CERTIFIED PRIVATE MEDICAL SCHOOLS

A NEW INSTITUTION MUST HAVE A CURRICULUM WHICH HAS BEEN APPROVED BY NCHE

By Owen Waigabaza

The doctor-to-patient ratio in Uganda is 1:2,500 and 1:1,200,000 for dentists to patients, compared to the World Health Organisation's recommended 1:100. This is caused by, among others, a shortage of doctors and dentists in the country.

For long, Makerere University and later Mbarara University of Science and Technology, were the only universities producing doctors and dentists. To boost the number of medical personnel, the government, increased the number of schools teaching health disciplines.

Currently, there are 11 medical schools in Uganda and "more are coming up," according to Dr. Katsuna Seetongo, the registrar of Uganda National Medical and Dental Practitioners Council (UNMDPC). UNMDPC is mandated to oversee and regulate the medical profession in the country.

What does it take to start and run a medical school in Uganda?

Joint inspection

In 2010, the East African Community countries' medical and dental councils realised that the quality of graduates that were being churned out was going down. Worse still, the presidents of the community countries had signed a protocol of free movement of goods and services.

"This meant that professional bodies could move from one country to another, but we wondered how we could move freely when we did not know about their training," Seetongo says.

It was on this basis that in the same year, the Joint Medical Council for East Africa agreed on a core curriculum that everyone who wished to pursue medicine or dental surgery must do.

The East African Community Medical Council (EACMC) also agreed to inspect wherever the actual training takes place. To effectively achieve their goal, they came up with a checklist.

"We talked to medical deans in East Africa, and drafted them with the checklist. They are East Africans, they know what we can afford and what we cannot afford. We, therefore, came up with a basic minimum requirement for starting a medical school in the region," Seetongo says.

"Since 2011/2012, we have been inspecting universities jointly as EACMC," he adds.

Approving the curriculum

The first step for any medical training intending to start a medical school is to design a curriculum. After coming up with a curriculum, the school administration gives it to the National Council for Higher Education (NCHE) for approval. NCHE later hands it to EACMC for inspection.

For an institution to be accredited, it must have a curriculum that meets the standards set by EACMC.

"Together with specialists, we examine the curriculum and if we are satisfied, we return it to NCHE," he says.

The second stage is verifying what is in the curriculum. Here, a team from UNMDPC, together with NCHE, visit the school to verify what is on the ground and make a report. If what is on the ground matches what is in the curriculum, the committee writes to NCHE to permit the course to start.

The approved curriculum runs for five years, after which, it is reviewed.

Governance and management

According to the joint EAC checklist, the school must have a vision and mission. These must be written statements, relevant to the training of dentists and medical doctors and aligned to the values of the training institution awarding the degree.

The school must also have a philosophy that addresses the quality of education, with respect to acquisition of professional competence in line with the national health sector development plan.

The philosophy should address social responsibility and community involvement, relevance of education with respect to service needs, life-long learning, core values, including ethics, integrity, respect for human rights and teamwork spirit.

The school must also have a strategic plan of at least five years, linked to the parent institution and the national health needs.

Leadership structure

The school must also have an elaborate leadership structure. This includes a management structure.

"The school must have a dean who, on the day of inspection, must be present in person with an appointment letter, academic certificates and curriculum vitae. In the same vein, the school must have departmental heads for the 14 fields of medicine," Seetongo says.

Some of these include human anatomy, medical physiology and medical biochemistry. These must be present on the day of inspection with their relevant documentation.

"The school must also have standing orders with three relevant standing committees handling the curriculum, examinations and timetabling. This is in addition to having a board, with representation from the administration, staff and students," Seetongo says.

Financial management

For a medical school to be accredited, it must have financial systems with clear policies and procedures. There must also be a financial plan with a five-year training cycle budget. The school must also have an administration policy.

Infrastructure

The school must have residential rooms, equipped with audio-visual equipment, chairs and tables, as well as firefighting kits.

The school should also have staff offices. It should have a learning resource centre, fully equipped with a library, computer lab, with access to internet, printing and photocopying facilities.

Teaching resources

The school should have a memorandum of understanding with a teaching hospital, as well as functional teaching clinics. The teaching hospital must have a good patient volume, as well as equipment, instruments and sustainable supplies.

Seetongo says if the EACMC finds that a school is lacking some of these requirements, they recommend closure of the institution.

Internships

The EACMC has also come up with internship guidelines for inspection of internship sites.

"For medicine, for example, an internship centre must have all the four specialisations in place, that is, internal medicine, obstetrics and gynaecology, surgery and pediatrics," he says.

The joint council has also agreed on a joint exam to remove the biases that some institutions produce sub-standard graduates."