organizes fund-raising events and capital campaigns.

Executive Committee--a mini-board usually composed of officers and committee chairs, which can act between board meetings if circumstances require.

Finance Committee--oversees finance-related matters, such as auditing, budget, tax and investment issues.

Nominating Committee--presents recommendations to your board regarding vacant board positions.

Personnel Committee--responsible for developing compensation and benefit guidelines for any paid staff your organization may have.

Program Committee--tracks programs and makes recommendations on future initiatives ("Governance for nonprofits, p.2" ).

The last amendment of the EMS bylaws was in April 25, 2011, and it was only for a few articles. According to the current EMS bylaw, article no.27, there is an executive committee consists of the Chair of the board, the deputy, general secretary, treasury, assistant treasury, and it should make the required decisions between the Board meetings and take the approval of the Board in the first meeting after making these decisions..

According to article no.28 in the bylaw of the EMS, the Board forms standing or temporary committees to study some issues and the head of each committee should be one of the Board members who want to be nominated.

.....The standing committees in EMS are as following:

- The Scientific
- The Social Committee



- The Informing and Publishing Committee
- The Planning Committee
- The Committee of Foreign Affairs

(The bylaw of the EMS articles no (28)).

While the CMA in its amended bylaw, according to Chapter 14 and 15, has many committees, some of which are the audit committee, committee on finance, The EMS structure does not include many important committees such as Audit Committee, Development/Fund-Raising Committee, Finance Committee and Nominating Committee.

The Board of Directors of Sub- Medical Syndicate in the Egyptian Governorates: Roles and Responsibilities of the Board in the sub-syndicate are the same of the Board in the head office which are stated clearly in the bylaw, but authorities are restricted to its governorate (law 45 year 1969, article no.38).

#### **4.2 Description of Data Collected**

About 75 questionnaires were handed to doctors, of which 52 questionnaires were successfully completed and returned with a rate of 69%. The questionnaire was self-administered with help of doctors known to the author in the stated three Egyptian governorates including Giza, Cairo and Gharbeyia. The questionnaire was composed of 27 questions, aimed at evaluating the existence of the following seven adopted principles of good governance within the Egyptian Medical Syndicate:

- Legitimacy and Voice
- Performance
- Participation
- Accountability and Transparency
- Coherence and Practicality

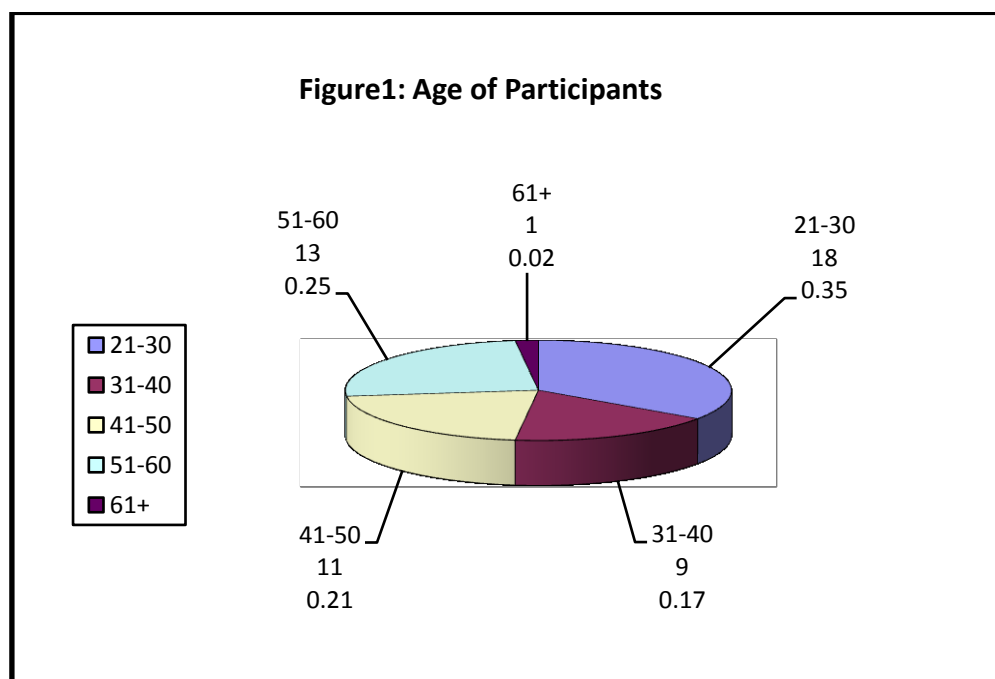
- Respect and Fairness

Another questionnaire was designed for the members of the Board of Directors and senior managers in the Egyptian General Medical Syndicates. It was composed of 33 questions customized to evaluate the existence of some principles (mainly Direction and Performance) out of the seven suggested principles of good governance.

The two questionnaires were approved by the Institutional Research Board department at the AUC. The main purpose of the two questionnaires was to examine whether the current governance system in the EMS reflects the seven principles of good governance and identify the areas of strengths and weaknesses.

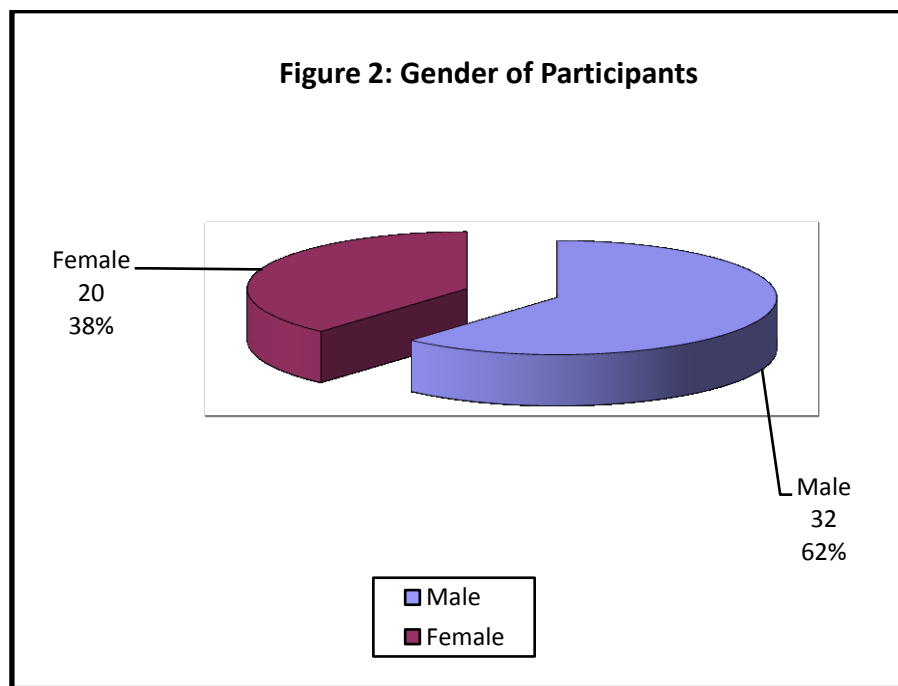
#### Demographics of respondents

The distribution of respondents by age was quite broad, as shown in figure: 1 which illustrates the categories, numbers of respondents in each category and their ratio comparing to the whole samples.



The highest response rate was from the age group of 21-30 with 35%, followed by the age group of 51-60 with 25%. The average response was from the age group of 41-50 and the age group of 31-40, while the lowest response was from doctors over 61.

As shown in figure 2, the sample was composed of 62% of males and 38% of females. There was no intention to consider an equal numbers from males and females within the sample as the distribution of the questionnaire was according to the availability of doctors in hospitals during the time of the distribution of the survey and the willingness of those doctors to participate in the research.



#### 4.3 Analysis of the Data (The Answer of the Questionnaires):

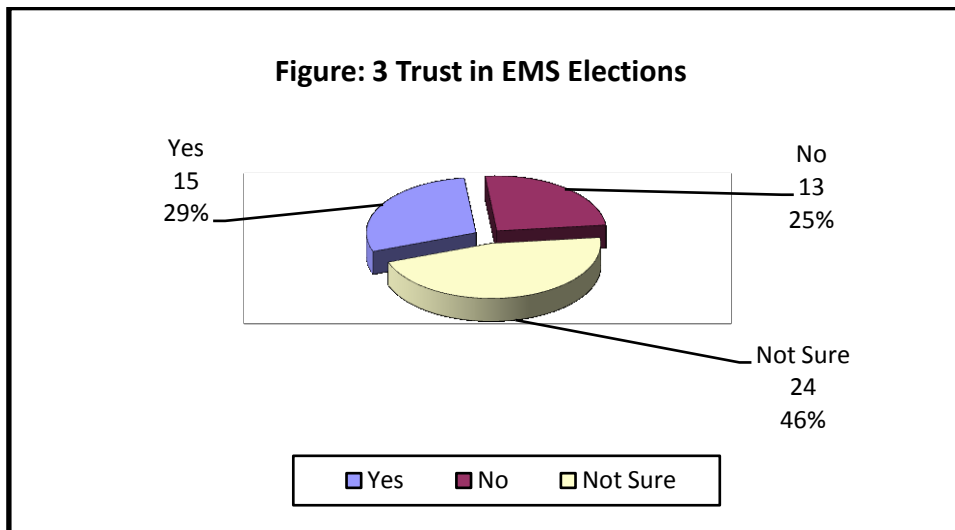
The two distributed questionnaires include many questions to cover each principle of the seven selected governance principles. The following table classifies the questions according to the seven selected area of governance as follows:

**(List of The Considered Seven Principles of Good Governance and The Numbers of Related Questions in the Questionnaires**

<p>1. <b>Legitimacy and voice:</b> the governance system inspires confidence in both its process and results. It provides an adequate voice to members and stakeholders and decisions are based on a consensus orientation.</p>	<p>Questions: 7, 8, 9</p>
<p>2. <b>Performance:</b> the system performs well, leading to sound decisions that are responsive to the interests of members, stakeholders and the public.</p>	<p>6, 14, 26, 27 In addition to the questionnaire for Board Members and Senior Managers</p>
<p>3. <b>Participation:</b> the system encourages meaningful involvement by members and stakeholders.</p>	<p>3A, 3B, 4, 5A, 5B, 10, 11</p>
<p>4. <b>Accountability and Transparency:</b> process for decision-making includes open communication and readily available information; the system allows members and stakeholders to hold decision-makers accountable.</p>	<p>12, 13, 15, 16, 17</p>
<p>5. <b>Coherence and practicality:</b> the system is rational and people can easily understand how it works.</p>	<p>18, 19, 20</p>
<p>6. <b>Respect and fairness:</b> members and stakeholders are treated with respect, fairly and impartially.</p>	<p>21, 22, 23, 24, 25</p>
<p>7. <b>Direction:</b> governance process and structures result in a sense of clear strategic direction for the organization.</p>	<p>Mainly questionnaire for Board Members and Senior Managers</p>

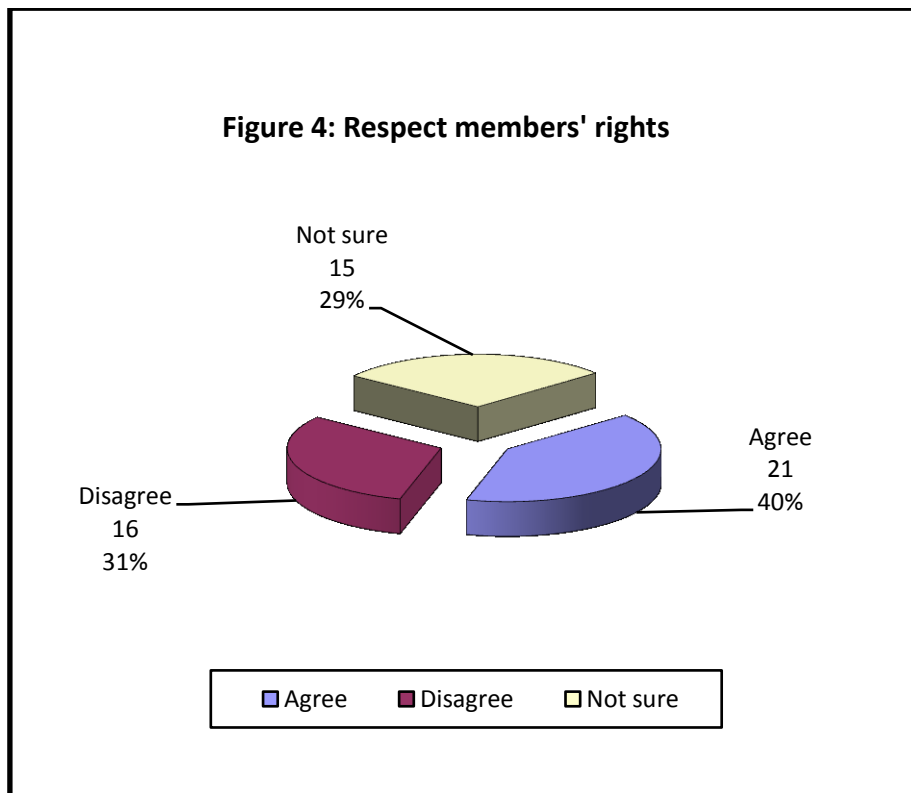
**4.3.1 Legitimacy and voice:** The answer of questions numbers 7, 8, 9. can help to examine to what degree the principle of legitimacy and voice exist in the Egyptian Medical Syndicate. In this area it is important to examine whether the current governance system ensure confidence in both its process and results. In addition, it is also important to know whether the system provides an adequate voice to members and stakeholders and it is important to know whether the decisions are taken based on a consensus orientation. The below Figure no.3 shows that the majority of the respondents is not sure of the existence of fair and free elections in the EMS; 15 respondents (out of the 52 respondents in the survey) who represent only 29% believe that there are fair and free elections.

From Figure 3 and Figure 11, only 21 of the 52 respondents participated in the EMS elections which represent 40% of the sample. Eighteen participants were somewhat satisfied or very satisfied. In Figure 11, the ratio of the somewhat satisfied and very satisfied represent 86%. However, the number of those respondents represents only about 35% from the total respondents in the survey. This ratio concerts with the ratio of the respondents who trust in the EMS elections which represent 29% according to Figure 3.

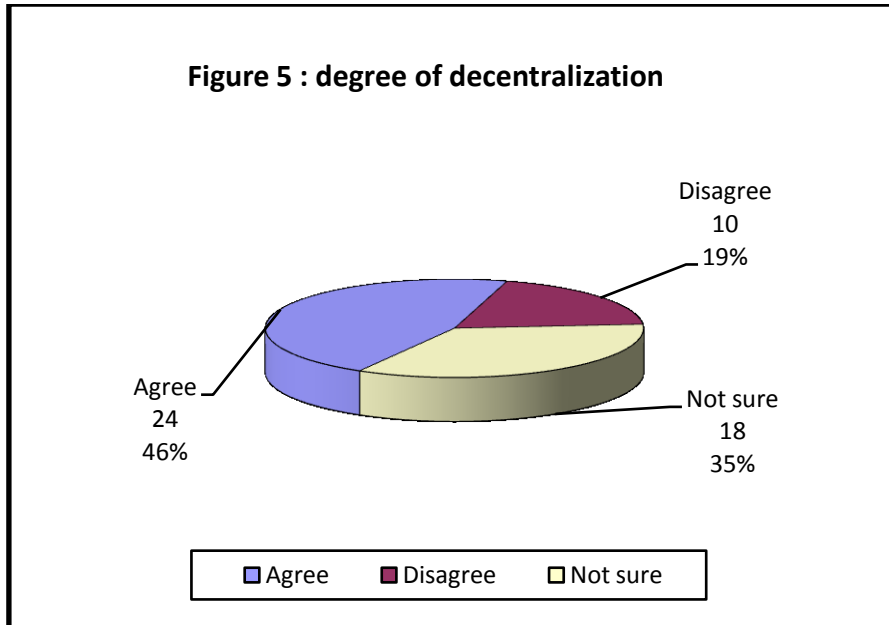


As shown below in Figure 4, only 40% of the respondents agree that the EMS respect for members rights and there is no discrimination based on gender, race, religion or political attitude.

The answer of the respondents which represented in Figure 4 reflects the lack of trust between members and their syndicate.



In figure 5, 46% agree that sub medical syndicates have the requisite powers and capacity to perform their functions. In reality, the role of the sub syndicates is to run the daily and the routine works such as collecting the annual fees, renew the ID's. So, it is expected to have higher degree of power to achieve the required tasks.



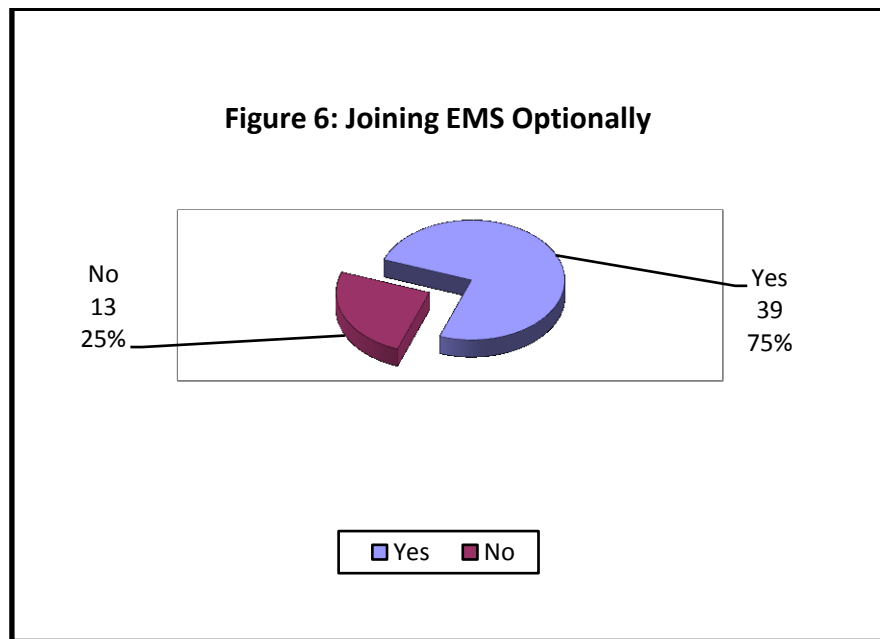
#### **Assessing the quality of legitimacy and voice:**

Although fair election is one of the important elements of legitimacy and voice, only 29% of the respondents trust the elections of the Board of Directors. Less than 50% agreed that the EMS respects their rights. Less than 50% of the respondents believe that the syndicate has an appropriate degree of decentralization and sub-syndicates have the power to perform their functions. The above illustration reflects the poor quality of legitimacy and voice within the Egyptian Medical Syndicate.

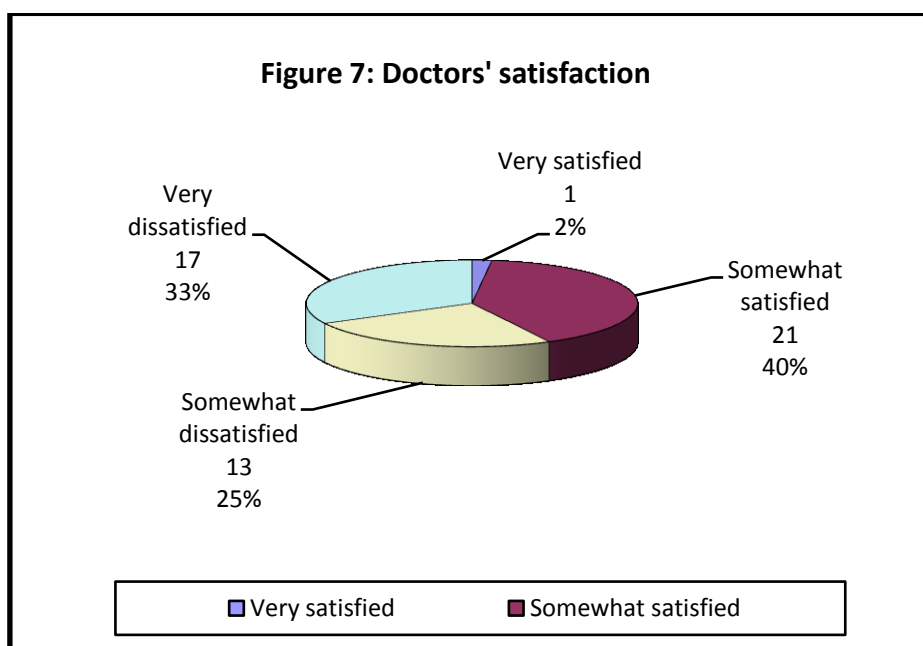
**4.3.2 Performance:** The answers of questions numbers 6, 14, 26, 27 can help to assess the performance of The Egyptian Medical Syndicate and to know whether this performance leads to good decisions that are response to the interests of doctors, stakeholders and the public.

When the respondents were asked whether they prefer to join EMS if it is optional, as shown below in Figure 6, 75% of them prefer to join the Egyptian Medical Syndicate, while 25% do not prefer to join it. The answer reflects the desire of doctors to be

members in an association such as the medical syndicate to have better service, benefits, and to be able to defend their rights.

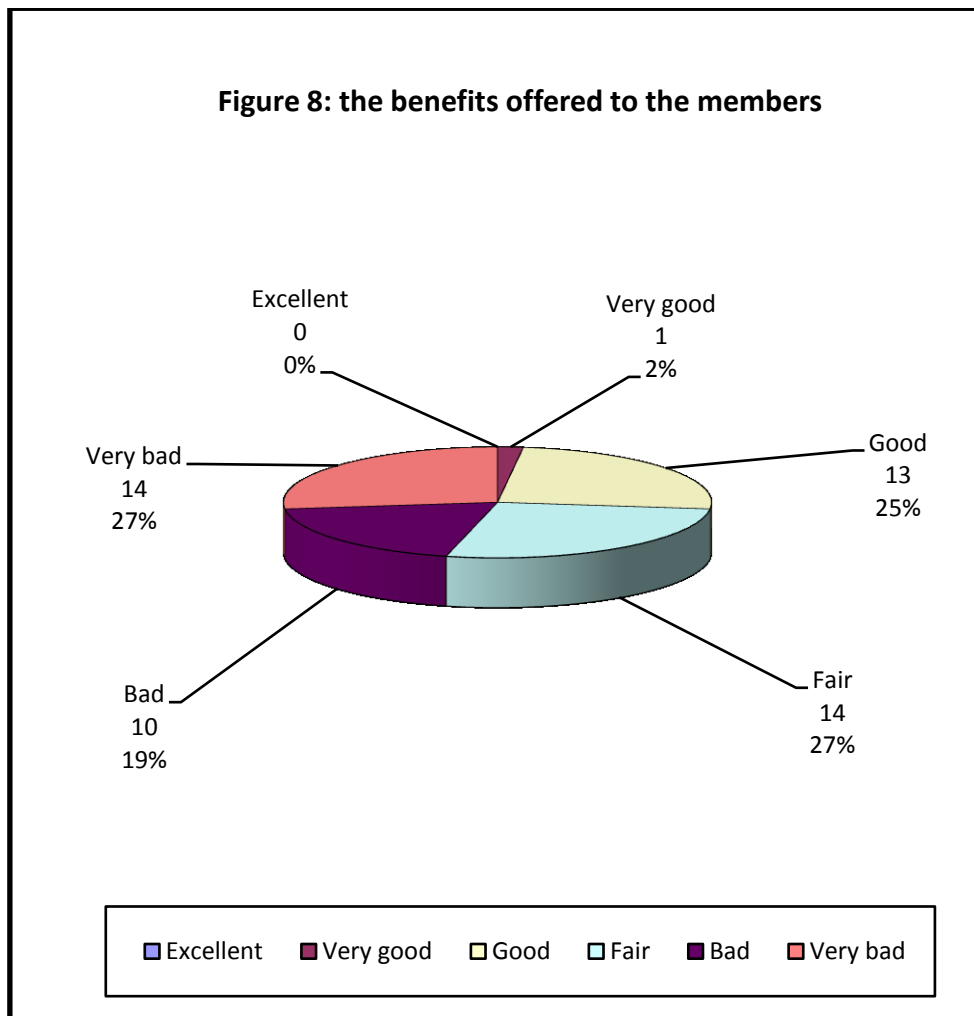


When the respondents were asked about their satisfaction with the EMS, as shown in Figure 7, the majority of the respondents are not satisfied with the performance of the EMS. This can be understood through the negative answers for many other questions about the trust in the EMS elections, respect members' rights, the benefits offered to the members, the role of the syndicate in preparing doctors for their career.

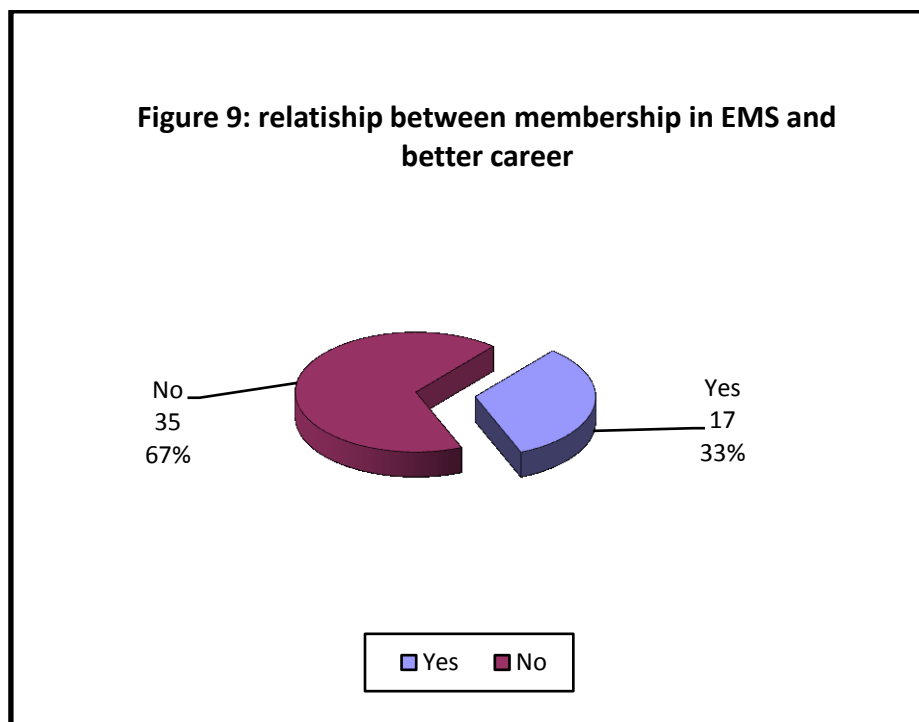




As shown below in Figure 8, when the respondents were asked to describe the benefits offered by the EMS to its members, their answer varied where none of them described these benefits as excellent; 2% described the offered services as very good and 25% described it as good. Only 27% of the respondents described the service as fair. The above ratios mean that only 27% considered the offered services above the minimum acceptable average (good or very good), while 73% see the offered service by EMS below good. This illustration highlighted the poor degree of members' satisfaction with the benefits offered by their syndicate.



With regard to the question of whether the EMS better prepared its members to their careers, as shown in Figure 9, 67% of the respondents said no, while 33% agreed that the EMS prepared them better to their careers. The answer of the respondents imply to what degree doctors are disappointed with the performance of their syndicate. It means that doctors expect more services, training, medical conferences and educational resources to enable them to be more efficient in their career.

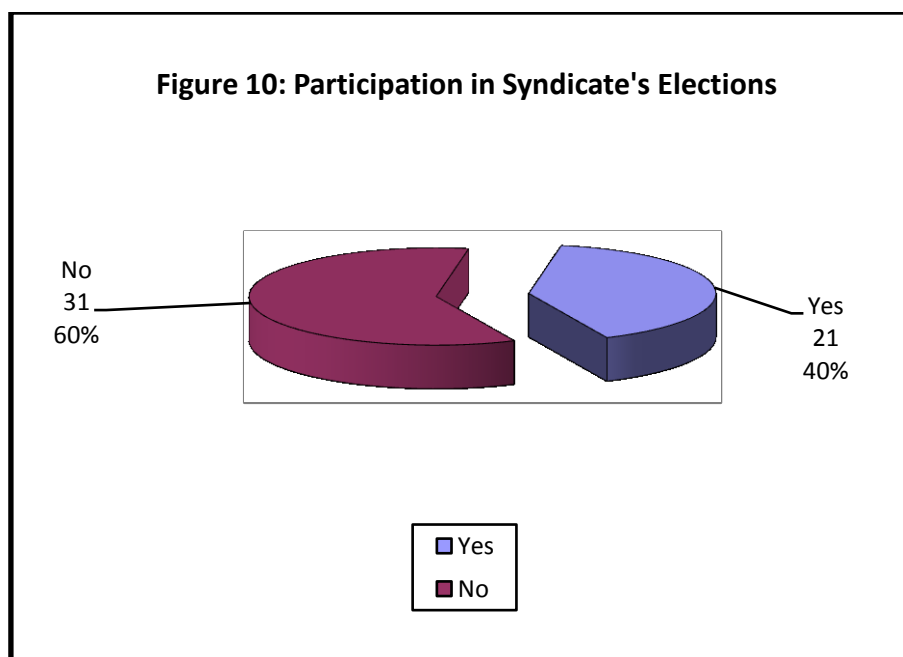


#### **Assessing the performance of the EMS:**

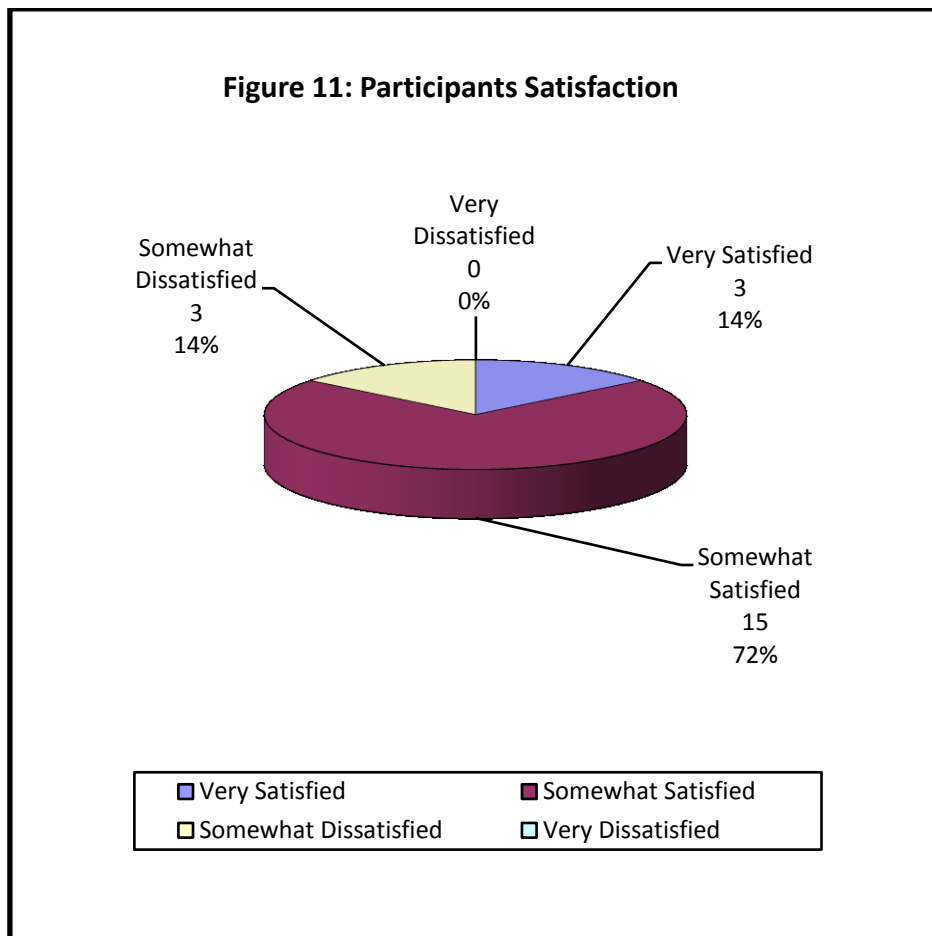
Most of the respondents prefer to be members of the syndicate, but they are upset regarding its performance. 46% see the benefits offered to the member as either very bad or bad, while only 27% of them consider these benefits as good or very good. At the same time, 67% of the respondents believe that the syndicate did not prepare them to be more successful in their career. The above illustration reflects the degree of dissatisfaction, and the poor performance of the Egyptian Medical Syndicate.

**4.3.3 Participation:** The answers of questions numbers 3A, 3B, 4, 5A, 5B, 10, 11 can help to evaluate whether the current system encourages members' participation and involvement or not.

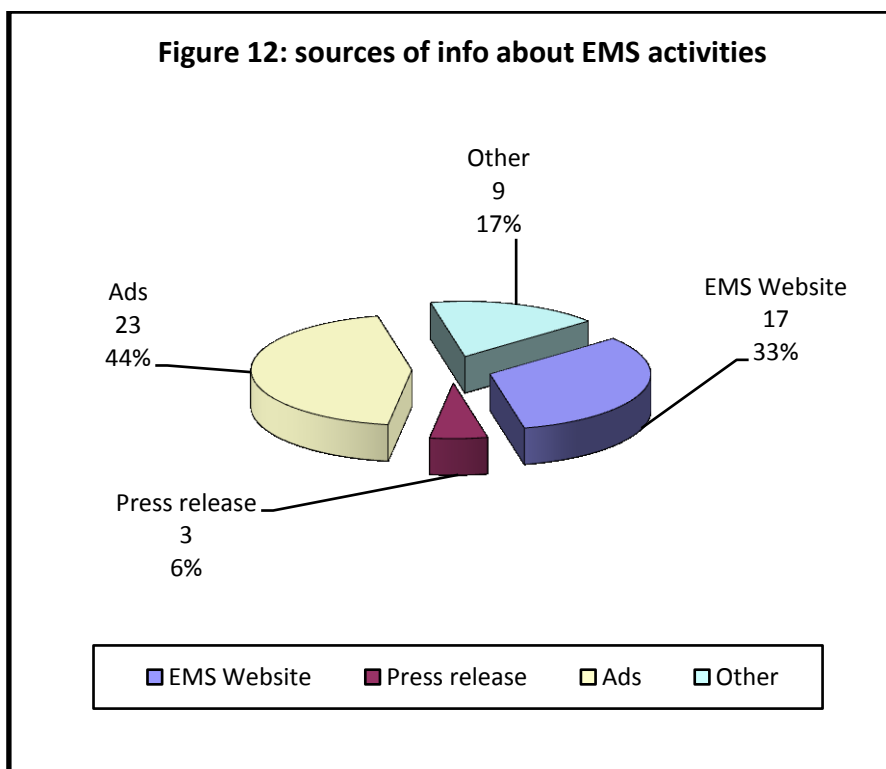
The below Figure no.10 indicated that 60% of the respondents never participated in any of EMS elections, general annual meetings or syndicate committees. There is a concert between this ratio and the ratio of the respondents who stated that they trust in EMS election according to Figure 3. Where 15 doctors, who represent 29% of the total respondents in Figure 3 expressed that they trust in the EMS elections, 21 doctors who represent 40% of the total respondents in Figure 10 were encouraged to participate in the EMS elections. This means that a part of doctors who are not sure or do not trust in the EMS elections decided to participate in the elections as a trial. In addition, from the two Figures no. 3 and no.10, it is clear that the high ratio of doctors who are not sure or distrust in EMS election ( 71%) are less likely to participate in the EMS elections. The above illustration explains why 60% of the total sample did not participate in EMS elections.



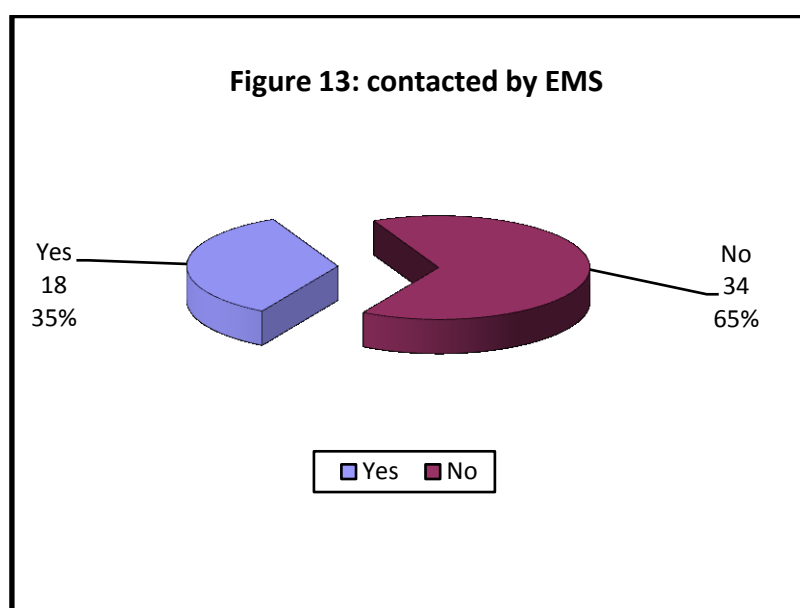
According to the below Figure no.11, only 21 doctors, who represent 40% from the total sample participated in EMS elections, general annual meeting or syndicate committees. The ratio of doctors who stated that they are somewhat satisfied is 72%. However, it is notable to mention that the actual numbers of those doctors is only 15 which represent about 29% from the total sample.



When the respondents were asked how they know about the activities and programs at EMS, as shown in Figure 12, most of them still get the information about the activities and programs at the EMS through the traditional ways such as, advertisements, phone calls, and press releases.

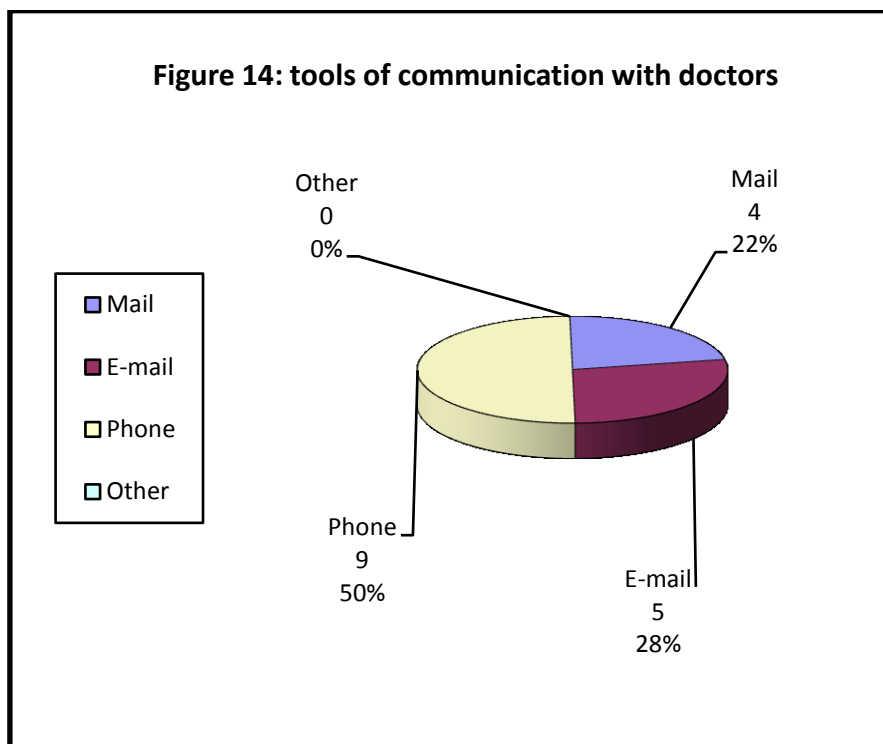


According to the below Figure no.13, when the respondents were asked whether they had ever been contacted by the EMS, only 18 doctors who represent 35% from the total sample answered yes, while 34 doctors who represent the majority with 65% answered no. These ratios reflect the poor degree of communications between the EMS syndicate and its members.

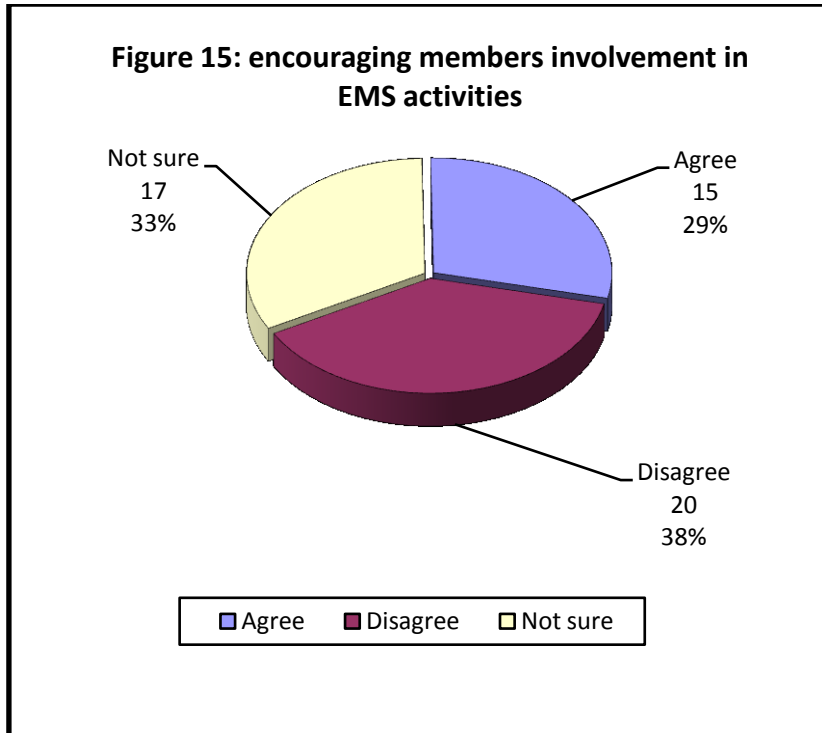


With regard to the 35% who had been contacted by the EMS in the above Figure no.13, the highest response rate of them were contacted by phone which represent 50% of the respondents. In reality, the numbers of those doctors are 9 and they represent about 17% from the total sample which consists of 52 doctors. Using phone calls with this significant ratio as a key tool of communications reflects the personal relations with some doctors to mobilize them to participate in elections, general assembly meeting or to provide them with some information about the EMS activities and programs.

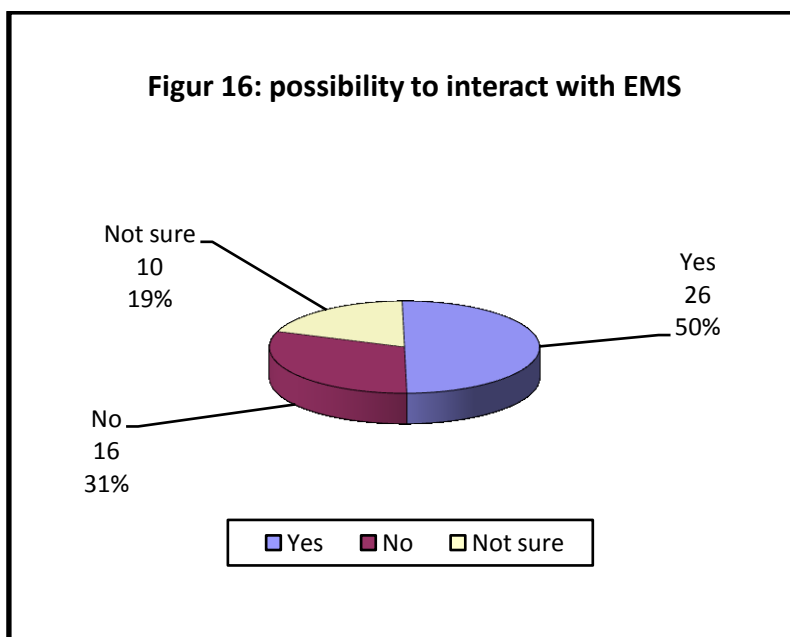
The below figure no.14 illustrates the above ratios as following:



Responding to the question of whether the EMS is enthusiastic to get members involved in its activities and key issues, according to the below Figure no. 15, only 29% of the respondents agreed. This ratio means that more than 2/3 of the total sample size does not believe that the EMS encourages its members to be involved in its activities.



When the respondents were asked if it is easy to contact their syndicate to get information or to share some ideas, as illustrated below in Figure 16, 50% of the sample answered “Yes”. From this Figure and the above Figure no.15, it is possible to conclude that the desire of doctors to interact with their syndicate is higher than the desire of the EMS to get its members involved in its activities.



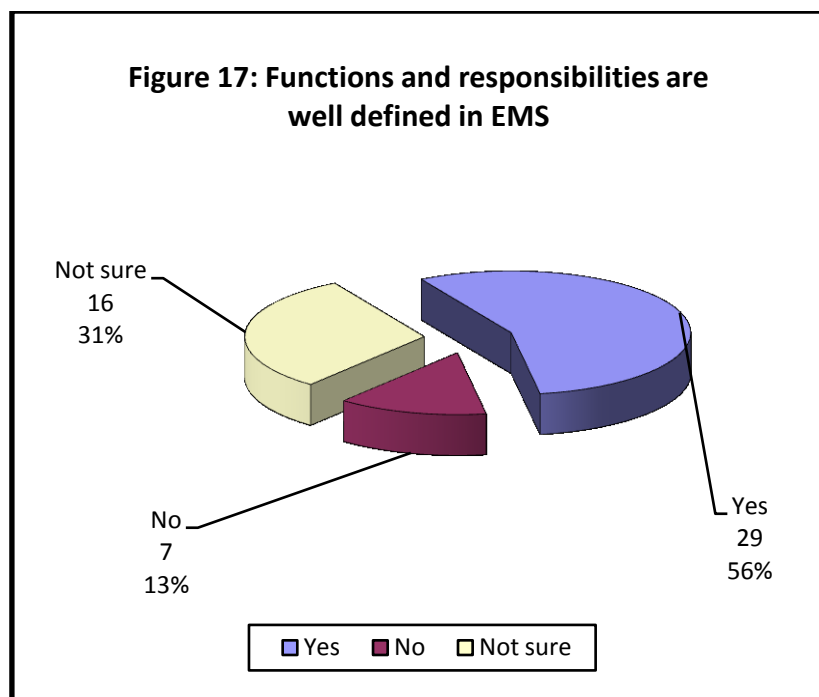
### **Assessing the degree of participation in the elections and activities of the EMS:**

Although there was a high degree of satisfaction among the 40% who participated in the EMS elections, 60% of all respondents have never participated in the syndicate's election. 65% of the respondents have never been contacted by the syndicate. At the same time, the syndicate relies primarily on the classic tools of communication such as phone calls, ads and mail rather than emails, facebook and website. It is possible for the members to take the initiative and contact the syndicate, but the syndicate is not enthusiastic to get members involved in its activities and key issues. The above results show that the syndicate does not have a good system of communication to encourage members to be involved and participate effectively.

**4.3.4 Accountability and Transparency:** Questions numbers 12, 13, 15, 16, 17 can help to evaluate the area of accountability and transparency and to find out whether the process of decision-making includes open communication and readily available information. In addition, from the answer of the mentioned questions, it will be possible to know whether the system allows members and stakeholders to hold decision-makers accountable.

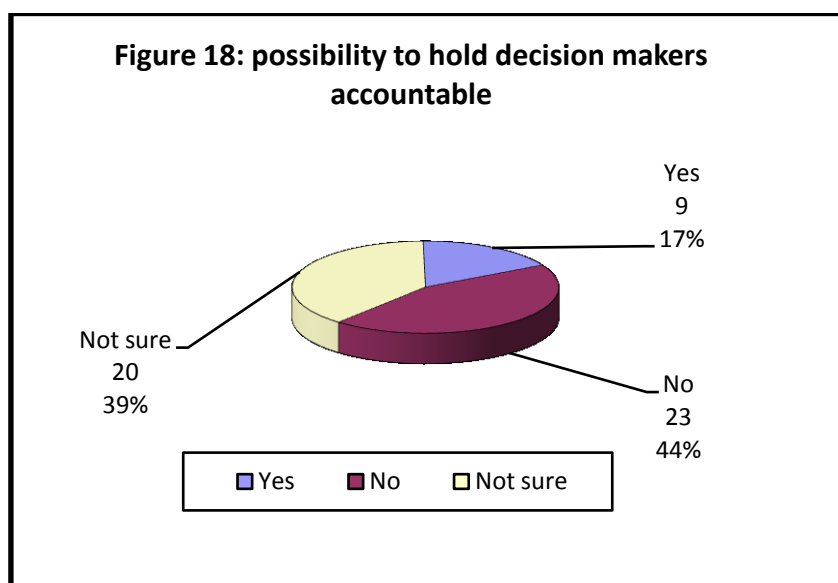
As shown below in Figure 17, out of all responses, 56% said "Yes" the functions, responsibilities and authorities are well defined in the syndicate and it is easy to know who is accountable to whom for what.



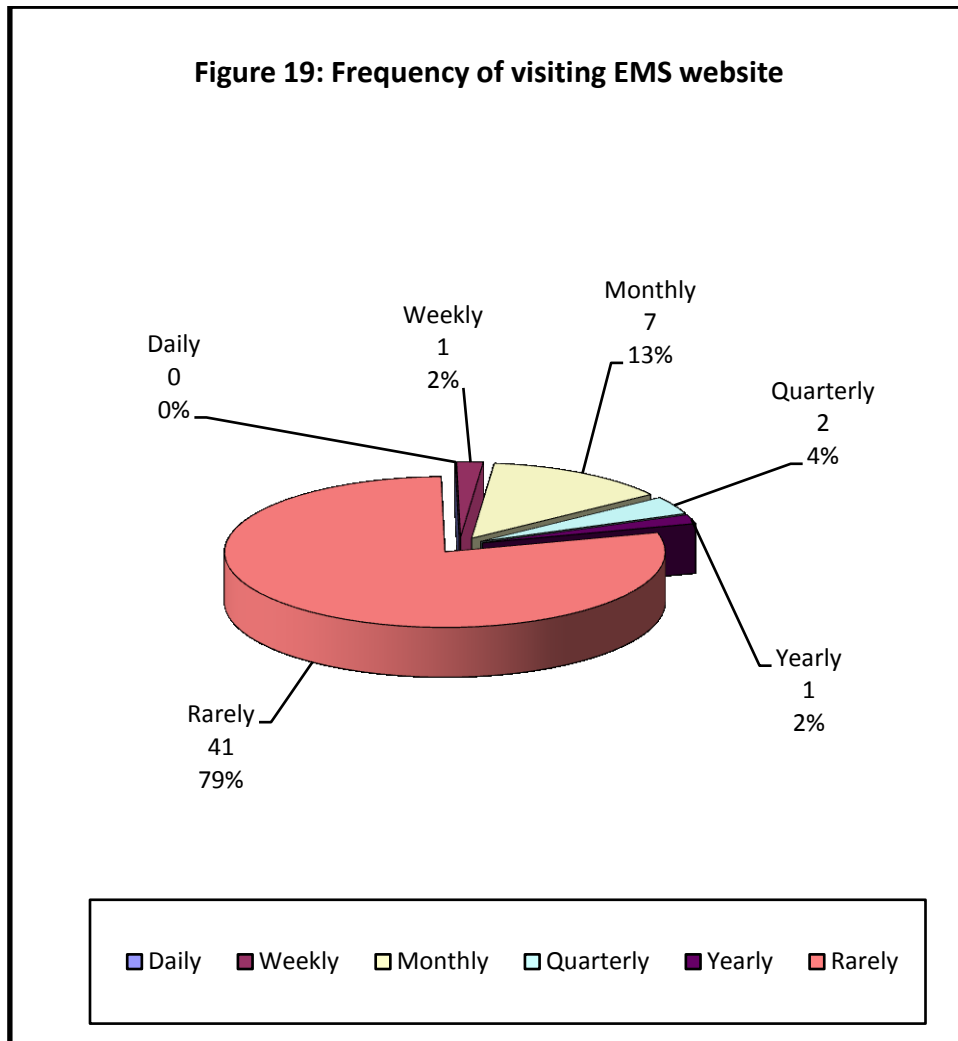


In response to a question asking the respondents whether the existing system within the syndicate allows members and stakeholders (such as patients, ministry of health) to hold decision makers accountable, only 9 doctors who represent 17% of the total sample said “Yes”. This low ratio reflects the lack of trust in the current system as a tool of accountability.

The following Figure no.18 illustrates the above ratios:

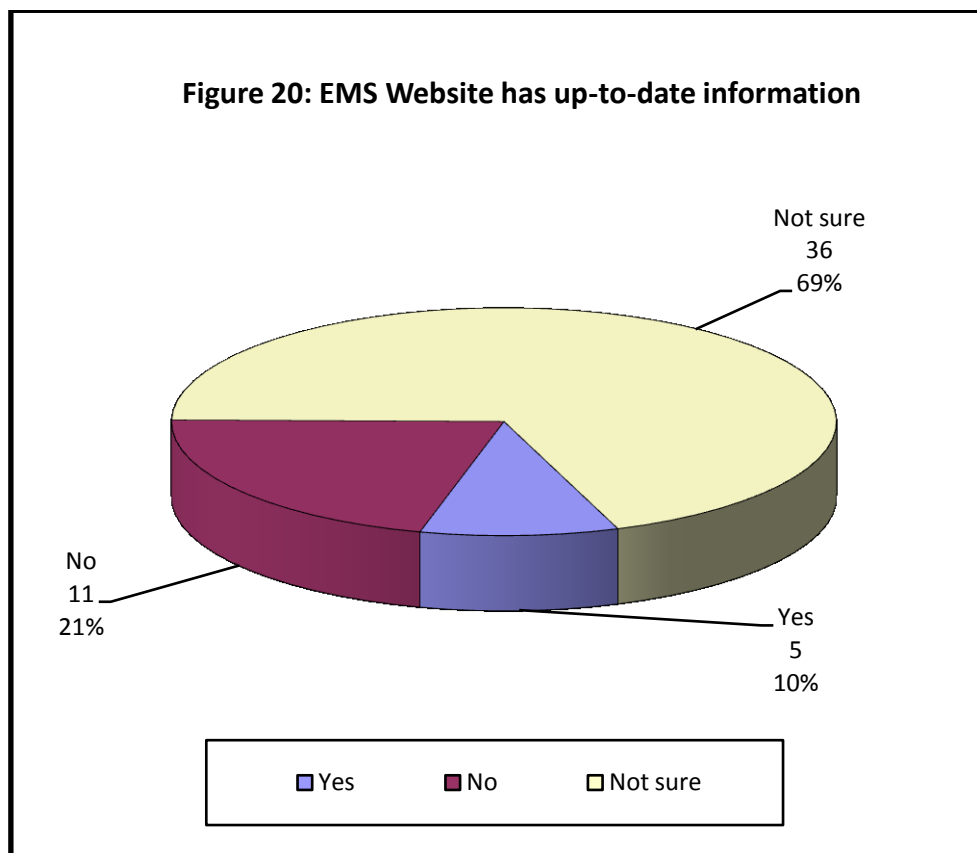


When the respondents were asked how often do they visit the website of the EMS, as illustrated in the below Figure no.19, forty one doctors who represent 79% of the sample size answered rarely (less than once a year). It means that only 21% of the respondents visit the syndicate over the year.



As shown in the below Figure no.20, when the respondents were asked whether the EMS website includes up-to-date information about its activities, training, programs, medical conferences, studying, key issues and discussion related to doctors, 36 doctors of the respondents who represent 69% from the total sample were not sure.

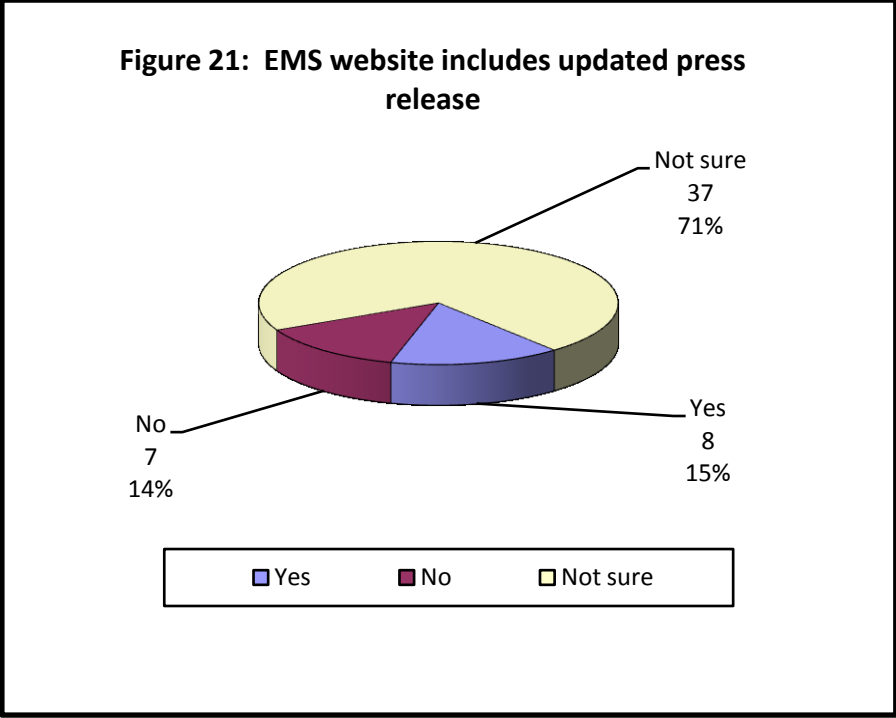
This high ratio concurs with the ratio in Figure no. 19, where 79% of the respondents visit the EMS website less than once a year or almost never visit it.



When the respondents were asked whether it is easy to get information through the EMS website about press release, financial statement, the structure of the EMS and downloadable annual reports, the highest response rate was not sure. The following four figures illustrate the answer of the respondents for each topic as follows:

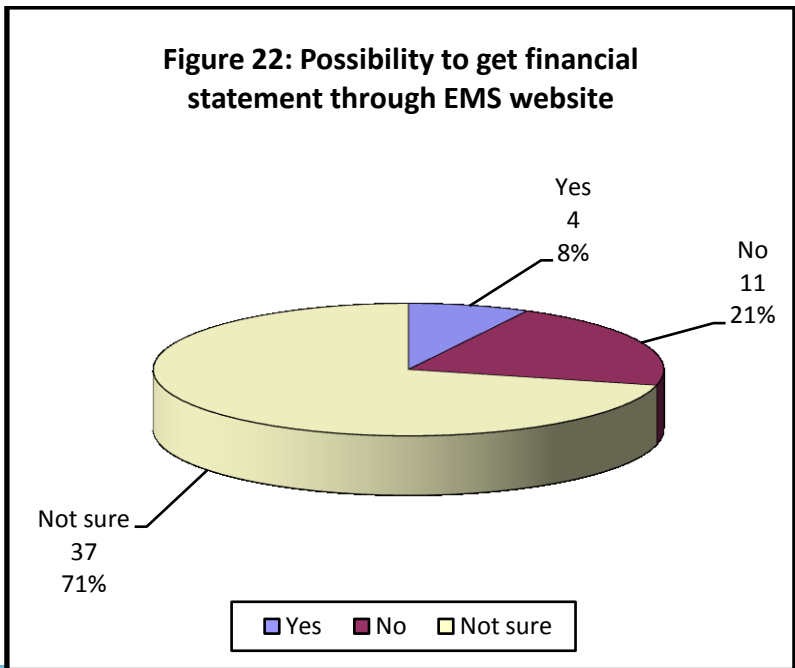
The below Figure no.21, reflects the answer of the respondents concerning press release.

71% were not sure of the availability of information about press release through EMS website.

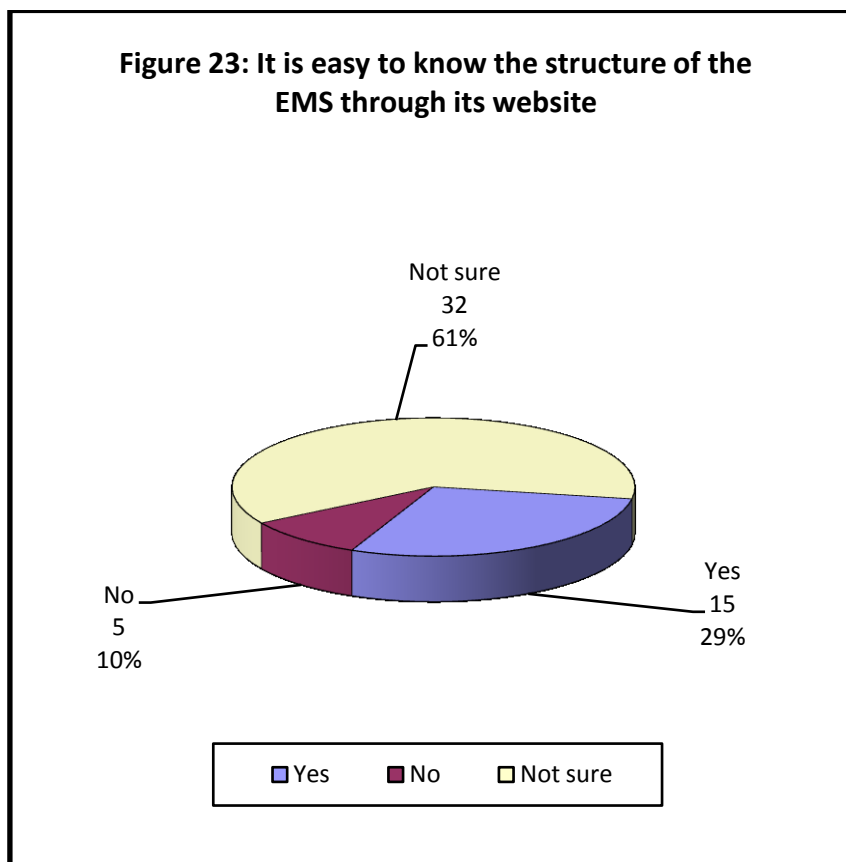


Concerning the availability of the financial statement on the EMS website, as illustrated below in Figure 22, 71% were not sure, while only 8% answered "Yes".

In reality, such reports are not available through the website of the Egyptian Medical Syndicate.

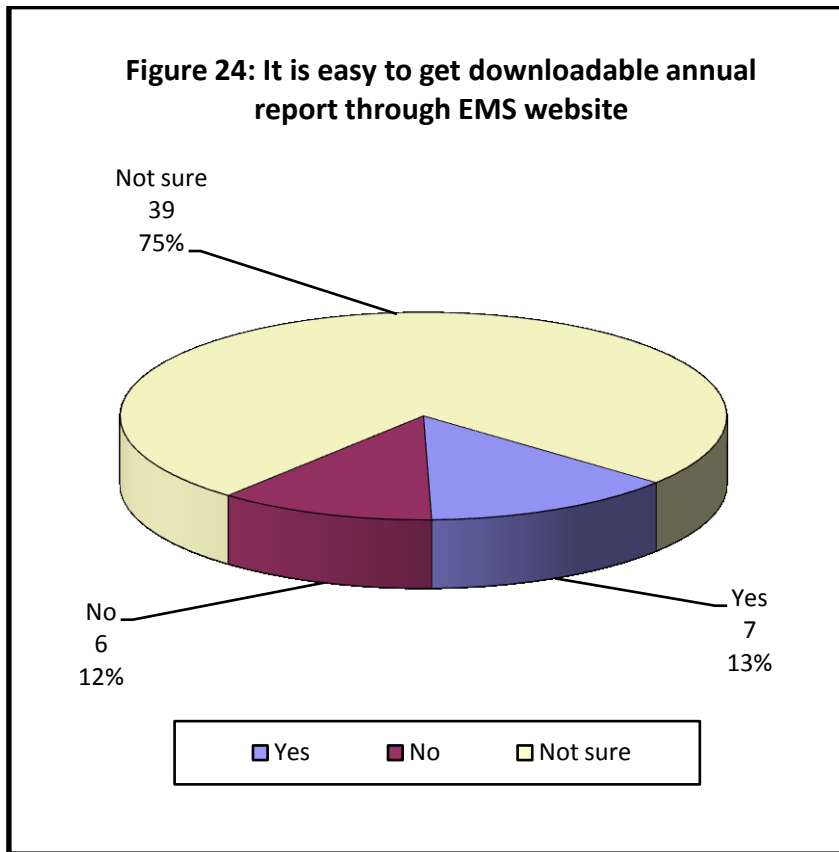


With regard to the structure of the EMS, as shown in the below Figure no.23, only 29% answered “Yes” it is available on the website of the syndicate. This low ratio can be referred to the low ratio of the respondents who visit the EMS website over the year (as shown in Figure no.19). In reality, the visitors to the EMS website can find information about the members of the Board of directors, the committees and the law of the syndicate.



As for the downloadable annual report, the following Figure no.24 illustrates the answer of the respondents.

In fact, the formal website of the Egyptian Medical Syndicate has some available information about the Board of Directors and the Committees, but the annual statements, budget and reports are not exist.



According to the above Figure, 75% are not sure of the possibility of getting downloadable annual report; Only 13% said "Yes", this low ratio referred to the low numbers of doctors who visit the EMS website.

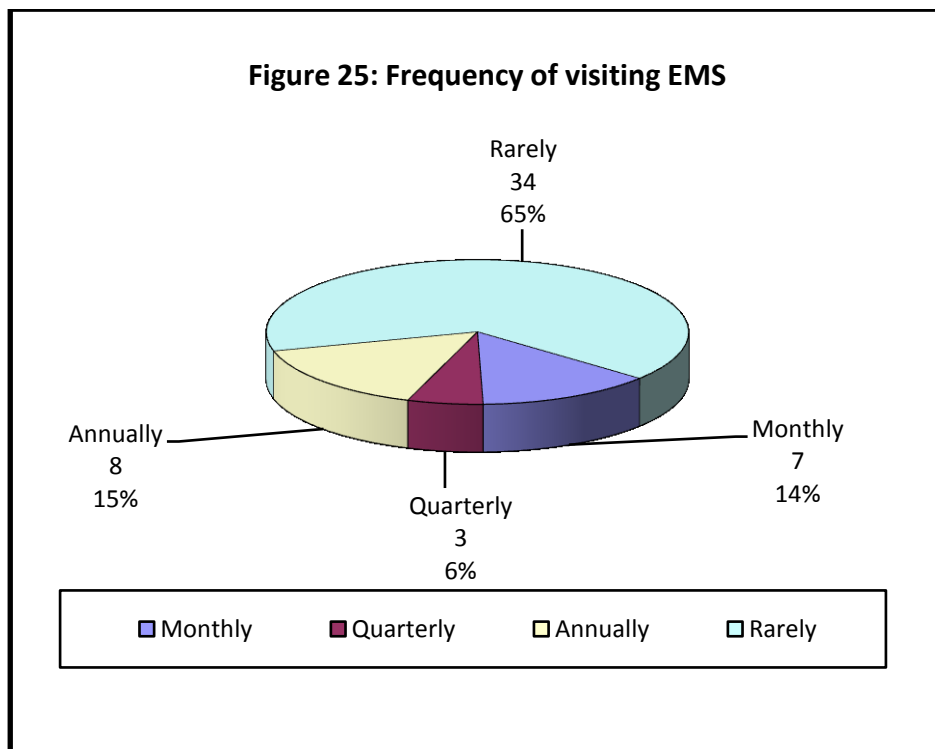
**Assessing the degree of Accountability and Transparency of the EMS:**

Although more than 50% of the respondents agreed that the responsibilities and authorities are well defined in the syndicate, only 17% believe that the existing system allows the members to hold decision makers accountable. The majority of the respondents (69%-72%) are not sure of the possibility of obtaining up-to-date information and updated press release through the EMS website. In addition, 71%-75% of the respondents are not sure of the availability of the annual report and the financial statement through the EMS website. Meanwhile, 29% of the respondents

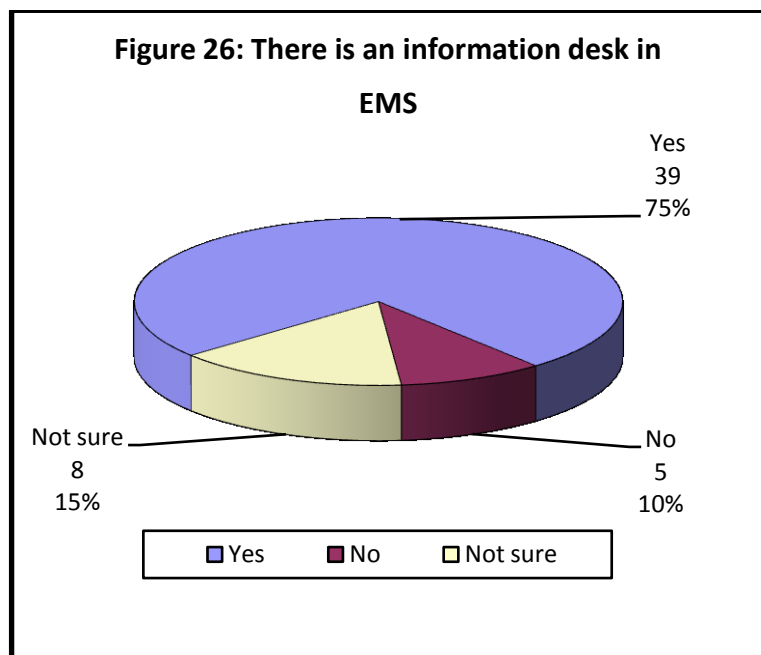
answered “Yes”, they can get information about the structure of the syndicate through the EMS website. The above results reflect the poor degree of accountability and transparency within the current system of the Egyptian Medical Syndicate, and it is clear that the results are inconsistent with the ratios in Figure 17 which illustrated that 79% of the respondents visit the website of the Egyptian Medical Syndicate less than once a year.

**4.3.5 Coherence and practicality:** The answer of questions numbers 18, 19, 20 can help to assess the rationality of the system and to evaluate whether the members can easily understand how it works.

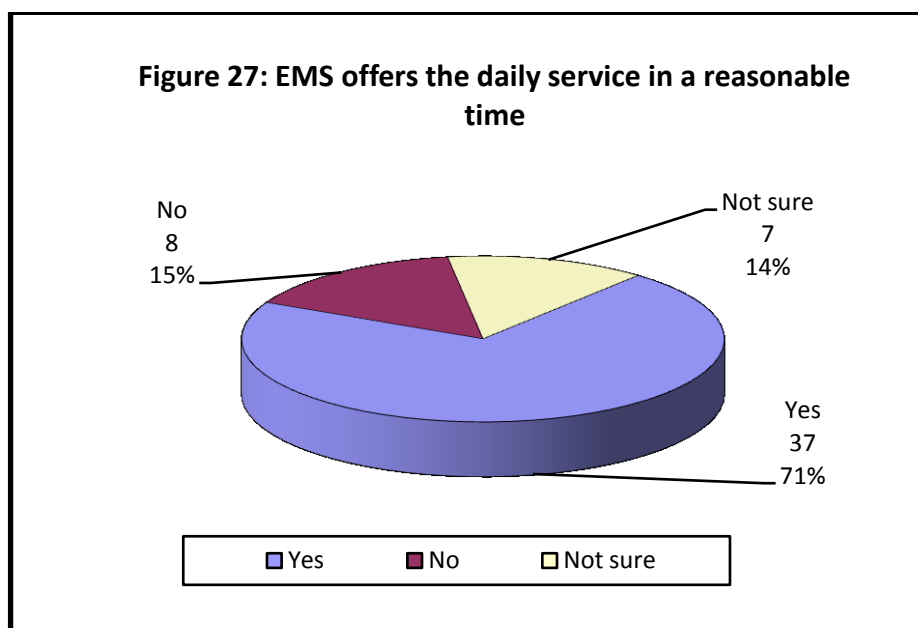
When the respondents were asked how often do they visit their syndicate, as shown in the below Figure no.25, the majority with 65% said rarely, followed by 15% said annually; 14% said monthly and 6% visit the syndicate quarterly. It means that only 20% of the total sample visits the EMS quarterly or less.



According to the below Figure no. 26, 75% answered “yes” there is an information desk in the EMS to guide the visitors to achieve the purposes of their visits.



Based on the response of the respondents in the below Figure no.27, 71% agreed that they can complete the required tasks and get the desired information in a reasonable time.





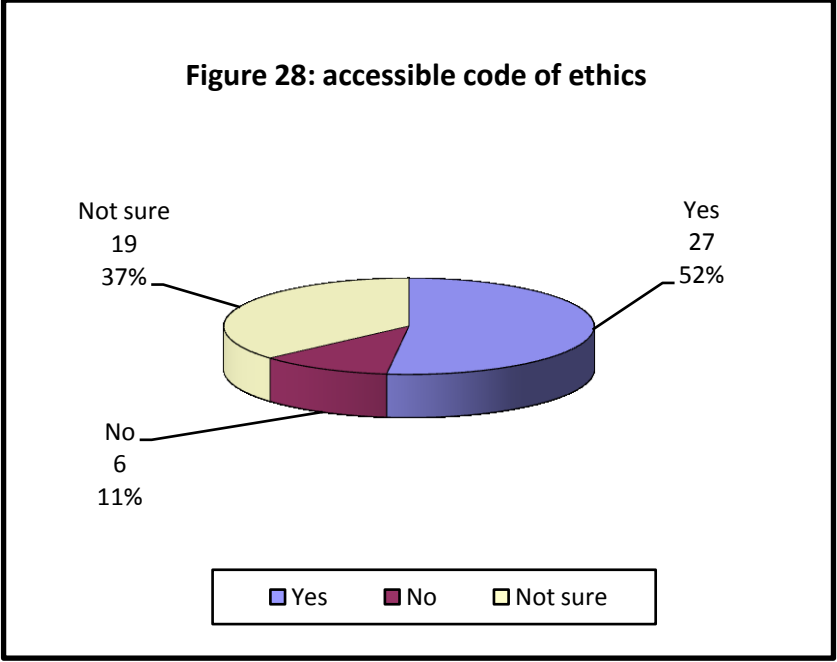
Through combining the highest ratios in Figures no.17, 26 and 27, it will be possible to conclude that the defining of functions and responsibilities within the syndicate and the existence of information desk help the visitors to achieve the required tasks within a reasonable time.

#### **Assessing the degree of coherence and practicality in the system of the EMS**

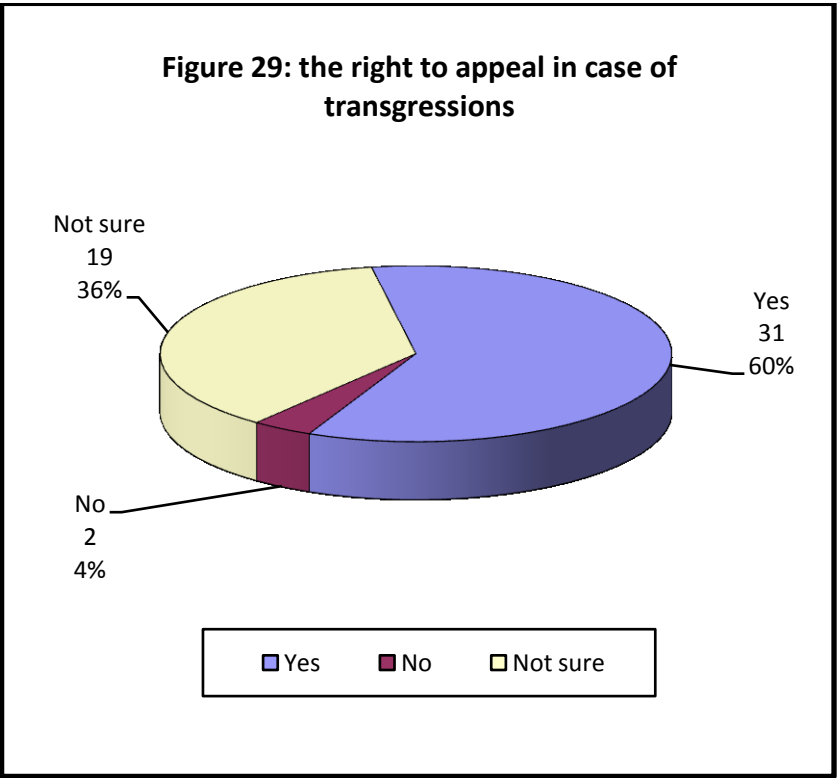
Although 35 % of the respondents visit their syndicate at least once a year, 39 doctors who represent 75% of the sample size agreed that there are information desks to guide them during their visits. Those respondents have visited their syndicate in the past and may answer this question based on their previous experience. In reality, there is an information desk in the general medical syndicate to guide visitors and help them to achieve the required tasks. In addition, 71% of the members who visit the EMS believe that they can achieve the required tasks in a reasonable time. The significant progress in this area can be referred to the long experience of the staff and the daily routine work.

**4.3.6 Respect and fairness:** Questions numbers 21, 22, 23, 24, 25 can help to assess whether members and stakeholders are treated with respect and fairness in the EMS or not.

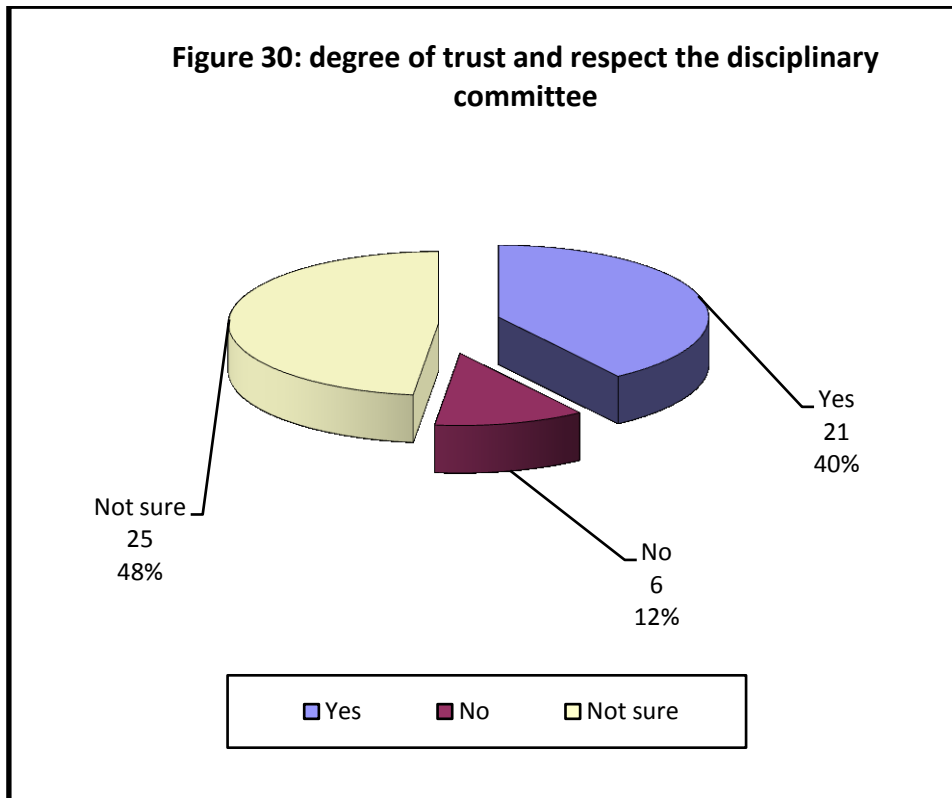
When the respondents were asked whether they know about the existence of the code of ethical and unethical behavior and the possibility to access it, surprisingly, only 52 % of the respondents were sure of the existence of the code of ethics and the possibility to access it. The following Figure no.28 reflects the above ratios as follows:



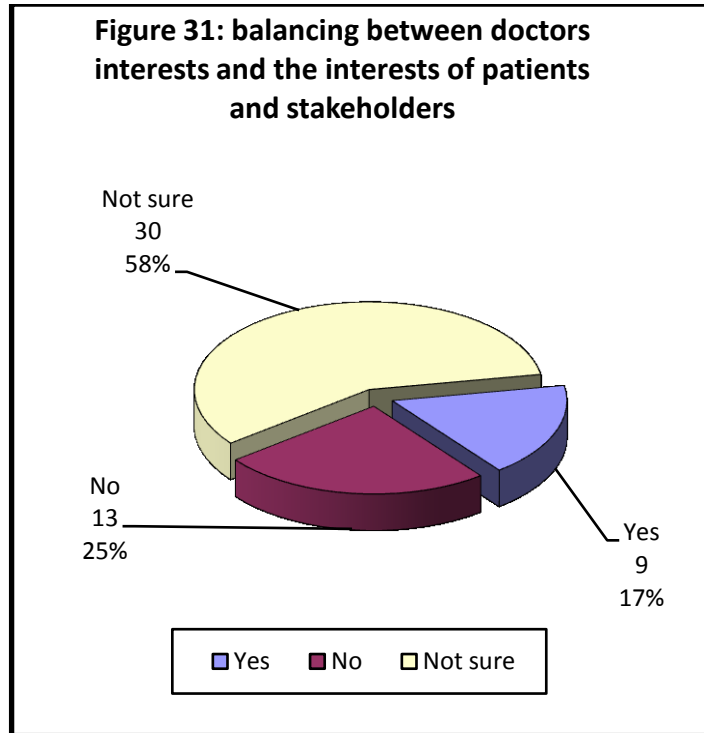
As shown in the following Figure no.29, 60 % of the sample knows that doctors who are charged with transgressions have the right to appeal. It means that 40% of the respondents are not aware of some basic information to practice their medical career.



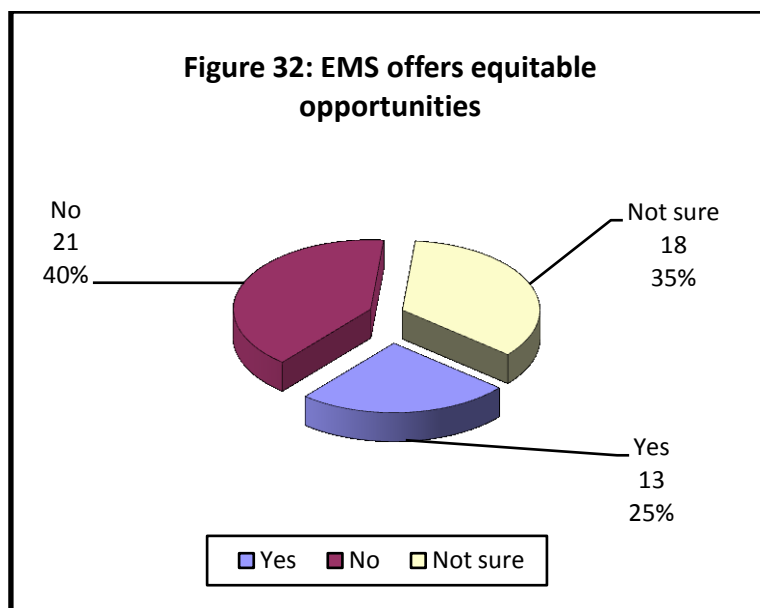
When the respondents were asked if they trust and respect the disciplinary committee in their syndicate, only 40% answered “Yes”. 60% of the respondents either do not respect the disciplinary committees or trust it. Figure no.30 illustrates the answer of the respondents as follows:



According to the below Figure no. 31, only 17% believe that the EMS achieves an appropriate balancing between the interest of its members and the interest of patients and stakeholders. This low ratio reflects the high degree of distrust in the ability of the EMS to achieve the balance between its members’ interests and the interests of patients and stakeholders.



In a question about whether the EMS offers equitable opportunities for training, studying and participating in conferences for its members, only 25% said “Yes”. This low ratio which represents ¼ of the total sample illustrated the poor degree of respect and fairness within the EMS. The below figure no.32 illustrates the above ratios as follows:



### **Assessing the degree of Respect and Fairness in the system of the EMS:**

Although 52% of the respondents know that there is a code for ethical and non-ethical behavior and 60 % know that they have the right to appeal in case of transgressions, only 40% trust and respect the disciplinary committee in the EMS. In addition, only 25% of the respondents believe that the EMS offers equitable opportunities for its members, and only 17% of the respondents answered “Yes”, the EMS achieves an appropriate balancing between doctors’ interests and the interests of patients and stakeholders.

The above illustration shows that despite the moderate awareness of the existence of ethical code and disciplinary committee, there is a lack degree of trust in the applications and the performance of the disciplinary committee. In addition, the above ratios reflect the distrust in the syndicate’s performance in the area of respect and fairness and the ability of the syndicate to achieve the required balance between its members and stakeholders.

#### **4.3.7 Direction:**

The obtained answers of the questionnaire which directed to some members of the Board of directors and senior managers can help to assess to what extent the Board has a clear strategic direction for the Egyptian Medical Syndicate and to evaluate the achieved direction in the EMS. There are many aspects (areas) of direction need to be examined as follows:

In general, the Egyptian Medical Syndicate achieved some progress in its consistency with the international direction. For instance, the Egyptian Medical Syndicate adopts international convention such as conventions on health by the World Health

Organization (WHO). In addition, the EMS coordinates with some regional medical associations such as the Arab Doctors Unions.

With regard to the existence of legislative direction, the Egyptian Medical Syndicate has a formally established governing structure as it was established based on the legislation and the law, and it has its own bylaw which organize the work of the committees, roles and responsibilities of the Board of Directors. In addition the chief executive has a written job description outlining performance expectations and goals. The Board of Directors is responsible for evaluating the performance of the chief executive annually. Therefore, the chief executive is not a member of the Board. In addition, according to the law and the bylaw of the EMS, the staff and the chief executive are not voting members of the board. Furthermore, individual board members serve set terms within a system of regular rotation.

In the area of effective leadership, the Board of Directors has a designated chair and the Board makes decisions in its meeting based on the majority 50%+1 of the attendees. At the same time, the Board members are not paid for their service and derive no other direct or indirect gain from their board service. Concerning the meetings of the Board, the Board meets regularly with dates set in advance. In addition, the Board keeps to the preset agenda of the meetings and keeps minutes of all meetings. There are preset agenda for Board meetings and written minutes include the decision taken during the meeting.

Concerning the EMS financial resources and control, the Board of Directors understands the syndicate's finances and monitors the financial condition regularly. In addition, according to the respondents, the Board ensures that internal financial controls are in place and working; moreover, the syndicate's accounts are regularly

audited and the Board of Directors takes part in resources development. In fact, the Central Auditing Agency (CAA) is responsible for monitoring the resources of the syndicates in Egypt. Based on the recent report of the CAA, there is a deficit in the budget and there is a possible corruption in the Egyptian Medical Syndicate.

However, there are many other significant weaknesses in this area. For instance, there is no mission statement for the EMS and there are no written guidelines outlining expectations of the board service.

In addition, the annual goals were not well defined and clear. Moreover, there is no adequate planning throughout the syndicate and there is no evaluation of the programs and the operations. Furthermore, it was not clear that the Board of Directors avoids engaging in operational details.

Concerning the regular monthly meeting of the Board, not all the Board members arrive at meetings punctually and prepared to take part in proceedings. It was not clear that the Board focuses on policy, oversight and strategic direction; however, it is clear that there is a misconception of the concept of policy, oversight and strategic direction. The respondents were unsure whether the meetings involve active discussions and decision-making rather than rubber stamping and listening to staff reports. Also, the respondents were not sure whether the chair of the Board knows how to lead discussions, maintain discipline and include all board members in accomplishing necessary work. It is clear that the Board of Directors does not work well as a team, nor do they serve enthusiastically as ambassadors for the syndicate; moreover, the board members sometimes work against each others. Currently, there is a disagreements between board members who loyal to the Brotherhood and the rest of the independent Board members or the Board members who loyal to Doctors Without

Rights. An example of disagreement among the Board members is their attitude toward the doctors' strike which started in October 1<sup>st</sup>, 2013. Another example of the conflict and the disagreement among Board members occurred during the annual assembly meeting in March, 2013 to discuss the report of the Central Auditing Agency (CAA).

Another vital area which highlighted the weaknesses within the Egyptian Medical Syndicate is the area of Existence of system-wide plans. It is not clear whether the Board of Directors adopts the adequate planning throughout the syndicate. Moreover, it was not clear whether the board meetings focus on policy, oversight, and strategic direction. On contrary, it was clear that there is lack of planning and strategic direction.

Concerning the existence of management plans, the Board of Directors do not sets annual goals for itself and there are no written guidelines outlining expectations of the board service. In addition, there were no regular evaluation of programs and operations in the EMS. The syndicate does not have clear criteria for evaluation of the progress in the programs and achievements of the Board. So, it needs to design and consider these criteria.

Although the Board of Directors ensures an annual report is produced and distributed. Based on the annual assembly meeting on March 30, 2013, some board members were complaining of the lack of transparency and they assured that they failed to get a soft or hard copy of the report of the Central Auditing Agency concerning the financial situation of the syndicate and the possible corruption.



## **Summary of the analysis of the governance system of the Egyptian Medical**

### **Syndicate:**

The Egyptian Medical Syndicate has achieved some progress in some areas of governance such as the components of the system which includes the legislative base, law and bylaw, culture of governance. However, in reality, the study shows that the quality of the governance in these areas was poor, and the Medical Syndicate did not exert significant effort to promote and enhance the culture of governance over the last decades. The governance policies such as rules of order, operating rules and procedures, execution of documents and the amendments to bylaw were not considered in the bylaw of the Egyptian Medical Syndicate.

With regard to the coherence and practicality, the system of the Egyptian Medical Syndicate provides the available services through the staff in a reasonable time and the members can understand how it works. So, the Medical Syndicate achieved an acceptable level in this area of governance.

Concerning the performance of The Egyptian Medical Syndicate, due to the poor offered benefits and services to its members, the Medical Syndicate failed to achieve a minimum acceptable level in this area. Doctors do not feel positive changes in their economic situation, and they do not believe that the performance of their syndicate leads to decisions of positive impact on their life and carrier.

There is no reasonable degree of decentralization, and the current governance system failed to ensure confidence and trust in both its process and results. In addition, it does not show an acceptable degree of respect for members' rights and conducting fair elections. The decisions are taken without sharing and discussions with members, and

the system does not allow members to express themselves through effective channels. Therefore, the Medical Syndicate was not successful in the area of Legitimacy and voice.

Through the study, it is proven that the Medical Syndicate does not have an effective system of communication, and it does not encourage members' engagement and participation in its activities and programs.

There is a poor degree of transparency and accountability in the current system due to the lack of open communications and the difficulties to get some basic information and reports about the budget, statements, resources and activities. In addition, there is no clear mechanism to hold decision makers accountable.

The Medical Syndicate failed to achieve an acceptable level of respect and fairness as the members feel that they are not treated fairly and equally.

It was clear that the Board does not have a clear strategic direction for the Syndicate. In addition, the poor planning and the absence of clear vision, mission, annual goals and evaluation system lead to significant weaknesses in the area of strategic directions.

The Egyptian Medical Syndicate needs to promote and enhance the culture of governance through adopting the principles of good governance. These principles should be in place to ensure the effectiveness of the system and its structure.

#### 4.4. Conclusions and Findings from the Study

##### **Evaluating the current governance system of the Egyptian Medical Syndicate:**

Adopting the concept of good governance means that the syndicate should ensure the principles of good governance. With regard to the seven principles of good governance which were considered in this study, and after examining the existence of these principles through the literature, the case study and the two questionnaires, the results show that the Egyptian Medical Syndicate has achieved some progress in some areas of governance; however, it failed to achieve the minimum requirements in other areas. The findings of the study which includes the strengths and the weaknesses of the current governance system will be introduced and highlighted in the following section follows:

- From the case study of the Egyptian Medical Syndicate and the Canadian Medical Association, the results show that:

The professional syndicates in Egypt exist by the force of the constitution and the law. The new constitution of December, 2012 continues to guarantee the rights of establishing professional syndicates in its article no.53. The Egyptian Medical Syndicate, as one of the professional syndicates, has a legal base according to its own law and bylaw. This legal base is one of the basic components of the governance system which determine the objectives, purposes, composition, roles and responsibilities of the syndicate. On the other hand, the bylaws of the EMS do not include clear governance policies concerning operating rules and procedures, rules of order, amendments to bylaw, and execution of documents. So, the EMS is missing one of the main components of the governance system.

- Based on the current law no.45 of 1969 of the Egyptian Medical Syndicate, it has most of the required core elements of the governance structure. This core elements

includes the General Assembly, Annual meeting, Board of Directors and the Board of sub syndicates. In addition, the EMS aims to work in concert with many other health and medical organizations around the world.

- The current law of the syndicate ensures the renewal of the Board of Directors by determining the maximum term for the Chair and the members, and it is mandatory to have elections for half of the Board every two years.

- Despite the amendments of April 25, 2011 for a few articles in the law of the EMS, there are many articles still referencing the Arab Socialist Union which did not exist more than three decades ago. In addition, concerning the minimum required number to validate the elections and the general assembly meeting, the current rules in the law allow a limited number of members to dominate the Board of the General and the sub syndicates as well. So, with regard to the political, demographical, economical and global changes inside and outside Egypt, there is a crucial need to revise the bylaw and the current law to be more consistent with this era.

- The Egyptian Medical Syndicate has an appropriate size of the Board of Directors as it consists of 25 members (24 in addition to the Chair). Half of the Board members must be registered in the syndicate since 15 years or more and the other 12 must be registered for less than 15 years. This condition ensures the representation of the young and old doctors which reflects the variety in view and experience. However, due to the huge changes in Egypt since the law of 1969, the system of the elections, in addition to the representation of the area and its governorates need to be reconsidered.

- The Board of Directors has the right to form either standing and/or temporary committees to achieve the required tasks. Each committee must be headed by one of the board members. The Executive Committee which consists of the Chair of the board, the fiduciary, general secretary, treasury, assistant treasury, makes the required

decisions between the Board meetings, and these decisions must be approved by the Board members in its coming meeting. Despite the existence of many standing committees, the Board still needs to establish other important committees such as the financial committee which should provide the Board with advice and recommendations related to budget, investment and ensure the financial needs.

**Concerning to the performance of the Board and the existence of a clear strategic direction for the Egyptian Medical Syndicate:**

- The findings of the study show that the mission clear statement is not clear enough for the Board and the members. This mission statement should be well identified for Board and members. Although it is possible to create the mission statement from the law and the bylaw of the syndicate, it should be clear to help in future planning for the syndicate. The Board of Directors does not set long term objectives and annual goals for itself. In addition, the degree of planning in the EMS is very poor, and there is no regular evaluation of programs and operations in the EMS. The concepts of policy and strategic direction are not clear enough for the respondents.

-The Board of Directors meets regularly with dates set in advance, and keeps to the preset agenda of the meetings. The Board makes decisions in its meeting based on the majority 50%+1 of the attendees, and there are short minutes of all meetings to summarize the decisions taken. The respondents were not sure if the chair of the Board knows how to lead discussions, maintain discipline and include all board members in accomplishing necessary work. The Board of Directors does not work well as a team, but sometimes they work against each other, specially, with regard to their perception toward the ongoing doctors' strike.

- The obtained answer for the questionnaire which was prepared for senior managers and Board members indicated that the Board of Directors understands the syndicate's

finances and monitors the financial condition regularly. The accounts of the syndicate are regularly audited and the Board of Directors plays a role in resources development. There is internal financial control, and the syndicate works under the supervision of the Central Auditing Agency. At the same time, the Board members are not paid for their service and do not derive other direct or indirect benefits from their board service. In this regard, as introduced in the literature for the possible corruption in the EMS, it is worthy to highlight that [there was a confrontation between the members loyal to the Muslim Brotherhood (MB) and the independent members and members from Doctors Without Rights. The confrontation occurred again in a TV program between two of the Board members, Dr. Abdullah Al Kiriony who is loyal to the Brotherhood and Dr. Mona Mina the speaker on behalf of Doctors Without Rights. According to this TV program “Al Soura Al Kamelah”, even for the Board members it was difficult to get a copy of the complete report of the “General Auditing Agency” which indicates to the possible corruption in EMS (Mina & Al Kiriony, 2013)].

- Although fair election system is one of the important elements of legitimacy and voice, the majority of the respondents do not trust the elections of the Board. In addition, the decisions are taken in the Board meetings based on the majority not consensus. Furthermore, the syndicate does not have an appropriate degree of decentralization, and the syndicate’s current system does not provide an adequate voice to members and stakeholders. Therefore, the current governance system failed to ensure confidence among the syndicates’ members concerning its process and results which reflects the poor degree of legitimacy and voice.

- The Egyptian Medical Syndicate failed to achieve good performance. It failed to achieve an appropriate degree of members’ satisfaction through the offered benefits.

In addition, the EMS does not prepare its members to be more successful in their career. Although the awareness of the ethics code is a key performance factor for any syndicate, only 52% of the respondents are aware of this code and able to access it. The Egyptian Medical Syndicates' performance does not lead to good decisions that are responsive to the interests of doctors, stakeholders and the public.

- The syndicate does not have an effective system of communication, and the current system does not encourage members' participation and involvement in the syndicates' elections and activities. In addition, despite of the effectiveness and the low cost of the electronic tools of communications such as email, facebook and website, the syndicate does not rely on these tools to communicate with its members. The lack of readiness may be the main reason that decreasing using these tools. From the obtained answers for the survey, it is notable that the majority of the respondents are not ready to use these electronic tools, at least the older ones.

- The current system of the Egyptian Medical Syndicate does not facilitate accessing the basic required information such as the financial statement and the annual report. In addition, the process of decision-making does not include open communication with members, and the system does not allow members and stakeholders to hold decision-makers accountable. All these factors reflect the poor degree of accountability and transparency within the Egyptian Medical Syndicate.

- The respondents expressed that they can achieve the required tasks during their visits to the medical syndicate within a reasonable time. There is a significant progress in this area which reflects a reasonable degree of coherence and practicality in the system of the EMS. The progress in this area can be referred to the long experience of the staff and the daily routine work.

- With regard to the principle of respect and fairness, there is a lack degree of trust in the applications and the performance of the disciplinary committee. In addition, the majority of the respondents do not believe that their syndicate is able to achieve the required balance between its members and stakeholders. Furthermore, the majority of the respondents believe that their syndicate does not offer equitable opportunities for its members.

- One of the major weaknesses in the syndicate is the elections system which allows small groups to mobilize their affiliates to vote during the General Assembly Meeting and dominate the syndicate with a few hundreds of doctors. In addition, there is no guarantee to have some attendees with good experience in governance to be able to make rational decisions.



#### 4.5. The Implications of the Findings:

The findings of this study illustrated that there is a big gap between the current poor governance system in the Egyptian Medical Syndicate and a good governance system

The study shows that although the existence of most of the main components and core elements, there is a need to develop and improve the contents of the governance system of the EMS. There is a crucial need to study the law and the bylaw of many other similar medical associations to help in preparing a proposal for the proposed new law of the EMS. The bylaw should contain a clear governance policy to identify the rules of order and clarify the steps which organize how things should go, the operating rules and procedures, the reasons and the steps to amend the bylaw and the required steps and procedures to execute documents.

Over the last three decades, significant demographic changes have occurred in Egypt. In addition, new governorates and urban areas were created. Therefore, it is recommended to reconsider the division of the 6 electoral areas (provisions) which stated clearly in the law of the Egyptian Medical Syndicate. Moreover, it is recommended to study the system of electing and nominating the representatives in the Board of Directors from the Egyptian governorates. Should those representatives represent the geographical areas and regions or they should represent the branches of medical specialization? Should the number of the representatives in the Board represent approximately the numbers of doctors in the area?

The findings of the study also show the weakness in the performance of the Board and the area of the strategic direction of the Egyptian Medical Syndicate. Due to its direct and substantial influence on the present and the future of the syndicate, it is really important to work on how to improve the strategic direction of the EMS in particular.

The general assembly and the Board of Directors need to set a clear vision and mission statement for the EMS and to increase members' awareness of them. This step will help to identify the long term objectives, the annual goals and enhance the planning and the regular evaluation of the activities and programs.

The findings of the study also illustrated the lack of managerial and leadership skills. Strengthen this area in particular can lead to great difference in the performance of the Board. Hence, the Board members should attend workshops about strategic management, finance for nonfinancial managers and team management. These workshops and training programs will help to enrich and increase the effectiveness and the efficiency of the Board which will be reflected in the performance of the syndicate. In addition, the Board of Directors needs to establish a financial committee to help in preparing the financial resources for the future projects, budget recommendation, investments and the other financial needs for the syndicate. To ensure the effectiveness of the annual meeting of the Egyptian Medical Syndicate, it needs to consider the applied model of General Council in the CMA as a representative of the General Assembly.

It is also recommended to study how to increase the EMS members' satisfaction and to find out what benefits they are looking for. What do they expect from their syndicate concerning preparing them to be more professional in their career? What training and conferences do they expect to be offered through their syndicate? What do the EMS members expect from the disciplinary committee and what more do they expect from their syndicate to achieve the balance between doctors' interests and the interests of the patients and stakeholders? What can be done to increase the degree of trust in the EMS members' perceptions in the areas of equal opportunities and fairness among the members?

Furthermore, the finding from this research illustrated that effective tools of communications are another important application which should be considered to achieve better involvement and participation from the EMS members. The EMS needs to address the new tools of communications such as an effective and interactive website, facebook and emails. It needs to develop its website to be more useful and attractive to EMS members. The Egyptian Medical Syndicate also needs to release and add more information about the annual goals, financial reports, training and programs, activities. In addition, the EMS also needs to update its data base and to encourage doctors to communicate through emails and facebook groups. Moreover, the syndicate needs to share key issues with its members and to find out how to enrich and enhance its website to satisfy its members' needs. These proposed changes in the website and the communications will help to ensure more transparency and allow members to hold the Board and decision makers accountable for their actions . Moreover, the syndicate should increase the awareness of its member to know how to make use of and maximize their benefits from the available resources and power of the association. These benefits and resources should be announced through the websites and the other tools of communications to empower the members in their career and social life.

A further look should be given to explain why members of “Doctors without Rights” , which play a major role in the doctors' strike over the last few months, do not trust the Egyptian Medical syndicate and believe that the EMS is neither keen nor enthusiastic to defend their rights. The EMS needs to find out what can be done to rebuild the credibility and trust in its loyalty to the members not to the government or any other political parties or groups.

The new constitution of December, 2012 is supposed to help in empowering the professional syndicates through more independence and protections according to its article no.53. It would be worth studying in the future the effect of this article and the possible positive effect of the new party formation law of March 28, 2011 on the performance and the future of the professional syndicates in Egypt.

The findings of this study encourage conducting more researches about professional syndicates in Egypt. There are many areas in this field still needs to be discovered.

For instance, this study can be replicated for other professional syndicates in Egypt. It is worth studying how to improve the governance system in other big syndicates such as the teachers' syndicate and it is also worth examining the governance system in other small size syndicates such as the Journalists syndicate. The results of the proposed research can be improved by increasing the size of the sample, the numbers of the interviewees and amending the questionnaire to cover new areas. In addition, it is better to select the sample from many different governorates in Egypt, and the size of the sample should match with the population in each governorate. Also, males and females should be fairly represented in the sample. Furthermore, old and young doctors, private and public hospitals should be considered when selecting the random sample. More in depth interviews can help to improve the results of the research.

Using the quantitative research method with a big sample can ensure better results. In addition, considering more case studies can help to improve the findings of the research and to generalize the results obtained.

With regard to the static and rigid situation in the professional syndicates in Egypt over many decades, in addition to the interfering from political and religious groups in syndicates elections and activities; furthermore, the suspension of the elections for many years gave the Board members in some syndicates the opportunity to stay in the

same positions for long period of time and they feel secure with their daily routine work. As a result, the board and the staff want members to receive the offered services regardless of their quality. So, it is expected to confront a great resistance to change from the staff and committees as most of them have been working in the syndicates for many years and they consider the association as a closed group. The initiative should be from the members themselves to start gradually changes through fair elections of the Board in the General Medical Syndicates and the sub syndicates.

#### 4.6. Summary and Overall Conclusion

In searching for reform of the Egyptian syndicates as a part of reforming Egypt, the discrepancy between the proposed role of the professional syndicates and the reality was the main catalyst for pursuing my thesis with hope to find out the reasons behind their weakness and the poor performance. Conducting this research to examine the governance system in the Egyptian Medical Syndicate as an example was invoked by its vital role in health system reform and its proposed role in defending doctors' rights and interests.

The study relied on a sample of doctors in three Egyptian governorates (Cairo, Giza and Gharbia), which included males and females from different ages and background. The major research question in this research was: To what extent do the governance structure and procedures of the Egyptian Medical Syndicate correspond to international good governance standards?

Examining the literature concerning the professional syndicates in Egypt illustrated that the performance of these syndicate was badly affected by the lack of democracy, the negative impact of Law 100 of 1993 and the corruption within the professional syndicates. On contrary, the new party formation law offered a better chance to professional syndicates to focus on professional work instead of practicing political activities through the syndicates. In this regard, many experts and scholars highlighted the crucial need for professional guidelines. The component and composition of the professional syndicates in Egypt suggests they can be considered as corporatist organizations. This study applied principles of good governance in an attempt to find out the weakness of these syndicates.

There were no readymade instruments in the literature to be used in evaluating the governance system of the professional syndicates, so the study used an adapted form of governance assessments developed for another purpose, with good results.

The qualitative research method was adopted in this research. In addition to a case study, two different questionnaires were developed. The aim was to make sure that these instruments covered the governance issues to be valid to examine the governance system in the Egyptian Medical syndicate. Through the case study, it was possible to compare the components and the composition of the Egyptian Medical Syndicate to the Canadian Medical Association and find out the weakness and gaps. At the same time, the questionnaires helped to examine the existence and the applications of the seven principles of good governance system which were adopted in this research.

The findings and results from this research illustrated that there is a crucial need to issue a new law and bylaw for the Egyptian Medical Syndicate to be consistent with the present era. The elections' system within the syndicate needs to be revised to ensure fair elections and representation to the governorates and the areas of medical specialization. There is a necessity to identify a clear vision and mission for the EMS, setting long term goals and objectives, and to consider adoption of annual planning and evaluation for the programs and activities within the syndicate. The Board of Directors needs to enhance its leadership and strategic planning skills through attending training courses and customized programs for non specialists in management, finance and teamwork. The study also illustrated that most of the respondents were not sure of the availability of some basic information through the website. Therefore, there is a need to encourage and consider the new tools of communications such as emails, website and video conferences to share information,

and to achieve greater connection, participation and involvements for the members of the EMS. This provision of information will increase the degree of transparency, hold decision makers accountable, and encourage the members to interact positively in the syndicates elections and activities.

In conclusion, the answer to the major research question is that although the current governance system in the Egyptian Medical Syndicate has many of the basic components and composition of the good governance system on paper, in reality the application was poor and it is evident that the current governance system and procedures are in great need of being reformed to reach global standards for good governance. Applying the required reform is essential to ensure empowering the Egyptian Medical Syndicate to play its proposed role through providing socioeconomic services, improving the performance of its members, defending members' interests and rights, give political protection to syndicates' members and enhance the quality of health service to the citizens.

The result of this study also encourages conducting more research to probe the reasons behind the weakness of the governance system in the Egyptian Medical Syndicate, and how to satisfy the members and urge them to participate effectively and be involved in syndicates programs and activities.



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## Appendix (A)

### THE AMERICAN UNIVERSITY IN CAIRO

#### Documentation of Informed Consent for Participation in Research Study

**Project Title:** Empowering Professional Syndicates in Egypt to Achieve Good Governance, an application to the Egyptian Medical Syndicate

**Principal Investigator:** Eissa Mohamed Abou-Omar – Graduate student in the department of Public Administration at the American University in Cairo.

Email: [eissa@aucegypt.edu](mailto:eissa@aucegypt.edu)

Mobile: 0122 748 3738

You are being asked to participate in a research study. The purpose of the research is to study how to improve the performance of the professional syndicates in Egypt, and the findings may be published, presented, or both. The expected duration of your participation is 20 minutes.

The procedures of the research will be as follows: Studying the professional syndicates in the literature review and the international standard of the governance system. The researcher will conduct some interviews with some members of the Egyptian Medical Syndicate to answer the attached questionnaire.

There will not be certain risks or discomforts associated with this research.

There will be possible benefits to you from this research as your participation may help to improve the performance of the Egyptian Medical syndicate. Improving and empowering the syndicate will be for the benefits of its members and will help to offer better service to the society.

The information you provide for purposes of this research is confidential.

Any question about the research should be directed to the principal investigator: Eissa Abou-Omar at the above telephone number and/or email address.

Participation in this study is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue participation at any time without penalty or the loss of benefits to which you are otherwise entitled.

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

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

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



**Appendix (B) Questionnaire for the Members of the Egyptian Medical Syndicate**  
**Survey on the governance of the Egyptian Medical Syndicate**

(These questions are for members of the Egyptian Medical Syndicate)

1) How old are you?

- a- 21-30    b-31- 40    c- 41- 50    d- 51-60    e- 61 +

2) Gender?

- a- Male    b-Female

3.A) Have you ever participated in any of Doctors' Syndicate's elections, general annual meeting, syndicate committees)?

- a) Yes    b) No

If your answer is "Yes" for question 3, then answer the following question:

3.B) How satisfied are you with your participation?

- Very satisfied  
 Somewhat satisfied  
 Somewhat dissatisfied  
 Very dissatisfied

4) How do you know about the activities and programs at your syndicate?

- a- website    b- press releases    c- Ads    d- other (please specify)

.....

5.a) Have you ever received any correspondence or communication from your syndicate?

- a) Yes    b) No

If your answer is "Yes", please, answer the following question:

5.b) My syndicate contacted me by:

- mail  
 email  
 phone call  
 other, please, specify.....

- 6) If it is optional to join Doctor Syndicate, do you think you would join it?  
a- yes      b-no
- 7) Do you think your syndicate has free and fair elections for its members of the Board of Directors in general and sub syndicates?  
a- yes      b-no      c- not sure
- 8) Our syndicate respect for members' rights such as freedom of speech, religion, no discrimination based on gender, race , religion, political attitude.  
a-agree      b-disagree      c- not sure
- 9) I agree that there is an appropriate degree of decentralization in our syndicate and the sub syndicates have the requisite powers and capacity to perform their functions.  
a-agree      b-disagree      c- not sure
- 10) Our syndicate is enthusiastic to get members involved in its activities and key issues.  
a-agree      b-disagree      c- not sure
- 11) It is easy to contact our syndicate by mail, email or phone to get information or to share some ideas related to key issues.  
a- yes      b-no      c- not sure
- 12) The functions, responsibilities and authorities are well defined in the syndicate and it is easy to know who is accountable to whom for what  
a- yes      b-no      c- not sure
- 13) The existing system within the syndicate allows members and stakeholders (such as patients, ministry of health) to hold decision makers accountable.  
a- yes      b-no      c- not sure

14) How satisfied are you with your syndicate?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

15) How often do you visit the website of Doctors' Syndicate?

- a) daily
- b) weekly
- c) monthly
- d) yearly
- e) rarely

16) The website of our syndicate includes up-to-date information about its activities, training program, medical conferences, studying, key issues and discussion related to doctors.

- a- yes
- b-no
- c- not sure

17) It is easy to get the following information through the website:

A) Press release

- a- yes
- b-no
- c- not sure

B) Financial statement

- a- yes
- b-no
- c- not sure

C) The structure of the syndicate

- a- yes
- b-no
- c- not sure

D) Downloadable annual report

- a- yes
- b-no
- c- not sure

18) How often do you visit your syndicate?

- a) Monthly
- b) quarterly
- c) annually
- d) rarely

19) There is an information desk to guide visitors to the required steps and procedures to achieve the purpose of their visits.

- a- yes
- b-no
- c- not sure

20) When I visit our syndicate, I can complete the required tasks and get the required info in a reasonable time.

21) As a member of the medical syndicate, I know that the code of ethical and unethical behavior is known and accessible.

- a- yes
- b-no
- c- not sure

- 22) I know that doctors who charged with transgressions have the right to appeal.  
a- yes      b-no      c- not sure
- 23) I trust and respect the disciplinary committee in our syndicate.  
a- yes      b-no      c- not sure
- 24) Our syndicate achieves an appropriate balancing between the interest of its members and the interest of the patients and stakeholders.  
a- yes      b-no      c- not sure
- 25) Our syndicate offers equitable opportunities for training, studying and participating in conferences for its members.
- 26) How would you describe the benefits offered to the members of Doctors' Syndicate?  
a) Excellent    b) Very good    c) Good    d) Fair    e) Bad    f) Very bad
- 27) Did your membership in Doctors' Syndicate better prepare you for your career?  
a- yes      b-no

(The End of the Questionnaire)

## Appendix (C) Questionnaire for Board Members and Senior Manager

(These questions were edited and prepared for the board members and/or senior managers in the Egyptian Medical syndicate-Implementation Checklist)

1. Egyptian Medical Syndicate has a formally established governing structure.  
c- not sure    b-no            a- yes
2. Board of Directors makes decisions collectively.  
c- not sure    b-no            a- yes
3. Board of Directors has a designated leader or chair.  
c- not sure    b-no            a- yes
4. The chief executive has a written job description outlining performance expectations and goals.  
c- not sure    b-no            a- yes
5. Board of Directors evaluates the chief executive annually.  
c- not sure    b-no            a- yes
6. Members of the staff, including the chief executive, are not voting members of the Board.  
c- not sure    b-no            a- yes
7. The chief executive is not the Board Chair.  
c- not sure    b-no            a- yes
8. a) Egyptian Medical Syndicate has a mission statement.  
c- not sure    b-no            a- yes

If your answer is yes for the above question, then answer the next question:

8. b) The mission statement is announced throughout the syndicate.  
c- not sure    b-no            a- yes

9. Board of Directors does not micro-manage or change or engage unnecessarily in operational details.

c- not sure   b-no                      a- yes

10. Board of Directors makes sure that adequate planning takes place throughout the syndicate.

c- not sure   b-no                      a- yes

11. Board of Directors makes sure that regular evaluation of programs and operations is performed and acted upon.

c- not sure   b-no                      a- yes

12. Board of Directors understands the syndicate's finances and monitors the financial condition regularly.

c- not sure   b-no                      a- yes

13. Board of Directors ensures that internal financial controls are in place and working.

c- not sure   b-no                      a- yes

14. Board of Directors ensures that the syndicate's accounts are regularly audited.

c- not sure   b-no                      a- yes

15. Board of Directors takes part in resources development.

c- not sure   b-no                      a- yes

16. Board of Directors ensures an annual report is produced and distributed.

c- not sure   b-no                      a- yes

17. Board members are not paid for their service and derive no other direct or indirect gain from their board service.

c- not sure   b-no                      a- yes

18. Board of Directors has a clear set of rules for its own operation.

c- not sure   b-no                      a- yes

19. Board of Directors meets regularly, with dates set in advance.

c- not sure   b-no                      a- yes

20. All board members arrive at meetings punctually and prepared to take part in proceedings.

c- not sure   b-no                      a- yes

21. Board meetings focus on policy, oversight, and strategic direction.

c- not sure   b-no                      a- yes

22. Board meetings involve active discussion and decision-making rather than rubber-stamping and listening to staff reports.

c- not sure   b-no                      a- yes

23. Chair of the Board knows how to lead discussions, maintain discipline, and include all board members in accomplishing necessary work.

c- not sure   b-no                      a- yes

24. Board meetings keep to the preset agenda.

c- not sure   b-no                      a- yes

25. Board of Directors keeps minutes of all of its meetings.

c- not sure   b-no                      a- yes

26. All board members have written guidelines outlining expectations of their board service.

c- not sure   b-no                      a- yes

27. Board of Directors works well as a team.

c- not sure   b-no                      a- yes

28. Board of Directors sets annual goals for itself.

c- not sure   b-no                      a- yes

29. Board of Directors assesses its own performance regularly.

c- not sure   b-no                      a- yes

30. Individual board members serve set terms within a system of regular rotation.

c- not sure   b-no                      a- yes

31. Board members serve enthusiastically as ambassadors for the organization.

c- not sure   b-no                      a- yes

32. Egyptian Medical Syndicate adopts international conventions e.g. convention on health by the World Health Organization (WHO).

c- not sure   b-no                      a- yes

33. Egyptian Medical Syndicate coordinates with regional medical associations e.g. Arab Doctors Union.

c- not sure   b-no                      a- yes



## Appendix (D)

### (List of the 25 existing professional syndicates in Egypt)

- 1- Syndicate of Lawyers, established in 1912.
- 2- Syndicate of Journalists, established in 1941.
- 3- Syndicate of Engineers, established in 1946.
- 4- Medical Syndicate, established in 1949.
- 5- Dental Union, established in 1949.
- 6- Pharmacists Syndicate, established in 1949.
- 7- Veterinarians Syndicate, established in 1949.
- 8- Syndicate of Agriculture professions, established in 1954.
- 9- Syndicate of Teachers, established in 1955.
- 10- Film Association, established in 1955.
- 11- Syndicate of Actors, established in 1955.
- 12- Syndicate of Musicians, established in 1955.
- 13- Trade Syndicate, established in 1964.
- 14- Syndicate of Scientific Professions, established in 1973.
- 15- Social Union, established in 1974.
- 16- Syndicate of Artistic applied professions, established in 1976.
- 17- Syndicate of Applied Arts Designers, established in 1976.
- 18- Syndicate of Artists, established in 1976.
- 19- Syndicate of Nursing Careers, established in 1986.
- 20- General Tourist Guides Syndicate, established in 1993.
- 21- Syndicate of Mohaffezy of Holy Qura'an, established in 1993.
- 22- Syndicate of Athletes, established in 1987.
- 23- Syndicate of Customs Workers, established in 1994.
- 24- General Physical Therapy Syndicate, established in 1994.
- 25- General Syndicate of Public Utilities Workers, established in 1964.

(Egypt State Information Service, Your Gateway to Egypt), Website, July 21, 2012)