UMDPC CIRCULAR 15

SUBJECT: OPERATIONALISATION OF THE MEDICAL CAMPS GUIDELINES

This is to inform all our stakeholders and the general public that the Ministry of Health issued medical camps regulations, 2017.

The objective of the guidelines is to streamline the operations of the medical camps in the Country.

All medical camps must apply to the Uganda Medical and Dental Practitioners Council for approval before they operate. Please apply in 2 weeks.

Hereunder is the application form.

APPLICATION TO CONDUCT SURGICAL/MEDICAL/DENTAL CAMP(S)

SECTION 1: DETAILS OF THE APPLICANT

a) Individual Application

Name (as it appears on the National ID/Passport):
____________________________________________________________

ID Number/Passport No.:_________________ Nationality: ________________
P.O. Box_________ Town ____________District_________

Email address__________________________________________

Telephone No.: ___________________ Mobile No.:__________________

All Stakeholders
All Hospitals
All Practitioners
b) Institutional Application

Name of the institution (as it appears on registration certificate/certificate of incorporation)

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Country of Registration_____________

P.O. Box_________ Town ___________ District__________

Physical Location:

_____________________________________________________________

Email address_________________________________________

TelephoneNo.: ___________________ Mobile No.:____________________

SECTION 2: DETAILS OF THE CAMP

Name of Medical Camp Coordinator: _____________________________

Reg No:_________________ Nationality: ________________

Duration of the medical camp:

From: ______________ To: ______________

Location:

Sub District___________ District_______________

Further details of the medical camp site (include details of the specific location):

_________________________________________________________________

_________________________________________________________________

Name of sponsoring entity_____________________________

Country of registration of sponsoring entity____________________

Estimated no. of patients to be seen_____________________

Services to be offered during the camp:

(i) _______________________________________________________

(ii) _______________________________________________________
(iii)________________________________________
(iv)________________________________________
(v)________________________________________

The details of the person(s) who will be responsible for the post-operative management/ follow-up of the cases treated, including their qualification (A must for surgical camps organized by foreign medical doctors).

SECTION 3: REQUIREMENTS

Attach the following documents, to this application form, in the prescribed order:

1. Copies of up-to-date licenses of **ALL** medical/dental practitioners involved in the medical camp;
2. Copies of up-to-date licenses of **ALL** other health personnel involved in the medical camp;
3. List of **ALL** non-medical/dental personnel involved in the medical camp;
4. A copy of the registration certificate of the applying Institution
5. Letter of authorization from the Local Government/Authority;
6. List of **ALL** Medical Equipment/infrastructure and drugs (Note that any drugs brought from outside the country will need NDA approval);
7. Referral mechanism;
8. Waste management and disposal policy; and
9. Detailed post-operative care / follow-up plan until complete recovery; particularly for surgical patients.

SECTION 4: DECLARATION

I solemnly and sincerely declare that the information given above is true to the best of my knowledge and belief.

Name and Signature of Applicant: ___________________________
Date: _________________
FOR OFFICIAL USE:
The process will take a maximum of **two (2) weeks**.

Approved..................................................

Not Approved/Reasons.................................................................

Yours

Dr Katumba Ssentongo Gubala

Registrar, Uganda Medical and Dental Practitioners Council