



# THE STATE OF UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL

2018

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#### 1-INTRODUCTION

When modern medicine was introduced in Uganda by Dr Albert Cook in 1897, the colonial government enacted instruments to guide the profession in 1933. The profession has undergone several Acts. Currently Council is being guided by UMDPC Act 1998.

The functions of the Council are— (a) to monitor and exercise general supervision and control over and maintenance of professional medical and dental educational standards, including continuing education; (b) to promote the maintenance and enforcement of professional medical and dental ethics; (c) to exercise general supervision of medical and dental practice at all levels; (d) to exercise disciplinary control over medical and dental practitioners; (e) to protect society from abuse of medical and dental care and research on human beings; (f) to advise and make recommendations to the Government on matters relating to the medical and dental professions; (g) to exercise any power and perform any duty authorised or required by this Act or any other law; (h) to disseminate to the medical and dental practitioners and the public, ethics relating to doctor-patient rights and obligations.

This paper intends to document the progress so far attained by Council since 2011 as follows:

#### 2-INSTITUTED DOCUMENTS OF THE COUNCIL

#### (a) REVISED UMDPC ACT

In course of its operations Council noted several gaps that were impeding the normal execution of its function. Using a consultant with support of USAID, a revised draft UMDPC Act is in place waiting revision by Parliament.

#### (b) DRAFT NATIONAL HEALTH PROFESSIONS AUTHORITY

Following the declaration by the EAC Council of Health Ministers in 2009 that all EAC partner states must have an umbrella oversight body, UMDPC spearheaded the consultations with relevant stakeholders to formulate a draft National Health Professions Bill. This body will coordinate the operations of all councils thus reducing duplication, increasing synergies and improving advocacy.

The process is on to enact it into law.

#### (c) GUIDELINES

Council has over the period developed the following guidelines to enable it streamline its operations.

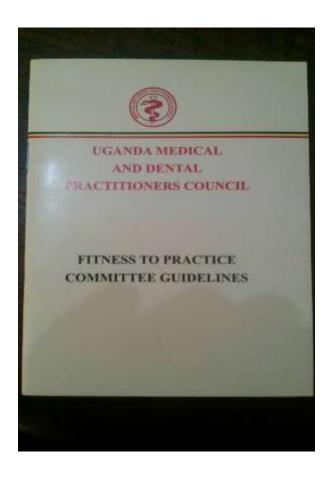
#### (i) Self-Assessment Quality Improvement System (SQIS)

The document was developed by joint health professional councils together with the private health sector through self assessment in order to improve on the quality of care. This document is currently in use and council uses it for renewing the health facility annual licences.



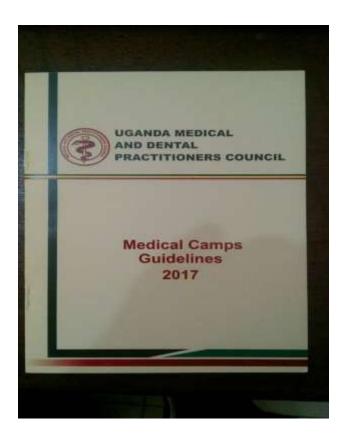
#### (ii) Fitness to Practice

This guideline was put in place on realization that some practitioners in practice were not fit to practice. Such practitioners could be affected by age,alcohol/drug abuse. This document provides information on how to manage such cases.



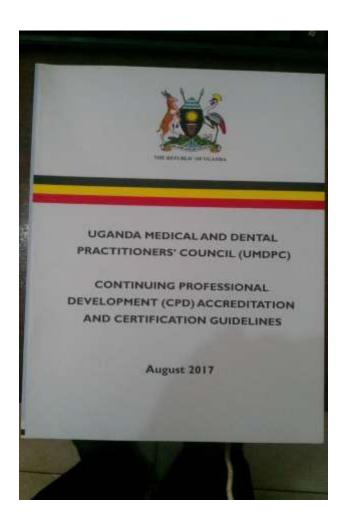
#### (iii) Medical Camps

These guidelines cater for the operations of the medical camps in the Country. The objective is to ensure safety and quality of the services provided by the medical camps.



#### (iv) Continuous Professional Development

All practitioners are obliged to improve their knowledge and it is a requirement for every practitioner to accrue 48 credit hours annually. Council launched this guideline with an aim of directing the process of continuous acquisition of knowledge by the practitioners. So far 121 accredited providers have been accredited all over the Country.



#### (v) Terms of Reference for Committees of the Council

Council has now has 5 committees in operation and they are: Fitness to Practice, Finance and Administration, Ethics and Disciplinary, Education and Training, Inspection and Regulation as well as Quality Assurance and Research. In order to streamline their operations, Council developed TOR for these Committees.

# UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL TERMS OF REFERENCE FOR COMMITTEES OF COUNCIL 2015

#### (vi) Terms of References for Inspectors

In order to increase its presence in the field, Council engaged regional inspectors in 8 out of the 13 regions. The Regions are; Kampala Metropolitan, Busoga, Bukedi, Bugisu, Teso, Lango, Bunyoro and Kigezi. Council put TORs for the operations of these inspectors.

# UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL TERMS OF REFERENCE FOR REGIONAL INSPECTORS 2016

#### (vii) Medical Licensure and Examinations Board (MLEB)

Council instituted an examination body, composed of eminent educationists, to cater for practitioners who train outside the EAC region at undergraduate and postgraduate level. The Board runs exams/assessments throughout the year.

Therefore a document was put in place to guide the process.

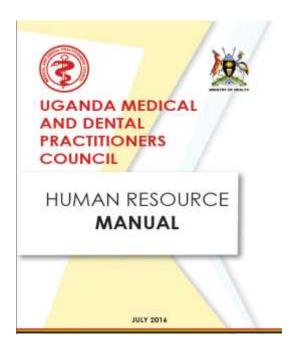
UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL

TERMS OF REFERENCE FOR Medical Licensure and Examinations Board

(MLEB) (Revised 2017)

#### (d) Human Resource Management policy

The Council has since updated its Human Resources Manual 2016 to direct the Human resource function at the Secretariat.



#### (e) Information Technology policy

Council computerized its data sets. Hence an IT policy was hence necessary and has been put in place





#### UGANDA MEDICAL AND DENTAL PRACTIONERS COUNCIL

INFORMATION AND COMMUNICATION TECHNOLOGY POLICY

January 2015

Information Technology Policy and Procedure Manual

#### (f) Financial Policy

UMDPC updated its financial policy so as to guide the financial management of the Council.



UGANDA MEDICAL AND DENTICAL PRACTITIONERS COUNCIL (UMDPC)

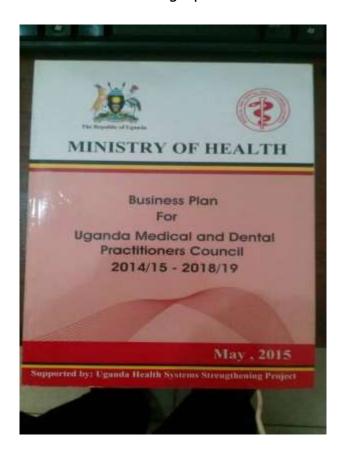
FINANCIAL PROCEDURES

MANUAL

JULY 2016

#### (g) Business Plan

With support from the IFC world Bank, Council completed its business plan that was used to make a strategic plan for the Council.



#### (h) Strategic Plan

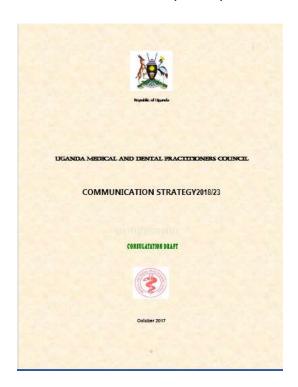
Council formulated its strategic plan 2061/17-2021/22. This document now guides the annual workplans of the Council.



July 2017

#### (i) Communication Strategy

For the Council to operate normally, a communication strategy was put in place. The relevant staff will be put in place for it to function properly.



#### **3-INFRASTRUCTURE**

#### a) COUNCIL HOUSE

After over 80 years of existence without its own accommodation, Council procured its own premises that is located on Kafeero Road, Mulago Hill at a cost 976.3m. The funds were collected from the local revenues of the fees levied from the practitioners. Council can now enhance its operations including staff recruitment.



#### b) VEHICLES

In the past, Council depended on old vehicles given by the Ministry of Health. Council has since started procurement of its own vehicles with 2 being in place.



#### (C ) JOINT LAND FOR HEALTH PROFESSIONAL COUNCILS

Council jointly with others secured land for future development at Butabika. Ministry of Health offered the land. It will be jointly developed with other professional Council and t the Health service Commission.



#### (d)RESEARCH

Council developed study areas for research. Council has collaborated with Makerere University and other partners and has published 3 papers to date.

## 1-Physician tracking in sub-Saharan Africa: current initiatives and opportunities.

Candice Chen, Sarah Baird, Katumba Ssentongo, Sinit Mehtsun, Emiola Oluwabunmi Olapa de-Olaopa, Jim Scott, Nelson Sewankambo, Zohray Talib, Melissa Ward-Peterson, Damen Haile Mariam and Paschalis Rugarabamu

- **2-Equitable Access to Health Professional Training in Uganda: A Cross Sectional Study** M. Galukande, S. Maling, J. Kabakyenga, J. Nshaho, H. Oboke||, B. Oonge, H. Muyenje, G. Katumba-Sentongo, H. Mayanja-Kizza and N.K. Sewankambo
- 3- Case Study | Uganda Brain Drain To Brain Gain: Health Workforce Migration: A Case Study of General Practitioners in Uganda: Francis Omaswa, Patrick Kadama, Peter Eriki, Robert Odedo, Henry Emoi Gidudu (African Centre For Global Health And Social Transformation); Katumba Sentongo And Augustine Lwoto (Ministry Of Health)
- 4-Profile and Causes of Deaths Among Medical Doctors and Dental Surgeons in Uganda. A 29-Year Retrospective Analysis Jacinto Amandua, Victoria Masembe, Jackson Amone, Fred Katumba Ssentongo, Peter Mukasa- Kivunike, Fred Nyankori.

#### **4-PARTNERSHIPS**

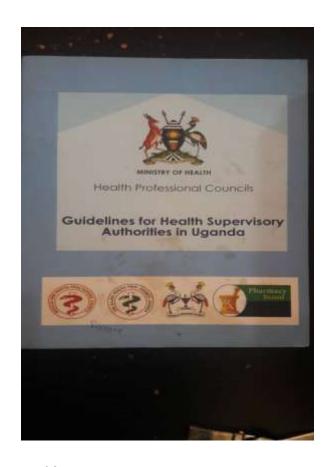
#### a) REGISTRARS FORUM

Council is a member of the registrars' forum that is composed of the Allied Health Professionals Council, Uganda Nurses and Midwives council, Pharmacy Board and the National Drug Authority. The forum has a signed Memorandum of Understanding. The forum has managed to lobby, write proposals, and implement joint decisions as well as joint field inspections. The forum has published guidelines for operations of the District Health supervisory authorities. UMDPC currently chairs the forum.

## MEMORANDUM OF UNDERSTANDINGOF THEUGANDA HEALTH PROFESSIONALS COUNCILS REGISTRARS FORUM

# For Joint enforcement of functions of Health Professionals Councils Registrars in Uganda

June, 2017

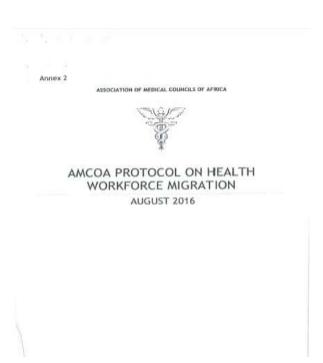


#### b) **EAST AFRICAN COMMUNITY**

Through the EAC cooperation, Council has managed to conduct 2 joint inspection of the medical and dental schools. Reciprocal recognition of degrees and internship has been instituted within partner states of the EAC. Inspection guidelines for medical and dental schools in the EAC were approved and are in use. A Mutual recognition Agreement which will enable free movement of practitioners in the EAC partner states is to be signed shortly.

#### c) ASSOCIATION OF MEDICAL COUNCILS OF AFRICA

Council is also a member of the Association of Medical Councils of Africa. Over 14 protocols have been signed and are at different levels of implementation.



#### (c) CEHURD

Council made a Memorandum of Understanding with CEHURD. Under the partnership Council conducts jointly conducts health and human rights trainings as well as legal support.

#### **MEMORANDUM OF UNDERSTANDING**

#### BETWEEN

## UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL AND THE CENTRE FOR HUMAN RIGHTS AND DEVELOPMENT

#### 2014

#### (d)NATIONAL COUNCIL FOR HIGHER EDUCATION

Council has made a Memorandum of understanding with the NCHE. This document aimed at streamlining the operations of Council, specifying each ones roles and responsibilities.

#### **MEMORANDUM OF UNDERSTANDING**

#### **BETWEEN**

## UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL AQND THE NATIONAL COUNCIL FOR HIGHER EDUCATION

#### 2014

#### (e) PROFESSIONAL ASSOCIATIONS

Council has cultivated good working relations with the professional associations. Council finances their CPDs. Council has also been running joint sensitization talks amongst the professionals in the regions and the urban areas with the mother organizations, Uganda Medical Association and Uganda Dental Associations.

#### 5-STAFFING

During the period, Council has raised its staffing from 4 to 16. With more funds being available, Council will fill its 22 people in the establishment.

#### **6-EQUIPMENT**

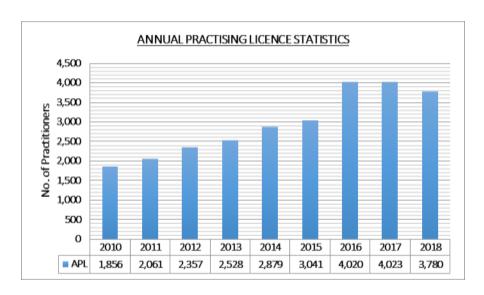
To enhance on its operations, Council has procured more computers and furniture to support additional work at the secretariat.

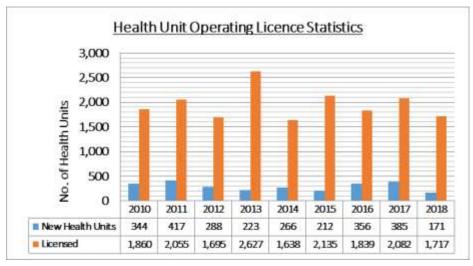


#### 7-REGISTRATION AND LICENCING

There has been a rapid increase in registration of practitioners at the Council during the period. The Licencing of practitioners and health facilities had greatly improved from the 25% to 70%.







#### **8-INNOVATIONS**

Council introduced new strategies to improve work at the Secretariat. These include peer to peer inspection of hospitals by the practitioners themselves.

Council also set up a system where members of the public can check online if a practitioner or a health facility is registered and licenced to operate.



#### **Drafted by**

#### **Dr Katumba Ssentongo Gubala**

#### Registrar