



The Republic of Uganda

# MINISTRY OF HEALTH

Uganda Health Systems Strengthening Project

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## Uganda Medical and Dental Practitioners Council

**Business Plan 2014/15 – 2018/19**

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**By:**

### **Business Synergies**

**Public and Private Management Consultants,**

White House Building, Plot 56 Gaddafi Road, next to Redeemed Church Makerere

P.O. Box 9761, Kampala Uganda

**Tels: Mob# 0772 401466, UTL# 236 712**

E-mail: [admin@bsynergies.com](mailto:admin@bsynergies.com)

: [www.bsynergies.com](http://www.bsynergies.com)

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## List of Acronyms

AMREF	-	African Medical Research Foundation
Cap	-	Companies Act Page
CNA	-	Capacity Needs Assessment
CPD	-	Continuous Professional Development
CPE	-	Continuous Professional Education
DHSA	-	District Health Services Authority
GOU	-	Government of Uganda
HIV/AIDS	-	Human Immuno-deficiency Virus/Acquired Immuno-deficiency Syndrome
ICT	-	Information and Communication Technology
IEC	-	Information Education and Communication
MDAs	-	Ministries, Departments and Agencies
MDGs	-	Millennium Development Goals
MOH	-	Ministry of Health
MOU	-	Memorandum of Understanding
NCD	-	Non-communicable Diseases
NDP	-	National Development Plan
NGOs	-	Non-governmental Organisations
OSNA	-	Office Space Needs Assessment
SWOT	-	Strengths, Weaknesses Opportunities and Threats
TNA	-	Training Needs Assessment
TV	-	Televisions
UAHPC	-	Uganda Allied Health Professionals Council
UAHPC	-	Uganda Allied Health Professionals Council
UHSSP	-	Uganda Health Sector Strengthening Project
UMDPC	-	Uganda Medical and Dental Practitioners' Council
UNFPA	-	United Nations Fund for Population Activities
UNICEF	-	United Nations International Children's Emergency Fund
UNMC	-	Uganda Nurses and Midwives Council
UNMHCP	-	Uganda National Minimum Health Care Package
UNCST	-	Uganda National Council of Science and Technology
WHO	-	World Health Organisation

## **Executive Summary**

### **Introduction**

The Business Plan is a blue print to guide the managerial process of the Uganda Medical and Dental Practitioners' Council for the next 5 years. It will provide a framework for matching the Council's objectives and resources with the changing health needs and customer expectations, in the fulfillment of its statutory mandate. Furthermore, it will foster enforcement, observance and adherence of health service delivery to professional standards, codes of conduct and ethics.

The development of the Business Plan has been guided by a consultative and participatory process involving the stakeholders. It is therefore a continuum reflective of the Council's mandate, the health sector policies, strategies and activities and stakeholders' expectations, aspirations and priorities.

### **Institutional Background of Uganda Medical and Dental Practitioners' Council**

The Uganda Medical and Dental Practitioners' Council was established by the Medical and Dental Practitioners Act (Now Act Cap. 272) as a body corporate to regulate, supervise and control the training and practice and for other related matters of the Medical and Dental Practitioners' in Uganda. The Council registers, licenses and regulates the professional conduct of the Medical and Dental Practitioners in pursuit of this statutory mandate.

### **Guiding Principles Adopted in Developing the Business Plan**

1. Drawing guidance from the mandated functions as laid out in the Medical and Dental Practitioners Act 1998;
2. Flexibility of the plan to enable picking lessons and best practices of the past, including international health professionals' best practices; build on current successes, while initiating new lines of action;
3. Formulation of actions and implementation approaches for implementing the Council's regulatory mandate, that are institutionally, structurally and financially sustainable.
4. Mainstreaming stakeholder all-inclusiveness in the planning, implementation and monitoring of business plan.
5. The aspiration of UMDPC to exhibit a stronger, more proactive and visible health regulatory institution able to effectively advance the 9 functions stipulated in the Medical and Dental Practitioners Act.

### **Situational Analysis**

In the global perspective, the successful execution of the regulatory functions of UMDPC are expected to have a positive contributory bearing in the realisation of 3 of the 8 MDGs; (i) MDG 4 – Reduce child mortality; (ii) MDG 5- Improve maternal health; and (iii) MDG 6 – Combat HIV/AIDS, malaria and other diseases.

At the national level, Uganda's Vision 2040 acknowledges good health as one of the factors that contribute to national productivity and ultimately socio-economic transformation. As health services continue to expand to match with the rising health service needs of the increasing population, the regulatory significance of the Uganda Medical and Dental Practitioners Council will also increase.

The NDP 2010 – 2015 on its part acknowledges progress made by Uganda in improving the health of its population whose life expectancy has increased from 45 years in 2003 to 54.5 years in 2013.<sup>1</sup> The medium term interventions of this national strategy are amplified by the National Health Policy 2010 – 2020 and the Health Sector Strategic Plan 2012 which lay emphasis on universal access to quality UNMHCP by an expanding population. Increased demand for healthcare with the expected participation of the private for profit players presents challenges of quality and ethics which call for increased regulatory vigilance by the Uganda Medical and Dental Practitioners Council.

The policy framework acknowledges the roles of health professional Councils as national semi-autonomous institutions in the health sector, for professional practices regulation, setting of professional practice standards and quality assurance on a delegated basis by the Ministry of Health. One of the policy objectives underlying the framework is to ensure that the HPCs function as national autonomous institutions for efficient and effective health professional regulation.

### **Key Strategic Emerging Issues of The Uganda Medical and Dental Practitioners' Council**

1. The Uganda Medical and Dental Practitioners' Council has a Governance Council, with 10 members, which provide strategic oversight of its regulatory activities. The Council has made substantial progress in documenting its governance, management and membership registration as well as regulatory policies and procedures. This existing documentation informed the development of the Business Plan.
2. The Uganda Medical and Dental Practitioners' Council also has an established Secretariat headed by Registrar who undertakes overall supervision of the day to day regulatory operations of the council. Regulatory guidelines have also been developed and disseminated by the Council in various forms.
3. The Council currently operates centrally. This causes inconvenience to members of having to travel long distances for registration and practice licences renewals and calls for decentralisation of the council services.
4. Inadequacy of resources (the 4Ms – Man, Machinery, Material and Money) necessary to cover UMDPC's national professional regulatory mandates presents a key challenge. Owing to inadequacy of resources, little emphasis has been given to other important regulatory functions especially continuous professional development, Information, Education and Communication (IEC) activities for both professional members and the public, and inspection, monitoring and supervision of health facilities for quality assurance and professional practice compliance purposes. There is also need for UMDPC to staff its procurement unit to ensure resources are well managed.
5. There is lack of full autonomy and independence necessary for a regulation agency with sustainable financing. The Council gets an annual budget allocation from Ministry of Health's budget which is both inadequate and irregular. This status quo impairs the Council's capacity to undertake its mandated professional regulatory roles and responsibilities efficiently and be accountable for results. However, the Council should lobby for financial autonomy so that funds

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<sup>1</sup> Human Development Report 2013, The Rise of the South, Human Progress in a Diverse World

to UMDPC are transferred directly to the Council's account for ease of tracking. The council should also lobby for a budget code in the GOU consolidated fund.

6. The core functions/mandates of the Uganda Medical and Dental Practitioners Council are well defined in the Uganda Medical and Dental Practitioners Act 11, of 1998. This regulatory mandate conducted on behalf of GOU presents the Council with the right to seek allocation of resources from the consolidated funds to conduct its regulatory activities.

7. The Uganda Medical and Dental Practitioners Council is also responsible for formulating and enforcing professional and ethical standards so as to protect consumers from harmful practices and to ensure that professionals maintain maximum acceptable standards of practice. Strategies and actions for regulation and promotion of professional practices on the part of members of the Council need to be determined, planned, programmed and resourced for implementation as the essence of this business plan.

8. The Council has been active in implementing some of its statutory functions despite the resource limitations it currently faces. These include; registration and licensure and handling of disciplinary cases.

9. The Council has also developed and disseminated guidelines for regulation of medical and dental practice by its professional members. Professional practice guidelines have also been developed and disseminated to members by the Council in various forms. These include Guidelines and standards for Accreditation of Continuing Professional Development (CPD) for Health Workers and the Uganda Clinical Guidelines, updated in 2012.

10. The Council has a nation-wide mandate to implement its regulatory mandate which in addition to registration and licensing of medical and dental practitioners, includes carrying out public sensitisation, monitoring, inspection and supervision. This calls for adequate institutional structure, staff capacity and logistics, facilities and financial resources to adequately implement this nation-wide mandate. However, the current organisation structure of the Council lacks the national stature relevant for implementation of its nation-wide mandate. The Council should strengthen District Health Supervisory Authority (DHSA) and establish regional offices. This calls for the UMDPC to approve a robust organogram, develop job descriptions and cater for the logistics and facilitation required for nation-wide activities.

11. Continuous professional development is a key expectation of the professional members of UMDPC. However, this is currently not adequately provided due to resource constraints.

12. Supervision and monitoring of health institutions (public and private) is a key core activity that is regularly undertaken to ensure that un-qualified professionals do not engage in provision of health services in a manner that endangers the public. However, monitoring and supervision structures are currently weak. There is need to strengthen the monitoring and supervision structures for the Council to effectively cover the whole country. The Council lacks adequate human resources to cover the whole country and there are inadequate logistics and facilities and financial resources to conduct regular monitoring and supervision.

13. Lack of IEC strategy and programmes to sensitise the public about the activities of the Council. The Public does not know about the roles and responsibilities of the Council in general and the professional benchmarks and practising regulatory requirements for medical and dental

practitioners, the patient rights and remedies and guidelines for identification and reporting of non-ethical practices committed by the medical and dental practitioners.

14. The Council is currently housed in the Ministry of Health and the office space provided is inadequate to productively house the Secretariat staff. The co-location with the Ministry of Health also presents a limitation for the Council to exercise independence, the key fabric of a regulatory body.

15. At the time of formulation of this Business Plan, the Uganda Medical and Dental Practitioners Council had no business plan to guide the implementation of its institutional mandates in the medium term. However, it had developed a Vision and Mission that provide inspiration to the implementation of its statutory regulatory mandate. The Council has been operating in an ad-hoc manner in the absence of a Business Plan. The Business Plan will aid the proper planning of the Council's regulatory activities in line with its statutory mandate, stakeholder expectations and aspirations and the articulation of its institutional capacity requirements for carrying out its roles and subsequently its resource mobilization requirements for the medium term.

16. While the 4 Professional Councils operate as regulatory bodies for their respective professions independent of one another, the similarity of their mandates<sup>2</sup> presents a lot of regulatory synergy. Therefore cross-cutting actions and mechanisms need to be identified and harmonized among the 4 business plans developed to foster synergy in their implementation. Related to this is the emerging proposal for establishment of a Health Professional Councils Authority as an apex institution to implement the mandate of the 4 Health Professional Councils on an integrated basis to enhance cost-effectiveness of health professional regulation. The mandate of all the 4 Councils focuses on formulation and enforcement of professional and ethical standards so as to protect consumers from harmful practices and to ensure that professionals maintain maximum acceptable standards of practice. A Health Professional Councils Authority would be similar to the overarching South African Health Professionals Council that has got 12 professional boards under its auspices.

### **Medium Term Business Strategy**

#### **Overall Goal:**

Quality Professional Medical and Dental training and practice regulated and supervised by a competent UMDPC.

#### **Strategic Themes For Business Plan Development**

The formulation of business objectives have been guided by the regulatory functions provided by the law that set up the Council. These have been reviewed and related with the stakeholder expectations and aspirations compiled from review of literature and consultations with the stakeholders. This has given rise to the emerging issues and developments in section 2.3 above. Related strategic issues have been classified into thematic areas as follows;

#### **1. Strengthening of Professional Medical and Dental Training Standards Oversight and Member Services Development**

Linkage activities will be developed and implemented to ensure UMDPC works closely with the National Council for Higher Education and Universities accredited to train medical and dental

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<sup>2 2</sup> The mandate of all the 4 Councils focuses on formulation and enforcement of professional and ethical standards so as to protect consumers from harmful practices and to ensure that professionals maintain maximum acceptable standards of practice.

practitioners. With these activities, UMDPC will be able to influence the courses and training standards and ensure that well qualified medical and dental practitioners are released by the training institutions well before registration. Inspection, monitoring and support supervision of the accredited Universities shall also be undertaken as key interventions for training standards oversight.

## **2. Enhancement of Quality Assurance and Professional Practice Standards Compliance**

This shall entail review and dissemination of practice standards/guidelines (i.e. scopes of professional practice, codes of conduct, registration and licensing guidelines) and carrying out inspection, monitoring and support supervision to ensure compliance to the standards. Enforcement of code of conduct and discipline of members shall also be a key element of this thematic area.

## **3. Establishment of Professional Accreditation and Certification of Medical and Dental Practitioners.**

It will be necessary to develop and widely disseminate accreditation and certification guidelines and standards to both the existing and potential practitioners and the public. This shall be supplemented with measures to rationalize licensing processes to enhance compliance and nationwide coverage, and strengthening monitoring and supervision of the practitioners in the health care facilities.

## **4. Policy Advisory and Professional Advocacy**

This thematic area will entail advocacy for necessary review of policy and legal framework in the health policy and Uganda Medical and Dental Practitioners' Council Act respectively. This shall be done to rationalize gaps in Act to provide clarity and more guidance to the regulation of medical and dental practitioners in response to emerging regulatory challenges and development in health service delivery.

## **5. Institutional Development**

This thematic area will entail review of the institutional structure and building the capacity of UMDPC in terms of building physical infrastructure, facilities, equipment, materials and human resources. This will be necessary to meet the emerging challenges and developments with respect to provision of quality regulatory and supervisory services to ensure the safety of the public.

## **6. Collaboration and Networking Partnerships**

Because of the rapid changing operational environment and with the formation of East African Community and globalization, there is great need for UMDPC to invest in this thematic area. Collaboration and networking will require the set-up of partnership mechanisms with both national and global institutions in order to achieve nation-wide regulation of the Medical and dental practice.

## **Business Objectives**

Six strategic objective have been formulated for each of the thematic areas defined and these are presented below.

- (a) To strengthen Professional Medical and Dental Training Standards Oversight and Member Services Development
- (b) To enhance Quality Assurance and Professional Practice Standards Compliance
- (c) To improve Policy Advisory and Professional Advocacy
- (d) To strengthen Institutional Development
- (e) To strengthen Collaboration and Networking Partnerships.

## **Implementation Strategy for the Business Plan**

1. The Council shall approve the Business Plan, oversee its implementation and give strategic direction by reviewing and approving policies, procedures and resources for the implementation of the Plan.
2. The Registrar shall have the overall oversight on the implementation of the Business Plan and shall be accountable to the Council in this respect.
3. The functional units of Council, headed by the respective Heads of Departments shall extract the planned actions relevant to their departmental roles from the Business Plan and use them to prepare annual work plans to implement the Plan activities earmarked for their leadership in implementation.
4. For activities whose implementation requires goods and services which have to be out-sourced, the goods and services shall be procured by the Contracts Committee or its delegated authority and the coordination of the utilization of the goods or services done by the user departments.
5. Task teams may also be formed to address one-off activities of a strategic nature, which call for participatory action.

## **Monitoring and Evaluation Framework**

A number of routine monitoring and evaluation tools shall be used to manage the monitoring and evaluation framework. They shall entail the following;

- (i) Ensuring effective management and supervision supported by weekly/monthly performance review meetings by the Management Team and quarterly Performance Review Meetings by all staff.
- (ii) Quarterly Council meetings to review institutional performance.
- (iii) Annual Joint Performance Retreats of UMDPC Council, Management and staff.
- (iv) Annual Audits.
- (v) Mid –Term Evaluation

## Financial Resource Arrangements

1. Programme activities have been derived from the Business Plan Framework. The method of implementation of the activities has been determined as the basis for identification of the resource requirements for their implementation.
2. For activities (referred to as deskwork), whose implementation entails only human resources, payroll costs provided under the operational budget shall constitute their financial resource requirements. No further resource costs have been determined in respect of these.
3. For activities whose implementation entails other resource inputs, in addition to the human factor, the costs for these have been estimated and compiled into a programme budget. A summary is provided on the next page and the detailed one is provided as Annex 1.
4. The operational budget is provided based on previous year's cost estimates adjusted by 10% annually, for changes in common variables like inflation, revised unit costs/rates etc. A summary is provided on the next page.
5. The revenue budget has been provided based on the estimated revenue from registrations and licensing of Medical doctors and Dental Surgeons to practice over the next 5 years 2014/15 – 2018/19. A summary revenue budget is provided as Table 1 below.

## Strategic Financial Resource Indicative Budgets

### Programme Expenditure Budget (Millions of Shs)

**Table 1 - Medium Term Indicative Programme Expenditure Budget (in millions of shillings)**

Business Objectives		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total
1	To enhance quality assurance and professional practice standards compliance	2,005	1,623	1,938	1,450	1,679	8,694
2	To improve Policy Advisory and Professional Advocacy	1,300	857	984	801	974	4,917
3	To Enhance Quality Assurance And Professional Practice Standards Compliance	1,998	1,774	1,799	1,799	1,835	9,206
4	To Strengthen Institutional Development	2,090	943	8,306	642	642	12,623
5	To strengthen Collaboration and Networking Partnerships	356	254	254	254	254	1,370
<b>Total</b>		<b>7,749</b>	<b>5,450</b>	<b>13,281</b>	<b>4,946</b>	<b>5,384</b>	<b>36,809</b>

The estimated recurrent cost of implementation of the core regulatory activities of the Council as articulated in the Business Plan is on average estimated at Shs 5.0 – 7.7 billion annually. This average core regulatory budget excludes the capital expenditure commitments for Institutional infrastructure, facilities and equipment acquisition and renovation and expansion of office premises scheduled in year 1 and construction of own office block scheduled in Year 3 estimated at Shs 7.65 Billion.

The recurrent expenditure budget is estimated to rise from 0.9 billion in year 1 to 1.3 billion by year 5. This estimate will rise when the institutional structure is revised and new staffs are

recruited to improve inspection, support supervision and monitoring. The budget line analysis of the projected expenditure estimates are presented in Table 2 below.

**Table 2: Analysis of the Projected Expenditure Estimates by Budget Line (in Millions Shs)**

Item	Estimated Amount					
	FY1	FY2	FY3	FY4	FY5	Total
Employees Costs	355	391	430	473	520	2,169
Administration Costs	139	153	168	185	203	848
Utility Costs	22	24	27	30	33	136
Supplies and Services	109	120	132	145	159	665
Transport and Plant Costs	35	39	43	47	52	216
Council Expenses	134	147	162	178	196	818
Transfer Services	24	26	29	32	35	147
Medical Licensure and Examinations Board	30	33	36	40	44	184
Procure-Evaluation committee	2	3	3	3	3	14
Bank Expenses	8	9	10	11	12	51
Capital Goods	20	22	24	27	29	122
<b>Total</b>	<b>879</b>	<b>967</b>	<b>1,064</b>	<b>1,170</b>	<b>1,287</b>	<b>5,369</b>

It is hoped that when the Business Plan is marketed to the policy and donor stakeholders, the stakeholders shall identify business programmes of preference for special funding.

### Business Programmes Financial Resource Indicative Budgets

Revenue targets for internally generated revenue mainly from registration and licensing have been established and estimated for the next 5 years. These medium term revenue projections are presented in Table 3 below.

**Table 3 - Current Predictable Revenue Projections (In Millions of Shs)**

Category	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total
Professional Fees ( both registration & renewal)	870	1,044	1,252	1,503	1,803	6,472
Miscellaneous Income (Practice Fines)	10	12	14	17	20	72
Subvention From Ministry of Health	75	90	108	130	156	558
Support from Development Partners:-						0
Sub-ventions from Consolidated Fund						0
<b>Total Annual Estimated Income</b>	<b>954</b>	<b>1,145</b>	<b>1,374</b>	<b>1,649</b>	<b>1,979</b>	<b>7,102</b>

### Funding Gap

This has been assessed through comparative analysis of projected programmed revenue from the table above and projected expenditure commitments for both core programme activities as per Business Plan and institutional operational activities. The analysis presented in the summary Table 4 below provides the funding gap.

**Table 4 - Financial Sustainability Assessment (In Millions of Shillings)**

Business Factor	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total
Current Predictable Revenue Projections	954	1,145	1,374	1,649	1,979	7,102
Less: Operational Expenditure[1]	879	967	1,064	1,170	1,287	5,369
Program Activities Implementation Expenditure	7,749	5,450	13,281	4,946	5,384	36,809
Funding Gap (Deficit)	(7,674)	(5,272)	(12,971)	(4,467)	(4,692)	(35,076)

### Resource Mobilisation Strategy

The Uganda Medical and Dental Practitioners' Council Act. Cap. 272 1998, Cap. 274 *Part IV – Financial Provisions* stipulates the funds of the Council to consist of:

- Subventions received from the Government or other bodies;
- Grants, gifts and donations received from the Government , organizations or other bodies;
- Fees and other monies payable to the Council for services rendered by it;
- Monies that may in any manner become payable to or vested in the council in any manner, or in relation or incidental to the carrying out of its functions.

In line with these statutorily defined sources of funding, the Council shall adopt the following resource mobilization strategies;

1. Seek funding from the consolidated fund to finance core regulatory activities of the medical and dental practitioners' council since this is a function implemented on behalf of the Government of Uganda.
2. Intensify national coverage of registration and licensing of members to grow registration and licence fees as an important income stream for financing membership professional advocacy and development including continuous medical education.
3. Profile country development partner programmes and identify opportunities for financing the medical and dental practitioners' council activities responsive to the country development partner priorities of the time.
4. Identify public health service delivery activities in the Business Plan that have a high sympathy appeal to potential funders and develop fundraising programme to finance them through corporate, public and other institutional sponsorships.

## **1.0 Background**

### **1.1 Introduction**

#### **1.1.1 Business Plan Background**

The purpose of this Business Plan is to assist Uganda Medical and Dental Practitioners' Council to effectively perform its regulatory functions as a semi-autonomous institution.

The Business Plan will guide the managerial process of the Council, and provide a framework for matching the Council objectives and resources with the changing health needs and customer expectations, in the fulfillment of its statutory mandate. Adoption and implementation of the business plan should foster enforcement, observance and adherence of health service delivery to professional standards, codes of conduct and ethics. The Health Sector Strategic Plan highlights key priority areas in this respect to include;

- Enforcement of professional standards;
- Development of effective ways of increasing health workers' accountability towards client communities;
- Review of guidelines for establishing and operating private health facilities and training institutions;
- Reviewing and streamlining staffing levels of the Professional Councils to be able to efficiently discharge their mandates;
- Adequate resource mobilization to ensure that the Professional Councils have necessary logistical and financial resource to discharge their mandates.

The development of this Business Plan for the Uganda Medical and Dental Practitioners' Council has been guided by a consultative and participatory process between the Council and the Consultant. The process involved the review of the Council's mandate, the health sector policies, strategies and activities. A stakeholders' workshop was conducted in order to appreciate the stakeholders' expectations, aspirations and priorities.

#### **1.1.2 Institutional Background of Uganda Medical and Dental Practitioners' Council**

The Uganda Medical and Dental Practitioners' Council was established by the Medical and Dental Practitioners Act (Now Act Cap. 272) as a body corporate to regulate, supervise and control the training and practice and for other related matters of the Medical and Dental Practitioners' in Uganda. The Council registers, licenses and regulates the professional conduct of the Medical and Dental Practitioners in pursuit of this statutory mandate.

The functions of the Uganda Medical and Dental Practitioners' Council are to:

- (a) Monitor and exercise general supervision and control over and maintenance of professional medical and dental educational standards, including continuing education;
- (b) Promote the maintenance and enforcement of professional medical and dental ethics;
- (c) Exercise general supervision of medical and dental practice at all levels;
- (d) Exercise disciplinary control over medical and dental practitioners;

- (e) Protect society from abuse of medical and dental care and research on human beings;
- (f) Advise and make recommendations to the Government on matters relating to the medical and dental professions;
- (g) Exercise any power and perform any duty authorized or required by this Act or any other law;
- (h) Disseminate to the medical and dental practitioners and the public, ethics relating to doctor-patient rights and obligations; and,
- (i) Perform any other function or act relating to medical or dental practice as the Minister may direct, for the purposes of discharging its functions under this Act.

The business planning implications of these mandated functions of UMDPC are outlined in the Table 1 below.

**Table 1: Functions of the Medical and Dental Practitioners' Council and the related Planning implications.**

Functions	Strategic Issues to Guide Business Plan Development
1. To monitor and exercise general supervision and control over and maintenance of professional medical and dental education standards, including continuing education.	1.1 Develop and disseminate guidelines for inspection, monitoring and quality assurance of the training institutions/medical schools/Universities training medical doctors and dental surgeons
	1.2 Establish a forum for effective engagement with stakeholders in training
	1.3 Dissemination of the developed documents to stakeholders
	1.4 Establishment Mechanisms to strengthen continuous professional development
	1.5 Institute liaison program for engagement with training institutions and approval of courses of study
	1.6 Review and disseminate guidelines for approval of courses of study for medical and dental professionals;
	1.7 Review and approval of curriculum/courses of study for the training institutions/medical schools/Universities training medical doctors and dental surgeons.
	1.8 Prepare programme for and conduct regular Inspection and monitoring of the training institutions/medical schools/Universities training medical doctors and dental surgeons to verify adequacy of infrastructure, facilities, equipment, materials and human resources for training
	1.9 Harmonize the training protocols with those of the East African Partner states.
	1.10 Conduct annual review meeting with relevant stakeholders on Medical Doctors and Dental Surgeons Training Institutions' performance and future outlook
	1.11 Conduct pre-registration examinations for deserving practitioners.
	1.12 Regularly compile and publish a list and profiles of recognized Medical Doctors and Dental Surgeons Training Institutions'
	1.13 Review and seek approval for an UMDPC Accreditation policy to stipulate minimum standards for medical and dental surgery education and training institutions
	1.14 Establish institutional procedures, processes and arrangements for accreditation of internship training centres

Functions	Strategic Issues to Guide Business Plan Development
	<p>1.15 Provide accreditation services to include approval and registration of training institutions/medical schools/Universities training doctors and dental surgeons.</p> <p>1.16 Procure and conduct CPD programmes for UMDPC members</p> <p>1.17 Solicit CPD evaluations and analyse them to inform future planning and funding for CPD training</p> <p>1.18 Accredit CPD service providers</p> <p>1.19 Monitor CPD activities</p> <p>1.20 Mobilise funds for CPD activities</p> <p>1.21 Solicit study tours for members as part of continued medical and dental education</p> <p>1.22 Put in place institutional arrangements for timely approval of the qualifications awarded by the different institutes for the different categories of the medical and dental professionals;</p> <p>1.23 Develop and disseminate benchmarks and guidelines for professional Accreditation and certification of Medical and dental Professionals</p> <p>1.24 Simplify registration and licensing mechanisms country-wide for both individual medical and dental professionals and medical/dental clinics.</p> <p>1.25 Develop and disseminate qualification approval guidelines</p> <p>1.26 Conduct Professional Accreditation and Certification of Medical and dental Professionals</p> <p>1.27 Conduct periodical review of medical and dental professional certification minimum training standards</p> <p>1.28 Review, develop and print guidelines for accreditation for training institutions/medical schools/Universities training doctors and dental surgeons.</p> <p>1.29 Conduct inspection and monitoring of training institutions to ensure compliance to minimum UMDPC training standards country-wide.</p>
<p>2 To promote the maintenance and enforcement of professional medical and dental ethics</p>	<p>2.1 Dissemination of patient charter to both member of the profession and the public</p> <p>2.2 Monitor application of the Research guidelines in Collaboration with UNCST, IRBs and UNNRO</p> <p>2.3 Review, produce and dissemination of code of ethics</p> <p>2.4 Review and disseminate the complaints guideline</p> <p>2.5 Advise to service providers (public and private) on the establishing a supportive environment for ethical compliance</p> <p>2.6 Training in ethics for undergraduate and post training practitioners</p> <p>2.7 Advising employers on the establishment of a supportive environment for ethical compliance? Advising MOH</p> <p>2.8 Conduct annual professionals review meetings with UMDPC members to discuss professional ethics and codes of conduct and other professional issues.</p> <p>2.9 Conduct monthly media interfaces</p> <p>2.10 Provide for a Public Relations function in the structure and recruit a Public Relations Staff to deal with public communication</p> <p>2.11 Improve and popularise Council website activities to foster more interactive communication for the benefit of practitioners (enhance use of social media platforms like face book, twitter)</p> <p>2.12 Produce and disseminate a quarterly newsletter for the Council to create public/member awareness about UMDPC roles and responsibilities.</p> <p>2.13 Develop and implement IEC programme to sensitise members and the public about the activities of the Council and professional benchmarks and practising regulatory requirements for medical and dental professionals</p>
<p>3 To exercise general</p>	<p>3.1 Review of registration tools for practitioners and their facilities</p>

Functions	Strategic Issues to Guide Business Plan Development
supervision of medical and dental practitioners.	3.2 Review of the licensing tools for the practitioners and their practices 3.3 Review of the inspection guidelines and tools for the health facilities 3.4 Printing and disseminate the supervision guidelines and tools Improve ICT 3.5 Support establishment of regional/district network of inspection 3.6 Provision of means of transport for supervision/inspection of health facilities. 3.7 Improvement reporting(HMIS) in the private health sector 3.8 Produce and distribute HMIS tools for the private sector 3.9 Compliance monitoring and supervision mechanisms 3.10 Quality assurance and inspection mechanisms 3.11 Develop \professional inspection, monitoring, support supervision and quality assurance systems for effective regulation of medical and dental practice 3.12 Conduct quarterly joint inspection/supervision/QA with relevant stakeholders. 3.13 Train the district supervisory teams on their roles and responsibilities regarding the Council operations. 3.14 Put in place reward system for excellent / best performance among Medical and Dental Practitioners 3.15 Review, print and disseminate guidelines on approval of applications for private practice 3.16 Review, develop, print and disseminate guidelines on scope of private practice for Medical and Dental Surgery practice 3.17 Plan and implement the nation-wide public sensitisation programs on quality assurance issues and patient rights. 3.18 Conduct quarterly collaborative meetings with key research stakeholders 3.19 Draft and sign joint MOUs with Institutions that conduct research 3.20 Compile and annually gazette all licensed/accredited Medical doctors and Dental Surgeons 3.21 Prepare and widely disseminate accreditation information at district and health service delivery levels/points 3.22 Carryout regular support supervision of health facilities. 3.23 Conduct regular inspection and validation of certificates and medical doctors and dental surgeons in each district 3.24 Strengthen coordination and provide support to District Health Supervisory Authorities for member registration and licensing 3.25 Create strategic partnerships with other agencies involved in regulation of health workers
4 To exercise disciplinary control over medical and dental practitioners	4.1 Improve structure for reporting of disciplinary cases 4.2 Strengthen legal structures at council 4.3 Strengthen institutional mechanisms for regulation of the conduct of medical and dental professionals and exercise of disciplinary control over them Orient legal team on their roles and responsibilities 4.5 Review and disseminate the professional disciplinary policies and procedures (guidelines) to registered and licensed members 4.6 Disseminate a public/patient grievance policies and procedures 4.7 Prepare and implement an IEC program to sensitize the public about the disciplinary guidelines, their grievance rights and obligations 4.8 Conduct investigations for complaints registered with respect to professional misconduct or negligence on part of institutional and individual members. 4.9 Program and conduct disciplinary proceedings for errant professional members. 4.10 Enforce disciplinary action against unethical or negligent medical and dental professionals

Functions	Strategic Issues to Guide Business Plan Development
5 To protect society from abuse of medical and dental care and research on human beings;	5.1 Review, amend and disseminate existing laws for better coordination and adherence to the ethics of research on human beings 5.2 Establish framework for information sharing among agencies that carry out research.
6 To advise and make recommendations to the Government on matters relating to the medical and dental professions;	6.1 Periodical stakeholder's consultation mechanisms to gather professional issues 6.2 Advocacy with policy makers on professional issues (facilitating the internship) 6.3 Professional advocacy with policy makers
7 To exercise any power and perform any duty authorized or required by this Act or any other law;	7.1 Establish mechanisms for Resource mobilization Proposals 7.2 Infrastructure development 7.3 Engaging in financial sustainability programmes/activities, eg buying of Assets, investments 7.4 Improve on Provision of member services (knowledge sharing, professional opportunities dissemination etc). Scholarships, jobs, welfare issues 7.5 Assess the office accommodation space and financial sustainability needs of UMDPC in the short to medium term. 7.6 Procure appropriate office accommodation in the short term 7.7 Procurement of own adequate office equipment including ICT software, motor vehicles and motorcycles. 7.8 Develop business and design concept for construction of own premises. 7.9 Mobilise resources for construction of own premises 7.10 Develop infrastructure development proposal to seek GOU support to get land and seed funding to develop own office premises. 7.11 Equip UMDPC offices through identification and prioritization of procurement of appropriate logistics, equipment and facilities for management and operations. 7.12 Review and specify the functions, roles, standardise agendas and schedule meetings of the Council and the Committees to enhance efficiency 7.13 Review Council and Committees policies and procedures and reporting protocols 7.14 Print and disseminate Council policies and procedures and reporting protocols 7.15 Arrange for Council members' attendances to regional and international conferences and study tours 7.16 Conduct a Governance Council Training Needs Assessment (TNA) and design appropriate capacity building programmes 7.17 Procure and conduct a capacity building programme for the Governance Board of the Council 7.18 Organise regular exposure study tours and attendances to conferences for selected members of the Governance Board 7.19 Review the organizational structure to effectively respond to the core functions of the UMDPC Secretariat and decentralize some of UMDPC routine activities to a regional level. 7.20 Review Council structure and establishments to create posts of Inspectors, recruit and deploy them. 7.21 Establish key functional units (including PDU/Contracts Committee, Internal Audit, Legal services and Public Relations) to effectively support the Secretariat to perform its functions. 7.22 Recruit key staff for the Secretariat to fill the revised structure 7.23 Develop and implement Human Resource Development (HRD) strategy and plan to build the regulatory capacity of management and staff; 7.24 Identify and develop key management and operational tools/guidelines; (Planning, HR, Financial Management, Procurement) 7.25 Develop a framework for sharing information on examination, certification and

Functions	Strategic Issues to Guide Business Plan Development
	registration and licensing of Medical doctors and Dental Surgeons with the Examination Bodies and MOES. 7.26 Develop MIS administration protocols and train MIS Administrators on its application 7.27 Strengthen regulatory systems including ICT modernization; website upgrade and software and hardware up-grades. 7.28 Undertake a mapping of spatial distribution of UMDPC membership and demarcate administrative regions for monitoring and supervision purposes 7.29 Establish administrative, monitoring and supervision structures to oversee these administrative regions 7.30 Establish resource requirements for equipping and deploying in the administrative regions and mobilize necessary resources 7.31 Disseminate and present Business Plan to prospect funding parties. 7.22 Develop and implement annual fundraising plans and targets, specifically explore registration and license fees, non-compliance fines, fundraising events, advocacy tools for increased government allocation, proposals to access donor funds, etc
8 To disseminate to the medical and dental practitioners and the public, ethics relating to doctor-patient rights and obligation; and,	8.1 Development and dissemination of guidelines to both members of the profession and the public
9 For the purposes of discharging its functions under this Act, to perform any other function or act relating to medical and dental practice as the Minister may direct.	9.1 Review and amend the existing Medical and Dental Practitioners' Act to address gaps, which defranchise management of training and examination from registration and licencing, and disseminate the Amended Act 9.2 Develop a strategy and plan to ensure visibility and relevance of the Council 9.3 Establish and conduct regular member consultation mechanisms to gather professional policy issues 9.4 Conduct research on pertinent policy and legal issues to develop evidenced-based policy/legal framework review proposals 9.5 Prepare and submit policy review proposals to MoH 9.6 Hold sensitization workshops, seminars and other engagement foras with Parliamentary Committee to articulate policy review proposals 9.7 Actively participate in all stages of the Health Professionals Council coalition / forum for the planning and development of the National Health Authority Bill 9.8 Map and profile stakeholders to partner with and develop collaboration and networking initiatives and compile and identify key stakeholders to partner with. 9.9 Establish a collaboration agenda and modalities for partnership with other MDAs/NGOs/CSOs for medical and dental professional regulation. 9.10 Conduct partnership activities to implement collaboration and network development to foster policy advocacy synergies to lobby better health sector regulatory and working environment 9.11 Mainstream collaboration and network development within the institutional structures 9.12 Invest in infrastructure, subscriptions to databases and procurement of software and materials for collaboration and networking 9.13 Establish mechanisms/protocols for sharing of information and data on regional and international regulatory best practices 9.14 Arrange for Board and Staff attendances to regional and international conferences and study tours

## 1.2 The Business Planning Process Adopted

A consultative approach was adopted to prepare the Business Plan. It is a fusion of views received from stakeholders especially in form of feedback perceptions of the Council's regulatory activities currently under implementation and emerging public service delivery issues and developments in the health sector in general and those pertinent to the medical and dental practices and services in particular. The four key phases that constituted the processes included the following;

**1. Phase 1 - Preparation of the Business Plan Development Agenda:** This involved sizing up issues and concerns of interest on which information and data was subsequently collected, compiled and analyzed both from review of literature and consultation with stakeholders to determine findings, draw conclusions and make recommendations compiled into this Business Plan.

**2. Phase 2 - Development of tools/instruments** for collection, compilation and analysis of information and data based on issues and concerns of interest identified in (a) above.

**3. Phase 3 – Situational Analysis: Review of Performance of the Council's Operations, Institutional Review and Health Sector Analysis and compilation of information and data**

This was accomplished through various means; (i) review of literature (Act, policy documents, Ministerial Policy Statements, planning documents, health sector statistical abstracts and databases and existing work plans, annual reports and draft Strategic Plan) as secondary sources; as well as benchmarking international health professionals' best practices and (ii) seeking views and perceptions of stakeholders consulted through meetings and workshop, as primary sources of information and data.

### **Compilation, analysis and interpretation of relevant information and data**

This entailed formulation of findings, drawing of conclusions and prescription of recommendations that constituted the building blocks for the compilation of the Business Plan.

**4. Phase 4 - Formulation of the Business Plan**

The information and data compiled in 3 above was used to prepare the Business Plan. All the stakeholder feedback comments and workshop recommendations were incorporated in the final Business Plan.

## 1.3 The Purpose of the Business Plan

This report referred to as the "Uganda Medical and Dental Practitioners Council Business Plan (2014/15 – 2018/19) has been prepared by Business Synergies to provide a blue print for the Council's planned action for the medium term. The objective of the Business Plan, include the following;

(a) To articulate the aspirations of the Councils (i.e. Business Goals and Objectives) in the medium term as guided by the stakeholder expectations compiled from a series of stakeholder engagements and harmonized with the mandate Council functions.

(b) To present priority actions to be implemented in the medium term to enhance regulatory efficiency and strengthen the institutional capacity of the Council to sustainably execute its mandated functions.

- Provide for an adequate organization structure and staffing levels necessary for the Council to be able to undertake its regulatory activities of registration, licensing, monitoring, supervision and inspection country-wide. The human resource capacity enhancement should include Staff recruitment, management and development.
  - Adequate resource mobilization to ensure that the Professional Council has the necessary logistical, equipment, tools and financial resources to discharge its mandate like; (i) regular monitoring, supervision and inspection of activities country-wide both in the public and private sector; (ii) development and dissemination of professional practice compliance guidelines to both the Professional Practitioners and the Public; (iii) collaboration and networking with the Medical and Dental Associations (MDAs) and other Councils to foster synergy in its regulatory activities to achieve value addition to health service delivery in the country; and (iv) Human resource capacity enhancement; Staff recruitment, management and development for its membership.
  - Provision of physical infrastructure to the Council for location of its offices since the current space provided at the Ministry of Health Headquarters is inadequate. The Business Plan should foster sustainability of the Council's regulatory activities through attraction of resources for investment in its own premises.
  - Resources and facilities for carrying out regular inspection and monitoring of training institutions and health units for quality assurance.
  - Resource and facilities for development and dissemination of professional practice compliance guidelines to both the Professional Practitioners and the Public
- (c) To define the implementation framework for systematic implementation of the Council's priority actions over the medium term with clearly defined actions, outputs and execution responsibility to ensure that the defined business objectives for the period are achieved;
- (d) To provide costs and indicative budget for implementation of the planned activities to be implemented over the medium term, including Continuous Professional Development.

#### **1.4 Guiding Principles**

1. Drawing guidance from the mandated functions as laid out in the Medical and Dental Practitioners Act 1998;
2. Flexibility of the plan to enable picking lessons and best practices of the past, including international health professionals' best practices; build on current successes, while initiating new lines of action;
3. Formulation of actions and implementation approaches for implementing the Council's regulatory mandate that are institutionally, structurally and financially sustainable.
4. Mainstreaming stakeholder all-inclusiveness in the planning, implementation and monitoring of Business Plan.
5. The aspiration of UMDPC to exhibit a stronger, more proactive and visible health regulatory institution able to effectively advance the 9 functions stipulated in the Medical and Dental Practitioners Act.

## 1.5 The Structure of the Business Plan

Chapter 1 presents the background of the Uganda Medical and Dental Practitioners' Council (UMDPC), including its institutional mandate and functions. It also explains the purpose of the Business Plan and the process adopted for the preparation of the plan.

Chapter 2 presents a situational analysis of the Business Plan at two levels; the Global, National and Sector level and the institutional level. The former outlines the global health targets provided by the Millennium Development Goals 2015 framework, the Uganda Vision 2040, the National Development Plan 2010 – 2014 health sector priorities and the Health Professional Councils' Policy Framework provided by the National Health Policy 2010 – 2020 and Health Sector Strategic and Investment Plan 2010/11-2014/15. The former outlines the UMDPC's legal mandate and functions, key strategic features, the current institutional structure, SWOT analysis, stakeholder expectations and aspirations and key strategic emerging issues.

Chapter 3 presents the medium term business strategy which outlines the Vision, Mission, Values, Goals, Business Objectives and the Business Plan Framework. The Business Plan Framework provides details of the business objectives to be pursued, the strategies to be implemented, the expected outcomes from the strategies and the activities to be undertaken to deliver outputs that will collectively influence the outcomes. .

Chapter 4 presents the implementation plan and institutional arrangements. Under this chapter, the implementation strategy for business plan, implementation roles and responsibilities and proposed institutional structure and staffing arrangement for implementing the business plan are outlined.

Chapter 5 presents the monitoring and evaluation framework. This outlines the objectives of the framework, the process to be adopted and the monitoring and evaluation framework matrix.

Chapter 6 provides the financial resource arrangements and budget indications necessary for implementation of the Business Plan. The guiding principles underlying the Business Plan revenue and cost estimation, the costing and financial resource estimation assumptions adopted and the strategic financial resource indicative budgets are provided as part of this chapter.

Chapter 7, the last chapter presents the presents the resource mobilization and sustainability strategy.

## **2.0 Situational Analysis**

### **2.1 Global, National and Sector Level Health Policy Situational Analysis**

#### **2.1.1 MDGs Framework**

Three out of the 8 Millennium Development Goals (MDGs) – which range from halving extreme poverty rates to halting the spread of HIV/AIDS and providing universal primary education, all by the target date of 2015 – are directly relevant to the health sector. These include; (i) MDG 4 – Reduce child mortality; (ii) MDG 5- Improve maternal health; and (iii) MDG 6 – Combat HIV/AIDS, malaria and other diseases. If the regulatory functions of UMDPC are successfully executed, they can have a positive contributory bearing in the realisation of these 3 MDGs. Ultimately, the business objectives of this business plan bear relevancy to global health aspirations as committed in the 3 MDGs.

#### **2.1.2 Vision 2040**

The Uganda Vision 2040 acknowledges that good health is instrumental in facilitating socio-economic transformation. The country has registered improvement in key health indicators; life expectancy stood at 54 years in 2011 while infant mortality rate reduced from 76 to 54 per 1,000 births in 2006 and 2011 respectively though Maternal mortality ratio increased slightly from 435 to 438 per 100,000 live births in 2006 and 2011 respectively. This progress is still low compared to other countries like South Africa, South Korea, Botswana and Malaysia.

Health is acknowledged as one of the institutional factors that contribute to national productivity. Affordable and quality health services as a basic need are emphasised as a key priority necessary to achieve pace with the rising young un-productive population arising from high national population fertility rates. As health services expand to match with the rising needs of the increasing population, the regulatory significance of the medical and dental practitioners' council will also increase especially with the emergent increasing participation of the private for profit institutions in health service delivery.

#### **2.1.3 NDP 2010 - 2014**

The NDP acknowledges progress made by Uganda in improving the health of its population whose life expectancy has increased from 45 years in 2003 to 52 years in 2008. This has been reported to have progressively risen to 54.5 in year 2013.<sup>3</sup> Malaria, malnutrition, respiratory tract infections, HIV/AIDS and tuberculosis remain the leading causes of morbidity and mortality. Non-communicable diseases (NCD) like hypertension, cardiovascular diseases, diabetes, chronic respiratory diseases, mental illness, cancer conditions, injuries as well as oral diseases are also noted as an emerging problem. These factors have significant implications in provision of health support services by the wide array of health professionals at whose apex lies the medical and dental practitioners' council membership.

The NDP's objective 2 of ensuring universal access to quality UNMHCP with emphasis on vulnerable populations also provides for strategy 1 – integrated promotive, preventative, curative

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<sup>3</sup> Human Development Report 2013, The Rise of the South, Human Progress in a Diverse World

and rehabilitative services that have been proved to be cost-effective and affordable in conjunction with the private sectors. The expected participation of the private for profit presents challenges of quality and ethics as far as health service delivery is concerned. This as noted earlier calls for increased regulatory vigilance by the Uganda Medical and Dental Practitioners Council over delivery of health services by its members. .

#### **2.1.4 Health Professional Councils' Policy Framework**

The National Health Policy 2010 – 2020 and the Health Sector Strategic and Investment Plan III 2010/11-2014/15 recognise the roles of health professional Councils as national semi-autonomous institutions in the health sector to whom the functions of professional practices regulation, setting of professional practice standards and quality assurance have been delegated by the Ministry of Health.

These roles are acknowledged as part of the contribution of the health professional councils in the framework of organisation and management of the health sector. The functions under this framework relate to enforcement and regulation of professional practices. The policy objectives of the National Health Policy in this respect is therefore indicated as ensuring that these national autonomous institutions carry out their functions of professional regulation effectively and efficiently.

The Ugandan Second Health Policy calls for strengthening of human resources through attraction, motivation, remuneration and development of human resources relevant to the delivery of the UMDPC and promotion of professionalism among health workers. The policy further calls for adequate quantity, quality and professional skills mix of health workers graduating from training institutions. The professional councils therefore need to respond to these policy issues as stipulated in their mandates. The Ugandan Health Sector Strategic and Investment Plan III advocates for establishment and operationalization of a joint professional council with decentralised supervisory authorities. This is in line with the South African Health Professionals Council that has got 12 professional boards under their auspices. The strategic plan also prioritizes the review and streamlining of staffing levels of the councils as well as increasing logistical and financial support to the councils.

## **2.2 Institutional Level Situational Analysis**

### **2.2.1 Institutional Legal Mandate and Functions**

The Constitution of Uganda (abridged version of 2006) stipulates that the State shall ensure provision of basic medical services to the people and this is important as far as the Uganda Medical and Dental Practitioners' Council is concerned. The Uganda Medical and Dental Practitioners' Council was established by the Medical and Dental Practitioners Act (Now Act Cap. 272) as a body corporate to regulate, supervise and control the training or practice and for other related matters of Medical and Dental Practitioners in Uganda as outlined under 1.1.2.

The Uganda Medical and Dental Practitioners' Council was first set up in 1913, and subsequent revisions of the Act were made over time to improve practice regulations in line with the

dynamism of medicine. The current Act in place is the Uganda Medical and Dental Practitioners Act (Cap. 272). Under this Act, the statutory functions of UMDPC include the following;

- i) To monitor and exercise general supervision and control over and maintenance of professional medical and dental educational standards, including continuing education;
- ii) To promote the maintenance and enforcement of professional medical and dental ethics;
- iii) To exercise general supervision of medical and dental practice at all levels;
- iv) To exercise disciplinary control over medical and dental care and research on human beings;
- v) To advise and make recommendations to Government on matters relating to the medical and dental professions;
- vi) To exercise any power and perform any duty authorized or required by the Act or any other law;
- vii) To disseminate to the medical and dental practitioners and the public, ethics relating to doctor-patient rights and obligations; and,
- viii) For the purposes of discharging its functions under the Act, to perform any other function or act relating to medical or dental practice as the Minister may direct.

The Council is currently housed within the Ministry of Health Headquarters at Plot 6 Lourdel Road, Nakasero. The Council's regulatory structures are still centralized at the Secretariat though it has a national jurisdiction in carrying out its mandate. The lack of decentralized regional offices makes the operationalization of the Council functions difficult. As a result, the professional Council cannot effectively perform its regulatory activities on a decentralized basis i.e. registration, continuous professional development, renewal of licences and conducting sensitization and awareness programmes for the public.

The Council currently receives a subvention of only Shs 20m per year towards its regulatory activities from Government through the Ministry of Health and is currently housed in the Ministry's premises.

The Council also lacks adequate resources to conduct its nation-wide regulatory mandate, including the following:

- (a) Carry out the desired sensitization and awareness of professional practice compliance requirements to both the Professional Practitioners and the Public;
  - (b) Carry out inspection, monitoring and supervision of professional members to ensure that there is compliance with the professional practice compliance guidelines.
  - (c) Provide continuous professional development to members to keep them up-breast with international contemporary professional practices
- Regulation of practitioners has also been skewed towards private sector practitioners with less emphasis being given to the public sector practitioners, leaving a gap in professional practice compliance in this respect.

Other challenges faced by the Council include lack of adequate resources to including sensitization and awareness programmes and regional meetings to disseminate professional compliance standards/practices to both the members and the public.

The lack of adequate infrastructure facilities, transport/logistics, equipment and systems to adequately support the national professional regulatory activities of the Council also presents unique challenges.

## 2.2.2 The Key Strategic Features of the Uganda Medical and Dental Practitioners Council

A summary of the key features of the Uganda Medical and Dental Practitioners Council is presented in Table 2 below.

**Table 2: Key Strategic Features of the Uganda Medical and Dental Practitioners Council**

<b>Mandate</b>	To foster good medical practices and promote high standard of medical education by ensuring that what is taught in Medicine and Dentistry is acceptable internationally.,
<b>Vision</b>	To become a reputable council that protects society from abuse of medical and dental practice as well as research on human beings in order to effectively contribute to a healthy and productive population.
<b>Mission</b>	To regulate and enforce standards of practice and supervise medical and dental education in Uganda.
<b>Core Functions</b>	<ul style="list-style-type: none"> <li>To foster good medical practices,</li> <li>To keep the registers of the qualified Medical officers and Dental Surgeons in the country</li> <li>To promote high standard of medical education by ensuring that what is taught in Medicine and Dentistry is acceptable internationally.</li> <li>To protect the public from malpractice of the professionals by disciplining the errant ones</li> <li>To advise government on medical and dental professions</li> <li>To educate the public on professionals matters related to medical ethics.</li> </ul>
<b>Membership</b>	Medical and Dental Practitioners

## 2.2.3 Institutional Structures:

The Uganda Medical and Dental Practitioners' Council has got both governance and management structures.

### 1. Governance

The Uganda Medical and Dental Practitioners' Council is a body corporate with a governance structure comprising of 10 members including two Ex Officio members; the Registrar and the Legal Officer. It is headed by a Chairperson appointed by the Minister of Health for a three (3) year renewable term of office. Other members of the Council include the Director General of Health Services and representatives of respective bodies appointed by the Minister on the recommendation of those bodies namely;

- (a) Two representatives of the faculties of medicine of all the universities established by law in Uganda;
- (b) Two representatives of the Uganda Medical Association;
- (c) One representative of the Uganda Dental Association; and,
- (d) One private practitioner representing the Uganda Private Medical and Dental Practitioners.

Three Committees support the Council and these include; The Finance and Administration, Education and Ethics and Disciplinary committees. The council also has got 3 sub-committees, namely Medical Licensure and Examination Board, CPD and Fitness to Practice.

## **2. Management**

Management is headed by the Registrar appointed by the Health Service Commission. He is supported by a team of Officers and employees appointed on terms and conditions as determined by the Governing Council.

The Council currently receives annual subvention towards its regulatory activities from Government through the Ministry of Health. The Council is also currently housed in the Ministry's premises. Under this status quo, the Council lacks the independence necessary to carry out its professional regulatory oversight in the sector, including the Ministry of Health. The council needs to enforce payment for the annual practicing license by all practitioners in order to raise more revenue.

The Council also lacks adequate financial resources to;

- (i) Carry out the desired sensitization and awareness of professional practice compliance requirements to both the Professional Practitioners and the Public;
- (ii) Carry out inspection, monitoring and supervision of professional members to ensure that there is compliance with the professional practice compliance guidelines;
- (iii) Provide continuous professional development to members to keep them up-breast with international contemporary professional practices

Regulation of practitioners has also been skewed towards private sector practitioners with less emphasis being given to the public sector practitioners, leaving a gap in professional practice compliance in this respect.

The Business Plan should foster sustainability of the Council's regulatory activities through attraction of resources including investment in own premises, acquisition of logistical facilities, equipment and tools to facilitate implementation of the professional regulatory mandate.

- Human resource capacity enhancement; Staff recruitment, management and development
- Resources and facilities for carrying out regular inspection and monitoring of training institutions and health units for quality assurance.
- Resource and facilities for development and dissemination of professional practice compliance guidelines to both the Professional Practitioners and the Public.

## 2.2.4 Institutional SWOT Analysis

### 1. Strengths

Functions	Strengths	Business Planning Implications
1. To monitor and exercise general supervision and control over and maintenance of professional medical and dental education standards, including continuing education	Established institutional facilities, logistics, equipment for regulatory service delivery	Expansion on existing to match with increase regulatory activities.
	Well developed institutional governance structure with eminent professional acclaimed persons among the Council membership and established committee structures Approved CPD guidelines in place. Accreditation of professionals being done.	Design appropriate capacity building programs to enable Council members keep up to date with contemporary regulatory governance best practices
2. To promote the maintenance and enforcement of professional medical and dental ethics;	UMDPC has an ICT communication system linking members and the public to the Council (member registration and licensing database, blogs, emails, SMS). Such database helps on supervision of practitioners.	Expansion on existing to match with increase regulatory activities.
	Established institutional systems policies and procedures for regulatory service delivery	Upgrade systems, policies and procedures to continuously improve regulatory service delivery
3. To exercise general supervision of medical and dental practitioners	Well documented and disseminated guidelines for registration, practice, licensing and code of conduct namely Guide on the Standards of accreditation of CPD, Peer review guidelines, Requirements for registration, Uganda Clinical guidelines and the Patient Charter.	Revise as necessary, print and disseminate to newly registered members
4. To exercise disciplinary control over medical and dental practitioners	Existence of laws that provide for closure of medical and dental practices with police involvement. Tools to operationalize the UMDPC Act (Cap 272) in place namely Code of Professional Ethics, and Guidelines in respect of Complaints against Medical and Dental Practitioners.	Revise as necessary, print and disseminate to newly registered members.
5. To exercise any power and perform any duty authorized or required by this Act or any other law;	Supportive UMDPC Act (1996) ( <b>Now Act Cap. 272</b> ) with clear regulatory functions.	Formulation of strategies and actions to implement the functions

## 2. Weaknesses

Functions	Weaknesses	Business Planning Implications
1 To monitor and exercise general supervision and control over and maintenance of professional medical and dental education standards, including continuing education	Inadequate 4Ms (Manpower, Machine, Material and Money)	Define and cost the appropriate structure and institutional arrangements
	Weak systems and processes for supervision and enforcement (e.g. Guidelines)	Interventions to establish system and actions for supervision and enforcement
	Insufficient delivery of CPD (systems for delivery as well as accreditation)	Interventions to put in place systems for CPD delivery and accreditation
	Inadequate arrangements for monitoring the implementation of the training curriculum	Programs to resource and strengthen necessary activities.
	Absence of linkage arrangements between UMDPC and National Council for Higher Education w.r.t. training curriculum (only an MOU currently exists)	Actions for formulation of coordination agenda and operationalisation of MOU
2 To promote the maintenance and enforcement of professional medical and dental ethics;	Inadequate capacity building effort of members to uphold professional ethics in practice	Develop and implement a member professional ethics capacity building program.
	Inadequate monitoring and enforcement of ethical standards	Formulate and implement framework and programs for monitoring and enforcement
	Inadequate advocacy efforts to respond to public expectations.	Design and implement a public advocacy program
	Advocacy, research and documentation of UMDPC's regulatory efforts	Establish and implement research/documentation agenda
	Inadequate information management system i.e. to report and analyse unethical practices – cross cutting	
3 To exercise general supervision of medical and dental practitioners	Inadequate supervision capacity (inadequate structure, logistical and other resources)	Establish inspectorate structures at the district levels overseen by an Inspectorate Division.
4 To exercise disciplinary control over medical and dental practitioners	Lack of effective legal department to expedite addressing legal issues (human resources and financial resources). The legal framework/Statute also limits the Council (Registrar to provide report).	Resource required to address capacity inadequacies.
5 To protect society from abuse of medical and dental care and research on human beings;	The Act is not clear on what falls under UMDPC vis-à-vis Uganda National Council of Science and Technology (UNCST).	Establish working linkage arrangement with UNCST
	No linkage arrangements between UMDPC and UNCST w.r.t. Standards on Research in human beings	Develop coordination agenda and implement linkage activities
	Lack of public awareness of their rights and obligation with respect to research	Develop public awareness program as part of part of

Functions	Weaknesses	Business Planning Implications
	in human beings.	communication strategy
6 To advise and make recommendations to the Government on matters relating to the medical and dental professions;	Act does not give full autonomy with respect to appointment and reporting protocols between the Council and MoH.	Advocate for review of legal framework for UMDPC to report to Parliament (put in the new Bill).
8 To disseminate to the medical and dental practitioners and the public, ethics relating to doctor-patient rights and obligation; and,	Absence of a formal public grievance management system	Develop and implement disseminate grie
	Lack of a public advocacy strategy to disseminate professional ethics, rights and obligations	Develop and implement public advocacy program as part of part of communication strategy
	Inadequate research and documentation on UMDPC efforts with respect to professional ethics and practices.	Develop research and documentation protocols and program

### 3. Opportunities

Functions	Opportunities	Business Planning Implications
1 To monitor and exercise general supervision and control over and maintenance of professional medical and dental education standards, including continuing education	Need to fully embrace the advent of ICT and globalization that present a platform for boulder-less collaboration, networking and member information sharing	Develop and implement collaboration and networking strategy and develop a roll out an e-communication initiative to reach all members regularly
	Establishment of the National Health Professional Regulatory Authority which will foster improved coordination among the various health professional councils	Reflect ramifications of this in UMDPC's business plan implementation structure
2 To promote the maintenance and enforcement of professional medical and dental ethics;	Linkage with other regulatory authorities nationally, regionally, internationally and globally.	Incorporation of national, regional and global linkage and coordination agenda/actions
3 To exercise general supervision of medical and dental practitioners	Emerging self-regulation	Mainstream self-regulation in member advocacy services.
4 To exercise disciplinary control over medical and dental practitioners	Emergency of the District Supervisory Authorities model for effective professional regulation	Reflect ramifications of this in UMDPC's business plan implementation structure
5 To protect society from abuse of medical and dental care and research on human beings;	Better awareness of human and health rights	Design and implement public advocacy programs
	Working with other professional bodies (Inter-professional collaboration)	Develop and implement collaboration framework and agenda.
6 To advise and make recommendations to the Government on matters relating to the medical and dental professions;	Political and administrative goodwill towards health regulation	Develop and implement a resource mobilization strategy to tap this goodwill
7 To exercise any power and perform any duty authorized or required by this Act or any other law;	Growing increase in healthcare demand arising from increased population growth creating concerns of quality in health care service	Rationalise regulatory service delivery structures and institutional capacity to match this healthcare enthusiasm.

#### 4. Threats

Functions	Threats	Business Planning Implications
1. To monitor and exercise general supervision and control over and maintenance of professional medical and dental education standards, including continuing education	Inadequate structure and staff complement to satisfactorily implement the regulatory mandate	Review structure and staff complement to match nation-wide regulatory service delivery demands
	Inadequacy of financial resources to match the nation-wide and multi-function regulatory mandate of the Council	Resource mobilization strategy to be included in the business plan
2. To exercise general supervision of medical and dental practitioners	Moral degeneration and advent of ICT that have aided prevalence of forgery of certification documents.	Institute stringent verification system for certification, including seals that are not duplicable.
3. To advise and make recommendations to the Government on matters relating to the medical and dental professions;	Conflicting mandates between UMDPC and other agencies	-Advocacy for review of legal framework to rationalize mandates. -Linkage and coordination agenda/action with other agencies
4. To exercise any power and perform any duty authorized or required by this Act or any other law;	Impairment of regulatory independence arising from political and administrative interference	Policy advocacy interventions to seek regulatory autonomy i.e. seek budget code in consolidated fund
5. To disseminate to the medical and dental practitioners and the public, ethics relating to doctor-patient rights and obligation; and,	Public apathy about their rights and complaint management processes to rein in errant professionals	Formulate and implement IEC strategy to promote public awareness on the complaints procedures among other activities

### 2.2.5 Stakeholder Expectations and Aspirations Analysis

Stakeholders are those individuals, organizations (governmental and non-governmental), institutions (private and public), professional associations and others within and outside the health constituencies who will either be involved and/or enjoy the services to be provided by the UMDPC. The beneficiaries as identified will require a wide range of services including information, reports on research findings, technical assistance from UMDPC while others will participate in UMDPC activities. Within this broad categorization, the UMDPC will concentrate and sharpen its focus on specific groups as presented in Table 3 below.

**Table 3: Analysis of UMDPC's Stakeholder Expectations and Aspirations**

Stakeholder Category	Aspirations and Expectations	Required Strategic Actions
1 Government	Advice on health policies for improvement of health professional regulation and improvement of health professional practices	Develop advocacy agenda Prepare advocacy action plan for advocacy priority issues for implementation over the 5-year horizon
	Fostering health training standards	Development of standards, preparation, dissemination and enforcement of training standards.
	Registration and accreditation of qualified professionals for service delivery	Certification and accreditation systems and programs to ensure that only qualified professionals carry out health service delivery.
	Sustained regulation of quality of health service delivery standards by Health Professionals	Establish regulation standards and develop guidelines and protocols to for sustained enforcement and compliance
	Value for money and accountability for resources provided	Establish regular public awareness and visibility mechanisms through health marketing, media and other interactive avenues like websites.
	Recognition and provision of incentives to promote good performance.	Establish a reward system for good performance.
	2 Professional Council Management and Staff	Continuous improvement in human resource management and development policies and procedures.
Adequate Infrastructure, facilities, equipment and materials to execute the Council's statutory functions		Regular upgrade of institutional facilities and equipment to match the national regulatory demands of the Council.
Adequate institutional structure and HR capacity to execute the Council's statutory functions		Regular review of institutional structure and plan/implement a rational and competitive HR recruitment program and ensure clear retention policies.
3 The Public/Health Services Consumers	Ensure that only qualified health professionals provide health services.	Strengthen certification, accreditation, inspection and support supervision guidelines and ensure their enforcement.
	Protect the public from unsafe practices, ensure quality of services,	Review and dissemination health service delivery standards Enhance planning, license monitoring and inspection and support supervision systems, policies and procedures
		Health service delivery standards compliance inspection and monitoring to ensure compliance
	Increased awareness of the public	Strengthen the capacity building and IEC functions in

Stakeholder Category	Aspirations and Expectations	Required Strategic Actions
	or patients rights to quality health services and responsive public grievance management system to handle complaints	the council Plan for development of mechanisms for engagement with the Council and the public to identify health service delivery issues for regulatory action.
4 Professional Associations	Policy advocacy for improvement of working conditions and compensation of members	Plan for policy formulation engagement agenda Plan for policy formulation stakeholder foras and conferences to precipitate policy action for advocacy.
	Provision of continuous professional development to members.	Incorporate program for capacity building workshops and sponsorship for international study tours for members. Incorporate program for mobilization of sponsorship for international study tours for members.
	Investigation of complaints against members and provision of support to protect their rights in events of un-fair professional litigation.	Put in place an elaborate grievance management system Incorporate an IEC program focusing on sensitization of members and the public about their rights and obligations
	Need for a joint inspection council to monitor and supervised all health professionals.	Continuous collaboration, planning and coordination amongst all professional councils to ensure for joint monitoring and supervision.
	Take advantage of East African Community protocols to allow professionals to practice freely within the region.	Advocate for work permits within the East African Community.
	Interest young people to join the medical and dental professions.	Entice young students to aspire for medical and dental profession training.
	5 Linkage/ Collaborating Government MDAs	Collective advocacy of cross-cutting issues in health service delivery
Sharing of information and data on pertinent information in the health sector		Establish and operationalize coordination and information sharing initiatives.
Conducting joint research on common health service delivery challenges		Establish and operationalize joint research initiatives.
6 Regional and International Collaborating Agencies	Share information on health professional regulation development and best practices.	Develop information sharing protocols and framework Incorporation an action plan for information exchange and conducting benchmarking activities.
7 Development Partners	Achieve progress towards quality health services delivery through effective regulation.	Regulatory institutional systems, procedures and process that foster transparency and accountability Review regulation standards and develop guidelines to enhance health service delivery
	Value for money and accountability for resources provided	Enhancement of the Council's planning and, management systems, policies and procedures for professional oversight, Mid-term and end of Plan reviews to monitor and evaluate performance Conduct financial audit and disseminate widely Prepare, print and disseminate annual report to highlight regulatory performance both in terms of activities and accountability for financial resources

### 2.3 Key Strategic Emerging Issues of The Uganda Medical and Dental Practitioners' Council

1. The Uganda Medical and Dental Practitioners' Council has a governance Council, with 10 members, which provide strategic oversight of its regulatory activities. The Council also has relevant Committees that handle technical and operational matters in various functional areas on behalf of the councils. These are the Finance and Administration; Education and Ethics and Disciplinary committees. There are also sub-committees namely Medical Licensure and Examination Board; Fitness to Practice and CPD sub-committee. The Council has made substantial progress in documenting its governance, management and membership registration and regulatory policies and procedures. This existing documentation informed the development of the Business Plan.

2. The Uganda Medical and Dental Practitioners' Council also has an established Secretariat headed by Registrar who undertakes overall supervision of the day to day regulatory operations. Regulatory guidelines have also been developed and disseminated by the Council in various forms namely;

- Registration and licence application guidelines
- Code of Professional Ethics
- Guideline in respect to complaints against Medical and Dental Practitioners
- Trading License Exemption for private health Units
- Guidelines and standards for Accreditation of Continuing Professional Development (CPD) for Health Workers.
- Uganda Clinical Guideline 2012 and
- Patient Charter

3. The Council currently operates centrally. This causes inconvenience to members of having to travel long distances for registration and practice licences renewals. The current office space within the Ministry of Health is inadequate to productively house the Secretariat staff. The co-location with the Ministry of Health also presents a limitation for the Council to exercise independence, the key fabric of a regulatory body.

4. Limited resources (the 4Ms – Man, Machinery, Material and Money) necessary to cover its national professional regulatory mandates presents a key challenge currently being faced by the Council. Due to the inadequacy of resources, registration and practice licence renewals is the key regulatory function that constitutes the Council's main operational activities. Little emphasis has been given to other important regulatory functions for example; continuous professional development, Information, Education and Communication (IEC) activities for both members and the public, and inspection, monitoring and supervision of health facilities for quality assurance and professional practice compliance purposes.

5. There is lack of full autonomy and independence necessary for a regulation agency with sustainable financing. The Council gets an annual budget allocation from Ministry of Health's budget which is both inadequate and irregular. This status quo impairs the Council's capacity to undertake its mandated professional regulatory roles and responsibilities efficiently and be accountable for results.

6. The core functions/mandates of the Uganda Medical and Dental Practitioners Council are well defined in the Uganda Medical and Dental Practitioners Act 11, of 1996 as a body corporate for the regulation of the Medical Officers and Dental Surgeons professionals in the country. This is with respect to aspects pertaining to registration, education and training, professional conduct and ethical behaviour, ensuring continuing professional development, and fostering compliance with healthcare standards.
7. The Uganda Medical and Dental Practitioners Council is also responsible for formulating and enforcing professional and ethical standards so as to protect consumers from harmful practices and to ensure that professionals maintain maximum acceptable standards of practice. Strategies and actions for regulation and promotion of professional practices on the part of members of the Council, need to be determined, planned, programmed and resourced for implementation as the essence of this business plan.
8. The Council has been active in implementing some of its statutory functions despite the resource limitations it currently faces. These include; registration and licensure and handling of disciplinary cases.
9. The Council has also developed and disseminated guidelines for regulation of medical and dental practice by its professional members. Professional practice guidelines have also been developed and disseminated to members by the Council in various forms. These include Guidelines and standards for Accreditation of Continuing Professional Development (CPD) for Health Workers and the Uganda Clinical Guidelines, updated in 2012.
10. The Council has a nation-wide mandate to implement its regulatory mandate which in addition to registration and licensing of medical and dental practitioners, includes carrying out public sensitisation, monitoring, inspection and supervision. This calls for adequate institutional structure, staff capacity and logistics, facilities and financial resources to adequately implement this nation-wide mandate. However, the current organisation structure of the Council lacks the national stature relevant for implementation of its nation-wide mandate.
11. Continuous professional development is a key expectation of the professional members of UMDPC. However, this is currently not adequately provided due to resource constraints.
12. Supervision and monitoring of health institutions (public and private) is a key core activity that is regularly undertaken to ensure that un-qualified professionals do not engage in provision of health services in a manner that endangers the public. Currently, monitoring and supervision structures are weak. There is need to strengthen the monitoring and supervision structures for the Council to effectively cover the whole country. The Council lacks adequate human resources to cover the whole country and there are inadequate logistics and facilities and financial resources to conduct regular monitoring and supervision;
13. Lack of IEC strategy and programme to sensitise the public about the activities of the Council. The Public does not know about the roles and responsibilities of the Council in general and the professional benchmarks and practising regulatory requirements for medical and dental

practitioners, the patient rights and remedies and guidelines for identification and reporting of non-ethical practices committed by the medical and dental practitioners.

14. At the time of formulation of this Business Plan, the Uganda Medical and Dental Practitioners Council had no business plan to guide the implementation of its institutional mandates in the medium term. However, it had developed a Vision and Mission that provide inspiration to the implementation of its statutory regulatory mandate. The Council has been operating in an ad-hoc manner in the absence of a Business Plan. The Business Plan will aid the proper planning of the Council's regulatory activities in line with its statutory mandate, stakeholder expectations and aspirations and the articulation of its institutional capacity requirements for carrying out its roles and subsequently its resource mobilization requirements for the medium term.

15. While the 4 Professional Councils operate as regulatory bodies for their respective professions independent of one another, the similarity of their mandates<sup>4</sup> presents a lot of regulatory synergy. Therefore cross-cutting actions and mechanisms need to be identified and harmonized among the 4 business plans developed to foster synergy in their implementation. Related to this is the emerging proposal for establishment of a Health Professional Councils Authority as an apex institution to implement the mandate of the 4 Health Professional Councils on an integrated basis to enhance cost-effectiveness of health professional regulation. The mandate of all the 4 Councils focuses on formulation and enforcement of professional and ethical standards so as to protect consumers from harmful practices and to ensure that professionals maintain maximum acceptable standards of practice. A Health Professional Councils Authority would be similar to the overarching South African Health Professionals Council that has got 12 professional boards under its auspices.

## **2.4 Justification:**

The Professionals Councils are collectively responsible for formulating and enforcing professional and ethical standards so as to protect consumers from harmful practices and to ensure that professionals maintain maximum acceptable standards of practice. Regulatory and professionalism promotion actions have been determined and programmed for implementation as the essence of the business planning process.

The Business Plan is expected to remove the ad-hoc manner in which the Council has been operating and make the implementation of its regulatory mandates predictable, informative, supportive and financially sustainable.

It is a key management principle that "Structure follows Strategy" and ultimately the two present a foundation for resource mobilization as it is activities that present the rationale for resource mobilization. The key challenges that the Council has faced over the years i.e. inadequate financing, inadequate office accommodation and low staffing levels have been included in the inventory of supply-side institutional development issues addressed by the Business Plan. The

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<sup>4 4</sup> The mandate of all the 4 Councils focuses on formulation and enforcement of professional and ethical standards so as to protect consumers from harmful practices and to ensure that professionals maintain maximum acceptable standards of practice.

issues have been logically analysed together with the demand-side regulatory requirements and stakeholder service delivery expectations to formulate actions to address them as part of the Business Planning process.

Considering the above challenges faced by the UMDPC, there is an urgent need to finance their activities and build adequate capacities so that the Council can effectively and efficiently execute its mandates as expected.

### **3.0 Medium Term Business Strategy**

#### **3.1 Vision**

To become a reputable council that protects society from abuse of medical and dental practice as well as research on human beings in order to effectively contribute to a healthy and productive population

#### **3.2 Mission**

To regulate and enforce standards of practice and supervise medical and dental education in Uganda

#### **3.3 Values**

The core values of the UMDPC are:

- Integrity
- Ethics
- Professionalism
- Fairness
- Accountability.

#### **3.4 Overall Goal:**

Quality Professional Medical and Dental training and practice regulated and supervised by a competent UMDPC.

#### **3.5 Strategic Themes For Business Plan Development**

The formulation of business objectives have been guided by the regulatory functions provided by the law that set up the Council. These have been reviewed and related with the stakeholder expectations and aspirations compiled from review of literature and consultations with the stakeholders. This has given rise to the emerging issues and developments in section 2.3 above. Related strategic issues have been classified into thematic areas as follows;

##### **1. Strengthening of Professional Medical and Dental Training Standards Oversight and Member Services Development**

Linkage activities will be developed and implemented to ensure UMDPC works closely with the National Council for Higher Education and Universities accredited to train medical and dental practitioners. With these activities, UMDPC will be able to influence the courses and training standards and ensure that well qualified medical and dental practitioners are released by the training institutions well before registration. Inspection, monitoring and support supervision of the accredited Universities shall also be undertaken as key interventions for training standards oversight.

##### **2. Enhancing Quality Assurance and Professional Practice Standards Compliance**

This shall entail review and dissemination of practice standards/guidelines (i.e. scopes of professional practice, codes of conduct, registration and licensing guidelines) and carrying out inspection, monitoring and support supervision to ensure compliance to the standards. Enforcement of code of conduct and discipline of members shall also be a key element of this thematic area.

### **3. Improvement of Policy Advisory and Professional Advocacy**

This thematic area will entail advocacy for the necessary review of the health policies and legal frameworks in the health sector in general and the Uganda Medical and Dental Practitioners' Council Act in particular. This shall be done to rationalize gaps in the Act in order to provide clarity and more guidance to the regulation of medical and dental practitioners in response to emerging regulatory challenges and developments in health service delivery.

### **4. Institutional Strengthening and Development**

This thematic area will entail review of the institutional structure and building the capacity of UMDPC in terms of building infrastructure, facilities, equipment, materials and human resources. This will be necessary to meet the emerging challenges and developments with respect to provision of quality regulatory and supervisory services to ensure the safety of the public.

### **5. Collaboration and Networking Partnerships**

Due to the rapid changing operational environment and with the formation of East African Community and globalization, there is great need for UMDPC to invest in this thematic area. Collaboration and networking will necessitate the set-up of partnership mechanisms with both national and global institutions in order to achieve nation-wide regulation of the Medical and dental practice.

### **3.6 Business Objectives**

Five strategic objectives have been formulated for each of the thematic areas defined and these are presented below.

- (i) To strengthen Professional Medical and Dental Training Standards Compliance.
- (ii) To improve on Policy advisory and Professional advocacy
- (iii) To enhance Quality Assurance and Professional Practice Standards Compliance.
- (iv) To strengthen Institutional Development.
- (v) To strengthen Collaboration and Networking Partnerships.

### 3.7 Business Plan Framework

Strategic Objectives	Statutory Functions	Strategic Areas	Activities to guide the Business Plan	Outputs	Time Frame
<b>1 To enhance quality assurance and professional training standard compliance</b>	To monitor and exercise general supervision and control over and maintenance of professional medical and dental education standards, including continuing education.	1.1 Develop and implement Strategy for Supervision, Monitoring and Quality Assurance of Training Institutions and Approval of Courses of Study/Training Programmes	1.1.1 Develop and disseminate guidelines for inspection, monitoring and quality assurance of the training institutions/medical schools/Universities training medical doctors and dental surgeons	Monitoring and quality assurance Guidelines	Year 1
			1.1.2 Establish a forum for effective engagement with stakeholders in training	-Website consultation form -Regular consultation workshops	Every Year
			1.1.3 Institute liaison program for engagement with training institutions and approval of courses of study	MOU with Training Institutions	Year 1
			1.1.4 Review and disseminate guidelines for approval of courses of study for medical and dental professionals;	Courses approval guidelines	Year 1
			1.1.5 Review and approval of curriculum/courses of study for the training institutions/medical schools/Universities training medical doctors and dental surgeons.	List of accredited institutions and approved curriculum/course of study	Every 2 Years
			1.1.6 Prepare programme for and conduct regular Inspection and monitoring of the training institutions/medical schools/Universities training medical doctors and dental surgeons to verify adequacy of infrastructure, facilities, equipment, materials and human resources for training	Training Institutions Supervision and Inspection reports	Every Year
			1.1.7 Harmonize the training protocols with those of the East African Partner states.	Training protocols harmonized with those of East African member states	Year 2
			1.1.8 Conduct annual review meeting with relevant stakeholders on Medical Doctors and Dental Surgeons Training Institutions' performance and future outlook	Annual Training Institutions Review Report	Every Year
			1.1.9 Conduct pre-registration examinations for deserving practitioners.	Pre-registration examinations conducted	Year 2
			1.1.10 Regularly compile and publish a list and profiles of recognized Medical Doctors and Dental Surgeons Training Institutions'	Published Accredited Training Institutions	Every Year
		1.2 Formulate and implement an	1.2.1 Review and seek approval for an UMDPC Accreditation policy to stipulate minimum standards for	Accreditation policy printed and	Year 3

Strategic Objectives	Statutory Functions	Strategic Areas	Activities to guide the Business Plan	Outputs	Time Frame
		Accreditation Strategy for Training Institutions	medical and dental surgery education and training institutions	disseminated	
			1.2.2 Establish institutional procedures, processes and arrangements for accreditation of internship training centres	Accreditation guidelines	Year 3
			1.2.3 Provide accreditation services to include approval and registration of training institutions/medical schools/Universities training doctors and dental surgeons.	List of Accredited members and health institutions	Every year
		1.3 Develop and implement a strategy for provision of regular continuous medical education programmes for UMDPC Members	1.3.1 Establish Mechanisms to strengthen continuous professional development	CPD Committees established	Year 1
			1.3.2 Procure and conduct CPD programmes for UMDPC members	Training Reports	Every Year
			1.3.3 Solicit CPD evaluations and analyse them to inform future planning and funding for CPD training	CPD Evaluation Reports	Every Year
			1.3.4 Accredite CPD service providers	CPD providers accredited	Every Year
			1.3.5 Monitor CPD activities	CPD activities monitored	Every Year
			1.3.6 Mobilise funds for CPD activities	Funds reserved for CPD activities	Every Year
			1.3.7 Solicit study tours for members as part of continued medical and dental education	Post-Study Tour Reports	Every Year
		1.4 Develop and disseminate protocols/guidelines for timely approval of the qualifications awarded by the different institutes in respect of the different categories of the medical and dental professionals and their registration	1.4.1 Put in place institutional arrangements for timely approval of the qualifications awarded by the different institutes for the different categories of the medical and dental professionals;	Qualification certification framework	Year 1
			1.4.2 Develop and disseminate benchmarks and guidelines for professional Accreditation and certification of Medical and dental Professionals	Professional Accreditation And Certification Guidelines	Year 1
			1.4.3 Simplify registration and licensing mechanisms country-wide for both individual medical and dental professionals and medical/dental clinics.	Registration and Licensing Guidelines	Year 1
			1.4.4 Develop and disseminate qualification approval guidelines	Qualification Approval Guidelines	Year 1
			1.4.5 Conduct Professional Accreditation and Certification of Medical and dental Professionals	Certification of Members	Every Year
		1.5 Maintain	1.5.1 Conduct periodical review of medical and dental	Training standards	Year 2

Strategic Objectives	Statutory Functions	Strategic Areas	Activities to guide the Business Plan	Outputs	Time Frame
		availability of up to date and consistent minimum standards for UMDPC certification to eligible medical and dental professionals and issuance of necessary guidelines.	professional certification minimum training standards 1.5.2 Review, develop and print guidelines for accreditation for training institutions/medical schools/Universities training doctors and dental surgeons. 1.5.3 Conduct inspection and monitoring of training institutions to ensure compliance to minimum UMDPC training standards country-wide.	reviewed Accreditation Guidelines Inspection and monitoring reports	Year 1 Every Year
	To disseminate to the medical and dental practitioners and the public, ethics relating to doctor-patient rights and obligation; and, To promote the maintenance and enforcement of professional medical and dental ethics	1.6 Promotion of compliance to medical and dental ethics and monitoring adherence to the Codes of Professional Practice	1.6.1 Development and dissemination of guidelines to both members of the profession and the public 1.6.2 Dissemination of patient charter to both members of the profession and the public 1.6.3 Monitor application of the Research guidelines in conducting research on human medicine/health 1.6.4 Collaborate with UNCST, IRBs and UNNRO in the conduct of research on human medicine/health 1.6.5 Review, produce and disseminate code of ethics for medical and dental practitioners 1.6.6 Review and disseminate the complaints guideline 1.6.7 Provide professional advice to service providers (public and private) on the establishing a supportive environment for ethical compliance 1.6.8 Promote training in ethics for undergraduate and post training practitioners 1.6.9 Advice employers on the establishment of a supportive environment for ethical compliance?	Guidelines developed -Dissemination of IEC materials -Radio and TV Talk Shows Case files opened and handled. Disciplinary proceedings conducted Case files handled and sanctions enforced. MOU with Training Institutions Courses approval guidelines List of accredited institutions and	Year 1 Every Year Every Year Every Year Every Year Year 1 Year 1 Every 2 Years

Strategic Objectives	Statutory Functions	Strategic Areas	Activities to guide the Business Plan	Outputs	Time Frame	
			Advising MOH	approved curriculum/course of study		
			1.6.10 Conduct annual professionals review meetings with UMDPC members to discuss professional ethics and codes of conduct and other professional issues.	Supervision and inspection Guidelines	Year 2	
			1.6.11 Create strategic partnerships with other agencies involved in regulation of health workers	Collaboration Agenda and management framework	Every Year	
		To exercise disciplinary control over medical and dental practitioners	1.7 Establish and Implement a Disciplinary Management Strategy	1.7.1 Improve structure for reporting of disciplinary cases	Reporting system established	Year 1
				1.7.2 Strengthen legal structures at the Council	Legal office	Year 1
				1.7.3 Strengthen institutional mechanisms for regulation of the conduct of medical and dental professionals and exercise of disciplinary control over them	-Simplified disciplinary procedures/processes -Web based case management system	Year 2
				1.7.4 Establish a legal department within the Council's structure	Legal team oriented	Year 2
				1.7.5 Recruit and deploy a legal team		
				1.7.6 Orientate the legal team on their roles and responsibilities		
				1.7.7 Review and disseminate the professional disciplinary policies and procedures (guidelines) to registered and licensed members	Revised disciplinary guidelines	Year 2
				1.7.8 Disseminate a public/patient grievance policies and procedures	Public/Patient Grievance guidelines	Year 2
				1.7.9 Prepare and implement an IEC program to sensitize the public about the disciplinary guidelines, their grievance rights and obligations	-Dissemination of IEC materials -Radio and TV Talk Shows	Every Year
				1.7.10 Conduct investigations for complaints registered with respect to professional misconduct or negligence on part of institutional and individual members.	Case files opened and handled.	Every Year
				1.7.11 Program and conduct disciplinary proceedings for errant professional members.	Disciplinary proceedings conducted	Every Year
				1.7.12 Enforce disciplinary action against unethical or negligent medical and dental professionals	Case files handled and sanctions enforced.	Every Year
2 To improve Policy	To advise and make	2.1 Develop and Implement advocacy	2.1.1 Periodical stakeholder's consultation mechanisms to gather professional issues	Collaboration mechanisms and	Every Year	

Strategic Objectives	Statutory Functions	Strategic Areas	Activities to guide the Business Plan	Outputs	Time Frame
Advisory and Professional Advocacy	recommendations to the Government on matters relating to the medical and dental professions;	strategy for rationalisation of the policy and legal framework for the medical and dental professions regulation		management framework developed	
			2.1.2 Advocacy with policy makers on professional issues (facilitating the internship)	Advocacy Agenda and management framework developed	Every Year
			2.1.3 Conduct advocacy meetings and presentations to policy makers on professional issues (facilitating the internship)	Advocacy meetings/engagement	Every Year
		2.2 Develop and Implement a holistic IEC strategy for UMDPC	2.2.1 Conduct monthly media interfaces	Monthly media interfaces held	Year 1
			2.2.2 Provide for a Public Relations function in the structure and recruit a Public Relations Staff to deal with public communication	Public Relations Staff recruited	Year 2
			2.2.3 Develop and Implement the Patients Charter	Patients Charter disseminated	Year 1
			2.2.4 Improve and popularise Council website activities to foster more interactive communication for the benefit of practitioners (enhance use of social media platforms like face book, twitter)	Council website activities improved	Every Year
			2.2.5 Produce and disseminate a quarterly newsletter for the Council to create public/member awareness about UMDPC roles and responsibilities.	Enhanced public visibility	Every Year
			2.2.6 Develop and implement IEC programme to sensitise members and the public about the activities of the Council and professional benchmarks and practising regulatory requirements for medical and dental professionals	Member and Public Engagement IEC Program	Year 1
		2.3 Develop and implement advocacy strategy for rationalization of the policy and legal framework for the medical and dental professions' regulation;	4.8.1 Review and amend the existing Medical and Dental Practitioners' Act to address gaps, which defranchise management of training and examination from registration and licencing, and disseminate the Amended Act	Amended Medical and Dental Practitioners' Act	Year 1 - 5
			4.8.2 Develop an IEC strategy and plan to ensure visibility and relevance of the Council	IEC/Communication and PR strategy and plan	Year 1
			4.8.3 Establish and conduct regular member consultation mechanisms to gather professional policy issues	-Website consultation form -Regular consultation	Every Year

Strategic Objectives	Statutory Functions	Strategic Areas	Activities to guide the Business Plan	Outputs	Time Frame
				workshops	
			4.8.4 Improve on provision of member services (knowledge sharing, professional opportunities dissemination etc).Scholarships, jobs, welfare issues	Stakeholders engagements reports	Year 1
			4.8.5 Conduct research on pertinent policy and legal issues to develop evidenced-based policy/legal framework review proposals	Research Reports	1 Study Every Year
			4.8.6 Prepare and submit policy review proposals to MoH	Policy review proposals	Years 2 – 5
			4.8.7 Hold sensitization workshops, seminars and other engagement foras with Parliamentary Committee to articulate policy review proposals	Parliamentary Engagement Workshop / Seminar	Years 3 and 5
			4.8.8 Actively participate in all stages of the Health Professionals Council coalition / forum for the planning and development of the National Health Authority Bill	Coalition foras	As required
3	To enhance quality assurance and professional practice standards compliance	To exercise general supervision of medical and dental practitioners.	3.1 Review and rationalize standards, supervision systems, tools, structures, facilities and equipment		
			3.1.1 Review of registration tools for practitioners and their facilities	Registration tools reviewed	Year 3
			3.1.2 Review of the licensing tools for the practitioners and their practices	Licensing tools reviewed	Year 3
			3.1.3Review of the inspection guidelines and tools for the health facilities	Inspection Guidelines	Every year
			3.1.4 Printing and disseminate the supervision guidelines and tools	Supervision guidelines printed and disseminated	Year 1
			3.1.5 Support establishment of regional/district network of inspection	Regional/ District network established	Year 1
			3.1.6 Provision of means of transport for supervision/inspection of health facilities.	Vehicle procured	Year 2
			3.1.7 Improvement in reporting(HMIS) in the private health sector	HMIS reports from private health sector	Year 1
			3.1.8 Produce and distribute HMIS tools for the private sector	HIMS tools distributed	Every Year
			3.1.9 Compliance monitoring and supervision mechanisms	Monitoring guidelines developed	Every Year
			3.1.10 Quality assurance and inspection mechanisms	Quality Assurance guidelines developed	Every Year

Strategic Objectives	Statutory Functions	Strategic Areas	Activities to guide the Business Plan	Outputs	Time Frame	
		3.2 Review and strengthen existing Inspection and supervision guidelines and ensure functional inspectorate at the Council	3.2.1 Develop \professional inspection, monitoring, support supervision and quality assurance systems for effective regulation of medical and dental practice	Monitoring/support supervision/QA systems	Year 1	
			3.2.2. Review and widely disseminate Inspection, supervision tools and QA guidelines to members and health facilities for quality assurance and professional practice compliance.	Templates, forms and reference materials	Year 1	
			3.2.3 Conduct quarterly joint inspection/supervision/QA with relevant stakeholders.	Quarterly Joint Inspection reports	Quarterly Joint Inspection reports	
			3.2.4 Train the district supervisory teams on their roles and responsibilities regarding the Council operations.	District Supervisory Teams trained.	Year 1	
			3.2.5 Put in place reward system for excellent / best performance among Medical and Dental Practitioners	- Best Performance guidelines disseminated - Award determined	Every Year	
		3.3 Strengthen members services support in Research, Private Practice and Other areas	3.3.1 Review, print and disseminate guidelines on approval of applications for private practice	Printed Revised guidelines	Year 3	
			3.3.2 Review, develop, print and disseminate guidelines on scope of private practice for Medical and Dental Surgery practice	Scope of Practice Guidelines disseminated	Year 3	
			3.3.3 Plan and implement the nation-wide public sensitisation programs on quality assurance issues and patient rights.	-Information materials -Radio and TV Talk Shows	Every Year	
			3.3.4 Conduct quarterly collaborative meetings with key research stakeholders	Stakeholder collaboration improved	Every Year	
			3.3.5 Draft and sign joint MOUs with Institutions that conduct research	MOU signed	Year 1	
		To protect society from abuse of medical and dental care and research on human beings;	3.4 Strengthen members services support in Research, Private Practice and Other areas	3.4.1 Review, amend and disseminate existing laws for better coordination and adherence to the ethics of research on human beings	Laws reviewed and disseminated	Every Year
				3.4.2 Establish framework for information sharing among agencies that carry out research.	Collaboration Agenda and management framework	Every Year
			3.5 Strengthen Licensure of Medical and Dental Practitioners	3.5.1 Compile and annually gazette all licensed/accredited Medical doctors and Dental Surgeons	Annual gazette of Licensed Doctors and Dental Surgeons	Every Year
				3.5.2 Prepare and widely disseminate accreditation	Accredited Doctors and	Every

Strategic Objectives	Statutory Functions	Strategic Areas	Activities to guide the Business Plan	Outputs	Time Frame
			information at district and health service delivery levels/points	Dental Surgeons published lists	Year
		3.6 Strengthen Supervision of Healthcare Facilities	3.6.1 Carryout regular support supervision of health facilities.	Supervision guidelines developed	Every Year
			3.6.2 Conduct regular inspection and validation of certificates and medical doctors and dental surgeons in each district	Inspection schedules drawn	Every Year
			3.6.3 Strengthen coordination and provide support to District Health Supervisory Authorities for member registration and licensing	Focal Point Officer appointed, Office rent contribution, materials and equipment	Year 1
			3.6.4 Create strategic partnerships with other agencies involved in regulation of health workers	Collaboration Agenda and management framework	Every Year
4	Institutional Strengthening and Development	4.1 Secure appropriate office accommodation in the short-term and enhance institutional regulatory capacity	4.1.1 Assess the office accommodation space and financial sustainability needs of UMDPC in the short to medium term.	Office Space Assessment Report	Year 1
			4.1.2 Procure appropriate office accommodation in the short term	Rented office premises	Year 1- 5
			4.1.3 Procurement of own adequate office equipment including ICT software, motor vehicles and motorcycles.	Office facilities, equipment motor cycles, vehicles etc	Year 1
		4.2 Plan and implement development of own premises in the long term	4.2.1 Develop business and design concept for construction of own premises.	Architectual designs and bills of quantities	Year 2
			4.2.2 Mobilise resources for construction of own premises	-Funding Proposal -Building construction Grant	Year 2 – 3
			4.2.3 Prepare infrastructure development plan and generate a proposal to seek GOU support to get land and seed funding to develop own office premises.	Government Land Grant	Year 2 – 3
			4.2.4 Equip UMDPC offices through identification and prioritization of procurement of appropriate logistics, equipment and facilities for management and operations.	Office facilities, equipment and logistics	Year 1
		4.3 Rationalise UMDPC Governance Structures, Policies and Procedures and functions and build	4.3.1 Review and specify the functions, roles, standardise agendas and schedule meetings of the Council and the Committees to enhance efficiency	Council Policies and Procedures	Year 1
4.3.2 Review Council and Committees policies and procedures and reporting protocols	Council Policies and Procedures		Year 1		

Strategic Objectives	Statutory Functions	Strategic Areas	Activities to guide the Business Plan	Outputs	Time Frame
		capacity of UMDPC's Governance Board in executing its governance mandates	4.3.3 Print and disseminate Council policies and procedures and reporting protocols	Council documents disseminated	Year 2
			4.3.4 Arrange for Council members' attendances to regional and international conferences and study tours	Post-conference Reports	Every Year
			4.3.5 Conduct a Governance Council Training Needs Assessment (TNA) and design appropriate capacity building programmes	TNA Report	Every 2 years
			4.3.6 Procure and conduct a capacity building programme for the Governance Board of the Council	Training workshop Reports	Every year
			4.3.7 Organise regular exposure study tours and attendances to conferences for selected members of the Governance Board	Post-study Tour and Conference Reports	Every Year
		4.4 Review and recommend a sustainable institutional structure that is more efficient and cost-effective and seek GOU commitment for its funding.	4.4.1 Review the organizational structure to effectively respond to the core functions of the UMDPC Secretariat and decentralize some of UMDPC routine activities to a regional level.	Revised Organisation Structure	Year 1
			4.4.2 Review Council structure and establishments to create posts of Inspectors, recruit and deploy them.	Inspector positions established	Year 1
			4.4.3 Establish key functional units (including PDU/Contracts Committee, Internal Audit, Legal services and Public Relations) to effectively support the Secretariat to perform its functions.	New positions created	Year 1, 2, 3
			4.4.4 Recruit key staff for the Secretariat to fill the revised structure	New Staff recruited	Year 1, 2, 3
			4.4.5 Develop and implement Human Resource Development (HRD) strategy and plan to build the regulatory capacity of management and staff;	-HRD Strategy -Staff CB Workshops -Staff CB Short Courses	Year 2
			4.4.6 Identify and develop key management and operational tools/guidelines; (Planning, HR, Financial Management, Procurement)	Institutional Policies and Procedures	Year 1
		4.5 Strengthen the Information Management System for registration and enrollment of medical doctors and dental surgeons	4.5.1 Develop a framework for sharing information on examination, certification and registration and licensing of Medical doctors and Dental Surgeons with the Examination Bodies and MOES.	Sector-wide Medical and Dental information sharing framework	Year 3
			4.5.2 Develop MIS administration protocols and train MIS Administrators on its application	100% Licensed Doctors and Dental Surgeons in a gazette	Year 1

Strategic Objectives	Statutory Functions	Strategic Areas	Activities to guide the Business Plan	Outputs	Time Frame			
			4.5.3 Strengthen regulatory systems including ICT modernization; website upgrade and software and hardware up-grades.	Up-graded regulatory systems	Year 1			
			4.6 Rationalise the monitoring and supervision structure, strengthen it with adequate human resources to cover the whole country on a regular basis	4.6.1 Undertake a mapping of spatial distribution of UMDPC membership and demarcate administrative regions for monitoring and supervision purposes	Monitoring and Supervision Regions and Programs	Year 1		
				4.6.2 Establish administrative, monitoring and supervision structures to oversee these administrative regions	Regional offices	Year 1		
				4.6.3 Establish resource requirements for equipping and deploying in the administrative regions and mobilize necessary resources	Office facilities, equipment motor cycles, vehicles etc	Year 1		
			4.7 Develop and implement a Resource Mobilisation program to ensure availability of adequate resources for implementation of Business plan.	4.7.1 Establish mechanisms for Resource mobilization/ Proposals	Proposals developed	Year 1		
				4.7.2 Engage in financial sustainability programmes/activities, e.g infrastructure development, buying of Assets, investments	Investments plans developed and approved	Year 1		
				4.7.3 Disseminate and present Business Plan to prospect funding parties.	Business Plan Presentations	Year 1, 2		
				4.7.4 Develop and implement annual fundraising plans and targets, specifically explore registration and license fees, non-compliance fines, fundraising events, advocacy tools for increased government allocation, proposals to access donor funds, etc	-Fundraising events reports Funds raised	Year 1,2		
			5 Strengthen Collaboration and Networking Partnerships	To exercise any power and perform any duty authorized or required by this Act or any other law;	5.1 Develop and implement national collaboration and Network Partnerships	5.1.1 Map and profile stakeholders to partner with and develop collaboration and networking initiatives and compile and identify key stakeholders to partner with.	Profile of Collaboration and Network Partners	Year 1
						5.1.2 Establish a collaboration agenda and modalities for partnership with other MDAs/NGOs/CSOs for medical and dental professional regulation.	Collaboration Agenda and management framework	Year 1
5.1.3 Conduct partnership activities to implement collaboration and network development to foster policy advocacy synergies to lobby better health sector regulatory and working environment	Consultation workshops	Every Year						
5.2 Establish contemporary health professional regulation agenda	5.2.1 Mainstream collaboration and network development within the institutional structures	Revised Structure and Staff Job descriptions			Year 2 – 5			
	5.2.2 Invest in infrastructure, subscriptions to databases and procurement of software and materials for	Collaboration systems, databases and materials			Year 2 – 5			

Strategic Objectives	Statutory Functions	Strategic Areas	Activities to guide the Business Plan	Outputs	Time Frame
		and strengthen institutional arrangements for liaison with regional and international collaboration and network partners.	collaboration and networking 5.2.3 Establish mechanisms/protocols for sharing of information and data on regional and international regulatory best practices 5.2.4 Arrange for Board and Staff attendances to regional and international conferences and study tours	Regional/international Information Network Policy Policy approval Conference to approve policy	Year 2 – 5 Year 2 – 5

## **4.0 Implementation Plan and Institutional Arrangements**

### **4.1 Implementation strategy for the Business Plan**

Management of the implementation of this Business Plan will be guided by a clear allocation of roles and responsibilities for implementing all planned activities, with reporting lines running hierarchically (bottom-up) through the organization.

A 1-year annual plan shall be segmented off and presented with detailed activities to be implemented during the year. It will also provide expected activity outputs, performance indicators and targets for the outputs over the year and the resource requirements for the implementation of the activities and the responsible department.

The objectives of the implementation plan and arrangements of the business plan include the following;

- Definition of the various priority actions underlying the Business Plan with a priority as to when they are to be implemented over the 5 – year period.
- Outline of key strategies, their expected outcomes, actions/activities to be implemented, expected outputs and how they will be measured and reported on with clear annual targets; and,
- Ascertainment of what systems, policy and procedures should be put in place to guide the business plan implementation process.

### **4.2 Implementation Roles and Responsibilities**

1. The Council shall approve the Business Plan, oversee its implementation and give strategic direction by reviewing and approving policies, procedures and resources for the implementation of the Plan.
2. The Registrar shall have the overall oversight on the implementation of the Business Plan and shall be accountable to the Council in this respect.
3. The functional units of Council, headed by the respective Heads of Departments shall extract the planned actions relevant to their departmental roles from the Business Plan and use them to prepare annual work plans to implement the Plan activities earmarked for their leadership in implementation.
4. For activities whose implementation requires goods and services which have to be out-sourced, the goods and services shall be procured by the Contracts Committee or its delegated authority and the coordination of the utilization of the goods or services done by the user departments.
5. Task teams may also be formed to address one-off activities of a strategic nature, which call for participatory action.

### 4.3 Institutional Structure

#### 4.3.1 Existing structure of the Uganda Medical and Dental Practitioners' Council

The Uganda Medical and Dental Practitioners Act. Cap. 272 provides for a Registrar as the Chief Executive Officer of the Council and the head of the secretariat, appointed by the Health Service Commission. It also provides for a Deputy Registrar, also a public officer appointed by the Health Service Commission. The Deputy Registrar deputises the *Registrar and carries out duties assigned to him or her. The Act also provides for other staff i.e. "such other officers and employees as may be appointed by the council on terms and conditions determined by the council."* the Council has the following staff complement in its existing structure presented as Table 4 below.

Table 4: UMDPC's Existing Staff Complement

Category	Title	No.
<b>CEO</b>	Registrar	1
<b>Deputy CEO</b>	Deputy Registrar	1
<b>Heads of Department</b>	Head Quality Assurance	1
	Head Finance and Administration	1
<b>Sub-total</b>		<b>4</b>
<b>Officers</b>	Field Inspector	1
	Legal Officer	1
	Records Officer	1
	Procurement Officer	1
	Accountant	1
	Administration Officer	1
	Internal Auditor	1
	Public Relations Officer	1
<b>Sub-total</b>		<b>8</b>
<b>Supervisors/Technical Assistants</b>	Assistant Legal Officer	1
	Assistant Records Officer	1
	Accounts Assistant	1
	Stores Assistant	1
<b>Sub-total</b>		<b>4</b>
<b>Assistants</b>	Secretary	1
	Receptionist	1
	Driver	1
	Security Guard	1
<b>Sub-total</b>		<b>4</b>
<b>General Staff</b>	Cleaner	1
	Office Assistant	1
<b>Sub-total</b>		<b>2</b>
<b>Total</b>		<b>29</b>

The current structure lacks monitoring and evaluation and regional/district supervision functions which provide the vital gateway to the effective supervision of medical and dental practice on a country-wide basis.

The detailed organogram is provided as Annex 2 to this Business Plan.

### 4.3.2 Desired Structure Of The Uganda Medical and Dental Practitioners' Council

The desired structure for implementing this Business Plan will need to extend beyond the national secretariat confines to extend its regulatory activities to the regional and district levels, which are the key points of health service delivery. The staffing numbers of the core cadres of staff will need to be increased to achieve this regional and district level regulatory expansion strategy. These are presented in the Table 5 below

**Table 5: Analysis of Regional/District Staffing Requirements**

Category	Title	Staffing Nos.		
		Current	Additional	Revised
<b>Officers</b>	Field Inspectors	1		1
	Monitoring and Evaluation Officer	0		0
	Regional Medical and Dental Practice Officers	0	8	8
	Legal Officer	1		1
	Internal Auditor	1		1
	Public Relations Officer	1		1
<b>Sub-total</b>		<b>4</b>	<b>8</b>	<b>12</b>
<b>Supervisors/Technical Assistants</b>	Regional Medical and Dental Practice Supervisors	1		1
	Legal Assistant	1		1
	Assistant Records Officer	1		1
<b>Sub-total</b>		<b>3</b>	<b>0</b>	<b>3</b>
<b>Total</b>		<b>7</b>	<b>8</b>	<b>15</b>

## 5.0 Monitoring and Evaluation Framework

### 5.1 Objectives

Performance indicators for monitoring and evaluation of UMDPC's performance with respect to all the strategies, outcomes, planned activities, indicators and outputs have been defined as part of the Monitoring and Evaluation Framework provided in 5.2 below.

The monitoring and evaluation framework shall serve to achieve the following;

- Track the implementation of scheduled activities over the 5-year planning horizon;
- Ascertain whether resources earmarked for the implementation of the scheduled activities suffice and are delivering what they were planned to deliver;
- Assess whether the expected outcomes from the strategies are being realized from the implementation process;
- Establish whether there are any un-anticipated challenges that might have cropped up and seek ways of how best to address them;
- Evaluate whether envisaged outputs from the activities (at the operational level) are being realized to provide the assurance that the outcomes on the strategies shall be achieved; and,
- Ascertain whether the institutional capacity in terms of facilities, logistics, human resources and financial resources are adequate to enable it realize its vision, mission, goals and objectives;

### 5.2 Monitoring and Evaluation Process

A number of routine monitoring and evaluation tools shall be used to manage the monitoring and evaluation framework. They shall entail the following;

- (vi) Ensuring effective management and supervision supported by weekly/monthly performance review meetings by the Management Team and quarterly Performance Review Meetings by all staff.
- (vii) Quarterly Council meetings to review institutional performance.
- (viii) Annual Joint Performance Retreats of UMDPC Council, Management and staff.
- (ix) Annual Audits.
- (x) Mid –Term Evaluation

## Monitoring and Evaluation Framework

### Business Objective 1 - To Enhance Quality Assurance And Professional Training Standard Compliance

Strategic Areas	Activities to guide the Business Plan	Outputs	Output Indicator	Means of Verification	Risks and Assumptions
<b>1.1 Develop and implement Strategy for Supervision, Monitoring and Quality Assurance of Training Institutions and Approval of Courses of Study/Training Programmes</b>	1.1.1 Develop and disseminate guidelines for inspection, monitoring and quality assurance of the training institutions/medical schools/Universities training medical doctors and dental surgeons	Supervision and inspection Guidelines	No. of Guidelines disseminated	-Mailing list -Website	Management & staff will, & availability of funds
	1.1.2 Establish a forum for effective engagement with stakeholders in training	-Website consultation portal -Regular consultation workshops	-Functional website -Workshop reports	-Functional website -No. of workshops convened	Availability of funds
	1.1.3 Institute liaison program for engagement with training institutions and approval of courses of study	MOU with Training Institutions	No. of training institutions liaised with.	Minutes of Liaison meetings	Management will
	1.1.4 Review and disseminate guidelines for approval of courses of study for medical and dental professionals;	Courses approval guidelines	No. of Guidelines disseminated	-Mailing list -Website	Management commitment
	1.1.5 Review and approval of curriculum/courses of study for the training institutions/medical schools/Universities training medical doctors and dental surgeons.	List of accredited institutions and approved curriculum/ course of study	Accreditation list/ database	-Copy of Accreditation list/ database -Website	Management commitment
	1.1.6 Prepare programme for and conduct regular Inspection and monitoring of the training institutions/medical schools/Universities training medical doctors and dental surgeons to verify adequacy of infrastructure, facilities, equipment, materials and human resources for training	Training Institutions Supervision and Inspection reports	Program	Copy of approved program on file	Staff commitment
	1.1.7 Harmonize the training protocols with those of the East African Partner states.	Training protocols harmonized with those of East African member states	Harmonized training protocols	Training protocol document in place	Competent staff
	1.1.8 Conduct annual review meeting with relevant stakeholders on Medical Doctors and Dental Surgeons Training Institutions' performance and future outlook	Annual Training Institutions Review meeting held	Report on Proceedings of Annual review meeting	Copy of report on Proceedings of Annual review meeting	Management support and commitment
	1.1.9 Conduct pre-registration examinations for	Pre-registration	-No. of pre-	Copy of report on	Competent

Strategic Areas	Activities to guide the Business Plan	Outputs	Output Indicator	Means of Verification	Risks and Assumptions
	deserving practitioners.	examinations conducted	registration examinations held -No. of practitioners licensed	pre-registration examinations	registrars
	1.1.10 Regularly compile and publish a list and profiles of recognized Medical Doctors and Dental Surgeons Training Institutions'	Published Accredited Training Institutions	No. of accredited Training Institutions	Copy of document with list of accredited Training Institutions	Competent registrars.
<b>1.2 Formulate and implement an Accreditation Strategy for Training Institutions</b>	1.2.1 Review and seek approval for an UMDPC Accreditation policy to stipulate minimum standards for medical and dental surgery education and training institutions	Accreditation policy printed and disseminated	Accreditation policy document	-Dissemination list -Website	Board and management support and commitment
	1.2.2 Establish institutional procedures, processes and arrangements for accreditation of internship training centres	Accreditation guidelines	Accreditation guidelines	Accreditation guidelines	Copy of Accreditation guidelines
	1.2.3 Provide accreditation services to include approval and registration of training institutions/medical schools/Universities training doctors and dental surgeons.	List of Accredited members and health institutions	Accreditation list	-Copies of Accreditation list -Website upload	Management commitment
<b>1.3 Develop and implement a strategy for provision of regular continuous medical education programmes for UMDPC Members</b>	1.3.1 Establish Mechanisms to strengthen continuous professional development	CPD Committee	Functional CPD Committee	Committee TORs and Minutes of meetings	Board commitment
	1.3.2 Procure and conduct CPD programmes for UMDPC members	Training Reports	No. of members trained.	Copies of training reports on file	Competent staff
	1.3.3 Solicit CPD evaluations and analyse them to inform future planning and funding for CPD training	CPD Evaluation Reports	CPD Evaluation Reports	Copies of CPD Evaluation Reports on file	Committed staff
	1.3.4 Accredite CPD service providers	CPD providers accredited	CPD accreditation documents	Copy of accreditation documents	Committed staff
	1.3.5 Monitor CPD activities	CPD activities monitored	Monitoring plan	Monitoring reports on file	Committed staff
	1.3.6 Mobilise funds for CPD activities	Funds reserved for CPD activities	Funds earmarked for CPD in budget	Copy of budget with CPD funds	Competent staff
	1.3.7 Solicit study tours for members as part of continued medical and dental education	Post-Study Tour Reports	Post-Study Tour Reports	Copies of Post-Study Tour Reports	Availability of funds
<b>1.4 Develop and disseminate</b>	1.4.1 Put in place institutional arrangements for timely approval of the qualifications awarded by the	Qualification certification	Qualification framework	Copy of Approval framework document	Management commitment

Strategic Areas	Activities to guide the Business Plan	Outputs	Output Indicator	Means of Verification	Risks and Assumptions
<b>protocols/guidelines for timely approval of the qualifications awarded by the different institutes in respect of the different categories of the medical and dental professionals and their registration</b>	different institutes for the different categories of the medical and dental professionals;	framework	document		
	1.4.2 Develop and disseminate benchmarks and guidelines for professional Accreditation and certification of Medical and dental Professionals	Professional Accreditation And Certification Guidelines	Guidelines	Copy of Guidelines	Competent staff
	1.4.3 Simplify registration and licensing mechanisms country-wide for both individual medical and dental professionals and medical/dental clinics.	Registration and Licensing Guidelines	Simplified Guideline document	Simplified Guidelines on website & in print	All professionals and practices adhere to standards
	1.4.4 Develop and disseminate qualification approval guidelines	Qualification Approval Guidelines	Qualification Approval G/lines	Copy of Qualification Approval G/lines	Competent staff
	1.4.5 Conduct Professional Accreditation and Certification of Medical and dental Professionals	Certification of Members	Issuance of Certificates	Certification list/database	Competent staff
<b>1.5 Maintain availability of up to date and consistent minimum standards for UMDPC certification to eligible medical and dental professionals and issuance of necessary guidelines.</b>	1.5.1 Conduct periodical review of medical and dental professional certification minimum training standards	Training standards reviewed	Certification Review Technical Note	Certification Review Technical Note	Copy of Certification Review Technical Note
	1.5.2 Review, develop and print guidelines for accreditation for training institutions/medical schools/Universities training doctors and dental surgeons.	Accreditation Guidelines	Accreditation Guidelines	Accreditation Guidelines	Accreditation Guidelines on website and file
	1.5.3 Conduct inspection and monitoring of training institutions to ensure compliance to minimum UMDPC training standards country-wide.	Inspection and monitoring reports	Inspection and monitoring reports	Inspection and monitoring reports	No. Inspection and monitoring visits conducted
<b>1.6 Promotion of compliance to medical and dental ethics and monitoring adherence to the Codes of Professional</b>	1.6.1 Development and dissemination of guidelines to both members of the profession and the public	Guidelines developed	Guidelines Printed and on the net	-Internet upload -Copy of guideline	
	1.6.2 Develop and disseminate patient charter to both members of the profession and the public	- Charter -Radio and TV Talk Shows	-Dissemination of Printed Charter -Radio and TV Talk Shows	-Copy of charter --Radio and TV Talk Shows aired -Charter upload on net	
	1.6.3 Monitor application of the Research	Case files opened	Case files opened	No. of case files	

Strategic Areas	Activities to guide the Business Plan	Outputs	Output Indicator	Means of Verification	Risks and Assumptions
<b>Practice</b>	guidelines in conducting research on human medicine/health	and handled.	and handled.	opened and handled	
	1.6.4 Collaborate with UNCST, IRBs and UNNRO in the conduct of research on human medicine/health	Corroboration agenda and proceedings	-Agenda -Correspondences and reports	Copies of corroboration documentation on file	
	1.6.5 Review, produce and disseminate code of ethics for medical and dental practitioners	Code of Ethics	Approved and published code of ethics	Copy of approved code of ethics available	
	1.6.6 Review and disseminate the complaints guidelines	Guidelines developed and enforced.	Guidelines Printed and on the net	-Internet upload -Copy of guideline	
	1.6.7 Provide professional advice to service providers (public and private) on the establishing a supportive environment for ethical compliance	-Advisory information materials -Advisory workshops -Online inquiries	-No. of Printed info. materials distributed. -Internet upload -No. of Workshops	-Copy of Printed info. materials. -Internet upload -Workshop reports	
	1.6.8 Promote training in ethics for undergraduate and post training practitioners	Course guidelines	-Course guidelines disseminated	-No. of dissemination workshops	
	1.6.9 Advice employers on the establishment of a supportive environment for ethical compliance? Advising MOH	-Advisory information materials -Advisory workshops -Online inquiries	-No. of Printed info. materials distributed. -Internet upload -No. of Workshops	-Copy of Printed info. materials. -Internet upload -Workshop reports	
	1.6.10 Conduct annual professionals review meetings with UMDPC members to discuss professional ethics and codes of conduct and other professional issues.	Review meetings/workshops	Workshop reports	Copies of reports on file	
	1.6.11 Create strategic partnerships with other agencies involved in regulation of health workers	Collaboration Agenda and meetings	-Collaboration Agenda -Minutes of meetings	Agenda on file No. of meetings held	
	<b>1.7 Establish and Implement a Disciplinary</b>	1.7.1 Improve structure for reporting of disciplinary cases	Reporting and case management system established	Reporting and case management system guidelines	Copy of guidelines published and on file

Strategic Areas	Activities to guide the Business Plan	Outputs	Output Indicator	Means of Verification	Risks and Assumptions
<b>Management Strategy</b>	1.7.2 Strengthen legal structures at the Council	Legal office	Functional legal office	Legal office with facilities and equipment	
	1.7.3 Strengthen institutional mechanisms for regulation of the conduct of medical and dental professionals and exercise of disciplinary control over them	-Simplified disciplinary procedures/processes -Web based case management system	Disciplinary procedure document	Copy of Disciplinary procedure document	Management commitment
	1.7.4 Establish a legal department within the Council's structure	Legal department established	Established legal department	Legal department in place	Board and management commitment
	1.7.5 Recruit and deploy a legal team	Legal team recruited	Functional legal department	Functional legal department in place	Management will
	1.7.6 Orientate the legal team on their roles and responsibilities	Legal team oriented	No. of legal team members oriented	Orientation report in place	Management support
	1.7.7 Review and disseminate the professional disciplinary policies and procedures (guidelines) to registered and licensed members	Revised disciplinary guidelines	-No. of copies disseminated -Website	Dissemination list	Management & staff commitment
	1.7.8 Disseminate a public/patient grievance policies and procedures	Public/Patient Grievance guidelines	-No. of copies disseminated -Website	Dissemination list	Board and management will
	1.7.9 Prepare and implement an IEC program to sensitize the public about the disciplinary guidelines, their grievance rights and obligations	-Dissemination of IEC materials -Radio and TV Talk Shows	-Audio and Video recordings. -Info. materials set	-Audio and Video recordings. -Copy of info. materials	Management will
	1.7.10 Conduct investigations for complaints registered with respect to professional misconduct or negligence on part of institutional and individual members.	Case files opened and handled.	Minutes of proceedings	Case files in registry	Management commitment
	1.7.11 Program and conduct disciplinary proceedings for errant professional members.	Disciplinary proceedings conducted	Minutes of proceedings	Copy of minutes on file	Management commitment
	1.7.12 Enforce disciplinary action against unethical or negligent medical and dental professionals	Case files handled and sanctions enforced.	Minutes of proceedings	Case files in registry	Management commitment

**Business Objective 2 - To improve Policy Advisory and Professional Advocacy**

Strategic Areas	Activities to guide the Business Plan	Outputs	Output Indicator	Means of Verification	Risks and Assumptions
<b>2.1 Develop and Implement advocacy strategy for rationalisation of the policy and legal framework for the medical and dental professions regulation</b>	2.1.1 Establish periodical stakeholder's consultation mechanisms to gather professional issues	Collaboration mechanisms and management framework developed			
	2.1.2 Develop an advocacy framework and agenda to rationalize policy and legal issues affecting the members	Advocacy framework and agenda	Advocacy framework and agenda	Copy of the document	
	2.1.3 Conduct advocacy meetings and presentations to policy makers on professional issues (facilitating the internship)	Advocacy meetings/engagement	Professional issues tabled and resolved	No. of professional issues tabled and resolved	
<b>2.2 Develop and Implement a holistic strategy for UMDPC IEC</b>	2.2.1 Conduct monthly media interfaces	Monthly media interfaces held	No. of monthly media interfaces held	Copy of media interfaces report	Commitment of staff
	2.2.2 Provide for a Public Relations function in the structure and recruit a Public Relations Staff to deal with public communication	Public Relations Staff recruited	No. of PR staff recruited	PR staff in place	Board and Management will
	2.2.3 Develop and Implement the Patients Charter	Patients' Charter disseminated	No. of Patients' Charters disseminated	Copy of disseminated Patients' Charter	Management will
	2.2.4 Improve and popularise Council website activities to foster more interactive communication for the benefit of practitioners (enhance use of social media platforms like face book, twitter)	Council website activities improved	No. of activities included on website	Updated Council website	Commitment of management
	2.2.5 Produce and disseminate a quarterly newsletter for the Council to create public/member awareness about UMDPC roles and responsibilities.	Enhanced public visibility	No. of newsletters disseminated	Copy of quarterly newsletter	Management commitment
	2.2.6 Develop and implement IEC programme to sensitise members and the public about the activities of the Council and professional benchmarks and practising regulatory requirements for medical and dental professionals	Member and Public Engagement IEC Programme	IEC Programme document	Copy of IEC Programme Document	Management commitment
<b>2.3 Develop and Implement advocacy strategy for rationalisation of the policy and</b>	2.3.1 Review and amend the existing Medical and Dental Practitioners' Act to address gaps, which defranchise management of training and examination from registration and licencing, and disseminate the Amended Act	Amended Medical and Dental Practitioners' Act	Amendment statutory instrument	Copy of amendment statutory instrument	

Strategic Areas	Activities to guide the Business Plan	Outputs	Output Indicator	Means of Verification	Risks and Assumptions
<b>legal framework for the medical and dental professions regulation</b>	2.3.2 Develop a strategy and plan to ensure visibility and relevance of the Council	IEC and PR strategy and plan	IEC and PR strategy and plan	Copy of document	
	2.3.3 Establish and conduct regular member consultation mechanisms to gather professional policy issues	-Website consultation form -Regular consultation workshops	-Website feedback responses -Workshop Reports	-No. of website responses -No. of workshops held	Management will
	2.3.4 Improve on provision of member services (knowledge sharing, professional opportunities dissemination etc).Scholarships, jobs, welfare issues	Membership information platform with IT-enablement	Functional Membership information platform	IT membership info platform in use	Management will
	2.3.5 Conduct research on pertinent policy and legal issues to develop evidenced-based policy/legal framework review proposals	Research Reports	Reports presented and discussed	Copy of Report available	Management will
	2.3.6 Prepare and submit policy review proposals to MoH	Policy review proposals	Proposal Paper	Proposal Paper presented to Board and on file	Board and management will
	2.3.7 Hold sensitization workshops, seminars and other engagement foras with Parliamentary Committee to articulate policy review proposals	Parliamentary Engagement Workshop / Seminar	Workshop /Seminar Report	No. of workshops /Seminars held	Availability of funds
	2.3.8 Actively participate in all stages of the Health Professionals Council coalition / forum for the planning and development of the National Health Authority Bill	Coalition foras	For a reports	No. of fora held	Commitment of staff

### Business Objective 3 - To Enhance Quality Assurance And Professional Practice Standards Compliance

Strategic Areas	Activities to guide the Business Plan	Outputs	Output Indicator	Means of Verification	Risks and Assumptions
<b>3.1 Review and rationalize standards, supervision systems, tools, structures, facilities and equipment</b>	3.1.1 Review of registration tools for practitioners and their facilities	Registration tools reviewed	Rationalised Registration tools	Copy of tool on file	
	3.1.2 Review of the licensing tools for the practitioners and their practices	Licensing tools reviewed	Rationalised Licensing tools	Copy of tool on file	
	3.1.3Review of the inspection/supervision guidelines and tools for the health facilities	Inspection Guidelines	Rationalised Inspection Guidelines	Copy of guideline on file	
	3.1.4 Printing and disseminate the supervision guidelines and tools	Supervision guidelines printed and disseminated	Printed guidelines disseminated	Copy of guideline on file	
	3.1.4 Upgrade the ICT/MIS of the Council to	-Consultant	-Consultancy report	-Copy of	

Strategic Areas	Activities to guide the Business Plan	Outputs	Output Indicator	Means of Verification	Risks and Assumptions
	enhance connectivity, database management and info. sharing	procured -Equipment and software procured	-Upgraded ICT/MIS system	consultancy report - Upgraded ICT/MIS system and manuals	
	3.1.5 Support establishment of regional/district network of inspection	Regional/ District network established	-Regional staff in post -Regional activity reports received.	-Regional staff contracts on file -Reports on file	
	3.1.6 Provision of means of transport for supervision/inspection of health facilities.	Vehicle procured	Motor vehicle in use	Copy of vehicle log-book	
	3.1.7 Improvement in reporting(HMIS) in the private health sector	HMIS reports from private health sector	HMIS Reports promptly filed		
	3.1.8 Produce and distribute HMIS tools for the private sector	HIMS tools distributed	No. of copies distributed	Distribution register or schedule	
	3.1.9 Compliance monitoring and supervision mechanisms	Monitoring guidelines developed	Monitoring guidelines	Copy of guideline on file	
	3.1.10 Quality assurance and inspection mechanisms	Quality Assurance guidelines developed	Monitoring guidelines	Copy of guideline on file	
<b>3.2 Review and strengthen existing Inspection and supervision guidelines and ensure functional inspectorate at the Council</b>	3.2.1 Develop \professional inspection, monitoring, support supervision and quality assurance systems for effective regulation of medical and dental practice	Monitoring/support supervision/QA systems	Monitoring and QA Systems manual	Copy of manual	Commitment of management
	3.2.2. Review and widely disseminate Inspection, supervision tools and QA guidelines to members and health facilities for quality assurance and professional practice compliance.	Templates and forms for Quality Assurance	Templates and forms for Quality Assurance	Set of template and forms on file and on website	Management commitment
	3.2.3 Conduct quarterly joint inspection/supervision/QA with relevant stakeholders.	Quarterly Joint Inspection reports	Joint Inspection/Supervision/QA reports	Copy of Inspection/ Supervision /QA reports in place	Management support and commitment
	3.2.4 Train the district supervisory teams on their roles and responsibilities regarding the Council operations.	District Supervisory Teams trained.	Training reports	Training reports available	Competent trainers
	3.2.5 Put in place reward system for excellent / best performance among Medical and Dental Practitioners	- Best Performance guidelines disseminated	- No. of guidelines disseminated - No. of professionals	- Mailing list - Reports	Management commitment

Strategic Areas	Activities to guide the Business Plan	Outputs	Output Indicator	Means of Verification	Risks and Assumptions
		- Award determined	awarded		
<b>3.3 Strengthen members services support in Research, Private Practice and Other areas</b>	3.3.1 Review, print and disseminate guidelines on approval of applications for private practice	Printed Revised guidelines	-No. of copies disseminated -Website	Dissemination list	Availability of funds & management commitment
	3.3.2 Review, develop, print and disseminate guidelines on scope of private practice for Medical and Dental Surgery practice	Scope of Practice Guidelines disseminated	-No. of copies disseminated -Website	Dissemination list	Availability of funds & management commitment
	3.3.3 Plan and implement the nation-wide public sensitisation programs on quality assurance issues and patient rights.	-Information materials -Radio and TV Talk Shows	-Audio and Video recordings. -Info. materials set	-Audio and Video recordings. -Copy of info. materials	Competent staff & availability of funds.
	3.3.4 Conduct quarterly collaborative meetings with key research stakeholders	Stakeholder collaboration improved	No. of stakeholder collaborative meetings held	Copy of minutes on file	Staff commitment
	3.3.5 Draft and sign joint MOUs with Institutions that conduct research	MOU signed	Signed MOU availed to partnering institutions	Copy of signed MOU document on file	Management commitment
<b>3.4 Strengthen members services support in Research, Private Practice and Other areas</b>	3.4.1 Review, amend and disseminate existing laws for better coordination and adherence to the ethics of research on human beings	Amended laws disseminated	No. of copies of amend laws disseminated.	Copy of amended laws	Competent staff & availability of funds.
	3.4.2 Establish framework for information sharing among agencies that carry out research.	Information sharing enhanced	Information sharing framework established	Copy of framework document in place	Management commitment
<b>3.5 Strengthen Licensure of Medical and Dental Practitioners</b>	3.5.1 Compile and annually gazette all licensed/accredited Medical doctors and Dental Surgeons	Annual gazette of Licensed Doctors and Dental Surgeons	Annual Gazette	Copy of Annual Gazette	Management support
	3.5.2 Prepare and widely disseminate accreditation information at district and health service delivery levels/points	Accredited Doctors and Dental Surgeons published lists	Accreditation List	Accreditation List disseminated	Staff commitment
<b>3.6 Strengthen Supervision of Healthcare Facilities</b>	3.6.1 Carryout regular support supervision of health facilities.	Safe health care service delivery	Health Facilities Supervision report	Copy of Supervision report	Staff commitment
	3.6.2 Conduct regular inspection and validation of certificates and medical doctors and dental surgeons in each district	Reduction in un-licensed Doctors & Dental Surgeons in	Inspection Reports	Copies of Inspection Reports	Competent and committed

Strategic Areas	Activities to guide the Business Plan	Outputs	Output Indicator	Means of Verification	Risks and Assumptions
		practice			staff
	3.6.3 Strengthen coordination and provide support to District Health Supervisory Authorities for member registration and licensing	Office contribution, materials and equipment	Functional Offices	Rental Agreements and documents of title for equipment	Management and staff commitment
	3.6.4 Create strategic partnerships with other agencies involved in regulation of health workers	Collaboration Agenda and management framework	Agenda and framework	Copy of document	

#### Business Objective 4 - Institutional Strengthening and Development

Strategic Areas	Activities to guide the Business Plan	Outputs	Output Indicator	Means of Verification	Risks and Assumptions
<b>4.1 Secure appropriate office accommodation in the short-term and enhance institutional regulatory capacity</b>	4.1.1 Assess the office accommodation space and financial sustainability needs of UMDPC in the short to medium term.	Office Space Assessment Report	Office Space Needs Assessment Report	Copy of Office Space Needs Assessment Document	Management support
	4.1.2 Procure appropriate office accommodation in the short term	Rented office premises	Rented office premises	Signed Tenancy Agreement	Management support
	4.1.3 Procurement of own adequate office equipment including ICT software, motor vehicles and motorcycles.	Office facilities, equipment motor cycles, vehicles etc	Office facilities, equipment motor cycles, vehicles c	Invoices and other Documents of Title	Management support
<b>4.2 Plan and implement development of own premises in the long term</b>	4.2.1 Develop business and design concept for construction of own premises.	Architectual designs and bills of quantities	Architectual designs and bills of quantities	Architectural re-design report	Copy of Architectural re-design report
	4.2.2 Mobilise resources for construction of own premises	-Funding Proposal -Building construction Grant	-Funding Proposal -Building construction Grant	-Funding Proposal -Building construction Grant	-Copy of funding proposal. - Grant Agreement
	4.2.3 Prepare infrastructure development plan and generate a proposal to seek GOU support to get land and seed funding to develop own office premises.	Government Land Grant	Government Land Grant	Land available for construction	Land Title
	4.2.4 Equip UMDPC offices through identification and prioritization of procurement of appropriate logistics, equipment and facilities for management and operations.	Office facilities, equipment and logistics	Office facilities, equipment and logistics	Receipts and GRN for Office equipment, computers and logistics procured	Copy of receipts and GRN for equipment

Strategic Areas	Activities to guide the Business Plan	Outputs	Output Indicator	Means of Verification	Risks and Assumptions
<b>4.3 Rationalise UMDPC Governance Structures, Policies and Procedures and functions and build capacity of UMDPC's Governance Board in executing its governance mandates</b>	4.3.1 Review and specify the functions, roles, standardise agendas and schedule meetings of the Council and the Committees to enhance efficiency	Council Policies and Procedures	Council Policies and Procedures	Policies and Procedures manual	Copy of Policies and Procedures manual
	4.3.2 Review Council and Committees policies and procedures and reporting protocols	Council Policies and Procedures	Council Policies and Procedures	Policies and Procedures manual	Copy of Policies and Procedures manual
	4.3.3 Print and disseminate Council policies and procedures and reporting protocols	Council documents disseminated	Council documents disseminated	No. of Council documents disseminated	Copies of Council documents
	4.3.4 Arrange for Council members' attendances to regional and international conferences and study tours	Post-conference Reports	Post-conference Reports	Post-Conference Reports	Copies of Post-Conference Reports
	4.3.5 Conduct a Governance Council Training Needs Assessment (TNA) and design appropriate capacity building programmes	TNA Report	TNA Report	TNA report document	Copy of TNA report document in place
	4.3.6 Procure and conduct a capacity building programme for the Governance Board of the Council	Training workshop Reports	Training workshop Reports	Training report document	Copy of training report document
	4.3.7 Organise regular exposure study tours and attendances to conferences for selected members of the Governance Board	Post-study Tour and Conference Reports	Post-study Tour and Conference Reports	Post-study Tour and Conference Report document	Copy of Post-study Tour and Conference Report document
<b>4.4 Review and recommend a sustainable institutional structure that is more efficient and cost-effective and seek GOU commitment for its funding.</b>	4.4.1 Review the organizational structure to effectively respond to the core functions of the UMDPC Secretariat and decentralize some of UMDPC routine activities to a regional level.	Revised Organisation Structure	Approved Revised Organisation Structure	Copy of Approved Revised Organisation Structure	Board and management support and commitment
	4.4.2 Review Council structure and establishments to create posts of Inspectors, recruit and deploy them.	Inspector positions established	No. of inspectors deployed	Copy of report with deployed inspectors	Board & management will
	4.4.3 Establish key functional units (including PDU/Contracts Committee, Internal Audit, Legal services and Public Relations) to effectively support the Secretariat to perform its functions.	New positions created	No. of positions created	Copy of report with created positions	Board and management commitment
	4.4.4 Recruit key staff for the Secretariat to fill the revised structure	New Staff recruited	No. of staff recruited	Copy of Recruitment report	Board and management will
	4.4.5 Develop and implement Human Resource Development (HRD) strategy and plan to build the	-HRD Strategy -Staff CB	HRD Documents	Copies of HRD documents	Board and management

Strategic Areas	Activities to guide the Business Plan	Outputs	Output Indicator	Means of Verification	Risks and Assumptions
	regulatory capacity of management and staff;	Workshops -Staff CB Short Courses			commitment
	4.4.6 Identify and develop key management and operational tools/guidelines; (Planning, HR, Financial Management, Procurement)	Institutional Policies and Procedures	Institutional Manuals	Copies of Institutional Manuals	Board and management support
<b>4.5 Strengthen the Information Management System for registration and enrollment of medical doctors and dental surgeons</b>	4.5.1 Develop a framework for sharing information on examination, certification and registration and licensing of Medical doctors and Dental Surgeons with the Examination Bodies and MOES.	Sector-wide Medical and Dental information sharing framework	Information Sharing Framework	Copy of framework	Management support
	4.5.2 Develop MIS administration protocols and train MIS Administrators on its application	MIS for doctors and dental surgeons	Doctors/Dental Surgeons Database	Reports generated from Database	Management support
	4.5.3 Strengthen regulatory systems including ICT modernization; website upgrade and software and hardware up-grades.	Up-graded regulatory systems	Wider information sharing	Feedback from website users	Management support
<b>4.6 Rationalise the monitoring and supervision structure, strengthen it with adequate human resources to cover the whole country on a regular basis</b>	4.6.1 Undertake a mapping of spatial distribution of UMDPC membership and demarcate administrative regions for monitoring and supervision purposes	Monitoring and Supervision of Regions and Programs	Monitoring and supervision structures	Copy of supervision structures	Management support
	4.6.2 Establish administrative, monitoring and supervision structures to oversee these administrative regions	Regional offices			
	4.6.3 Establish resource requirements for equipping and deploying in the administrative regions and mobilize necessary resources	Office facilities, equipment motor cycles, vehicles etc	No. of office facilities	Copy of Facilities plan	Competent staff
<b>4.7 Develop and implement a Resource Mobilisation program to ensure availability of adequate resources for implementation of Business plan.</b>	4.7.1 Establish mechanisms for Resource mobilization/ Proposals	Proposals developed	Funding Proposal	Copy of Proposal	
	4.7.2 Engage in financial sustainability programmes/activities, e.g infrastructure development, buying of Assets, investments	Investments plans developed and approved	Investments plans	Copies of Investments plans	
	4.7.3 Disseminate and present Business Plan to prospective funding parties.	Business Plan Presentations	Business Plan presentation meetings	No. of Business Plan presentation meetings	
	4.7.4 Develop and implement annual fundraising plans and targets, specifically explore registration and license fees, non-compliance fines, fundraising events, advocacy tools for increased government	-Fundraising events -Funds raised	-Fundraising events reports -Funds raised	No. of Fundraising events	

Strategic Areas	Activities to guide the Business Plan	Outputs	Output Indicator	Means of Verification	Risks and Assumptions
	allocation, proposals to access donor funds, etc				
<b>4.8 Develop and Implement advocacy strategy for rationalisation of the policy and legal framework for the medical and dental professions regulation</b>	4.8.1 Review and amend the existing Medical and Dental Practitioners' Act to address gaps, which defranchise management of training and examination from registration and licencing, and disseminate the Amended Act	Amended Medical and Dental Practitioners' Act	Amendment statutory instrument	Copy of amendment statutory instrument	
	4.8.2 Develop a strategy and plan to ensure visibility and relevance of the Council	IEC and PR strategy and plan	IEC and PR strategy and plan	Copy of document	
	4.8.3 Establish and conduct regular member consultation mechanisms to gather professional policy issues	-Website consultation form -Regular consultation workshops	-Website feedback responses -Workshop Reports	-No. of website responses -No. of workshops held	Management will
	4.8.4 Improve on provision of member services (knowledge sharing, professional opportunities dissemination etc).Scholarships, jobs, welfare issues	Membership information platform with IT-enablement	Functional Membership information platform	IT membership info platform in use	Management will
	4.8.5 Conduct research on pertinent policy and legal issues to develop evidenced-based policy/legal framework review proposals	Research Reports	Reports presented and discussed	Copy of Report available	Management will
	4.8.6 Prepare and submit policy review proposals to MoH	Policy review proposals	Proposal Paper	Proposal Paper presented to Board and on file	Board and management will
	4.8.7 Hold sensitization workshops, seminars and other engagement foras with Parliamentary Committee to articulate policy review proposals	Parliamentary Engagement Workshop / Seminar	Workshop /Seminar Report	No. of workshops /Seminars held	Availability of funds
	4.8.8 Actively participate in all stages of the Health Professionals Council coalition / forum for the planning and development of the National Health Authority Bill	Coalition foras	For a reports	No. of fora held	Commitment of staff

**Business Objective 5 - Strengthen Collaboration and Networking Partnerships**

Strategic Areas	Activities to guide the Business Plan	Outputs	Output Indicator	Means of Verification	Risks and Assumptions
<b>5.1 Develop and implement national collaboration and Network Partnerships</b>	5.1.1 Map and profile stakeholders to partner with and develop collaboration and networking initiatives and compile and identify key stakeholders to partner with.	Profile of Collaboration and Network Partners	No. of partners profiled	Copy of partnership document	Management support & Committed staff
	5.1.2 Establish a collaboration agenda and modalities for partnership with other MDAs/NGOs/CSOs for medical and dental professional regulation.	Collaboration Agenda and management framework	Collaboration Frame work in place	Copy of collaboration document	Committed staff
	5.1.3 Conduct partnership activities to implement collaboration and network development to foster policy advocacy synergies to lobby better health sector regulatory and working environment	Consultation workshops	No. of consultative workshops held	Copy of workshop report	Availability of funds
		Joint research consultancy	No. of research activities conducted	Copy of research documents	Availability of funds
		Joint field visits	No. of joint field visits conducted	Copy of field visit reports	Availability of funds
<b>5.2 Establish contemporary health professional regulation agenda and strengthen institutional arrangements for liaison with regional and international collaboration and network partners.</b>	5.2.1 Mainstream collaboration and network development within the institutional structures	Revised Structure and Staff Job descriptions	Mainstreamed collaboration activities	Copy of mainstreamed collaborative activity document	Staff commitment
	5.2.2 Invest in infrastructure, subscriptions to databases and procurement of software and materials for collaboration and networking	Collaboration systems, databases and materials	Collaboration software infrastructure profiled	Copy of software infrastructure profile document	Availability of funds
	5.2.3 Establish mechanisms/protocols for sharing of information and data on regional and international regulatory best practices	Regional/ international Information Network Policy	Information sharing protocols / policy	Copy of information sharing policy document	Management and Staff commitment
	5.2.4 Arrange for Board and Staff attendances to regional and international conferences and study tours	Policy approval Conference to approve policy	Policy approval Conference held	Copy of conference report	Availability of funds

## **6.0 Financial Resource Arrangements**

### **6.1 Guiding Principles underlying the Business Plan Revenue and Cost Estimation**

The indicative financial resource requirements have been determined, focusing on 3 key resource requirements;

1. Strategic Objective 4 - Professional Accreditation and Certification of Medical and Dental Professionals is expected to generate revenue streams from registrations and licensing of Doctors and Dental Surgeons to practice. This revenue source shall be appropriately managed to finance member services development and the Council's operating expenses.
2. A resource mobilization drive is to be undertaken to mobilize financial resources to finance the rest of the regulatory expenditure commitments. Expected sources of funding shall be Government and Development Partners.
3. The resource requirements for providing support services necessary during the implementation of the core (programme) activities have been based on the past expenditure trends. This is presented as the **operational financial resources budget** which will take into account of the recurrent expenditures like payroll and provision of consumable goods and services. These shall be partly funded by Government and from the Council's internally generated revenue.

### **6.2 Costing and Financial Resource Estimation Assumptions Adopted**

6. Programme activities have been derived from the Business Plan Framework. The method of implementation of the activities has been determined as the basis for identification of the resource requirements for their implementation.
7. For activities (referred to as deskwork), whose implementation entails only human resources, payroll costs provided under the operational budget shall constitute their financial resource requirements. No further resource costs have been determined in respect of these.
8. For activities whose implementation entails other resource inputs, in addition to the human factor, the costs for these have been estimated and compiled into a programme budget. A summary is provided on the next page and the detailed one is provided as Annex 1.
9. The operational budget is provided based on previous year's cost estimates adjusted by 10% annually, for changes in common variables like inflation, revised unit costs/rates etc. A summary is provided on the next page.
10. The revenue budget has been provided based on the estimated revenue from registrations and licensing of Medical doctors and Dental Surgeons to practice over the next 5 years 2014/15 – 2018/19. A summary revenue budget is provided as Table 6 on the next page.

### 6.3 Strategic Financial Resource Indicative Budgets

#### 6.3.1 Programme Expenditure Budget (Million Shs)

**Table 6: Medium Term Indicative Programme Expenditure Budget (in Millions of Shillings)**

Business Objectives		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total
1	To enhance quality assurance and professional practice standards compliance	2,005	1,623	1,938	1,450	1,679	8,694
2	To improve Policy Advisory and Professional Advocacy	1,300	857	984	801	974	4,917
3	To Enhance Quality Assurance And Professional Practice Standards Compliance	1,998	1,774	1,799	1,799	1,835	9,206
4	To Strengthen Institutional Development	2,090	943	8,306	642	642	12,623
5	To strengthen Collaboration and Networking Partnerships	356	254	254	254	254	1,370
<b>Total</b>		<b>7,749</b>	<b>5,450</b>	<b>13,281</b>	<b>4,946</b>	<b>5,384</b>	<b>36,809</b>

The estimated recurrent cost of implementation of the core regulatory activities of the Council as articulated in the Business Plan is on average estimated at Shs 5.0 – 7.7 billion annually. This average core regulatory budget excludes the capital expenditure commitments for Institutional infrastructure, facilities and equipment acquisition and renovation and expansion of office premises scheduled in year 1 and construction of own office block scheduled in Year 3 estimated at Shs 7.65 Billion.

The recurrent expenditure budget is estimated to rise from 0.9 billion in year 1 to 1.3 billion by year 5. This estimate will rise when the institutional structure is revised and new staff is recruited to improve inspection, support supervision and monitoring. The budget line analysis of the projected expenditure estimates are presented in Table 7 below.

**Table 7: Analysis Of The Projected Expenditure Estimates By Budget Line**

Item	Estimated Amount					
	FY1	FY2	FY3	FY4	FY5	Total
Employees Costs	355	391	430	473	520	2,169
Administration Costs	139	153	168	185	203	848
Utility Costs	22	24	27	30	33	136
Supplies and Services	109	120	132	145	159	665
Transport and Plant Costs	35	39	43	47	52	216
Council Expenses	134	147	162	178	196	818
Transfer Services	24	26	29	32	35	147
Medical Licensure and Examinations Board	30	33	36	40	44	184
Procure-Evaluation committee	2	3	3	3	3	14
Bank Expenses	8	9	10	11	12	51
Capital Goods	20	22	24	27	29	122
<b>Total</b>	<b>879</b>	<b>967</b>	<b>1,064</b>	<b>1,170</b>	<b>1,287</b>	<b>5,369</b>

It is hoped that when the Business Plan is marketed to the policy and donor stakeholders, the stakeholders shall identify business programmes of preference for special funding.

### 6.3.2 Business Programmes Financial Resource Indicative Budgets

Revenue targets for internally generated revenue mainly from registration and licensing have been established and estimated for the next 5 years. These medium term revenue projections are presented in Table 8 below.

**Table 8: Current Predictable Revenue Projections (In Millions of Shs)**

Category	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total
Professional Fees ( both registration & renewal)	870	1,044	1,252	1,503	1,803	6,472
Miscellaneous Income (Practice Fines)	10	12	14	17	20	72
Subvention From Ministry of Health	75	90	108	130	156	558
Support from Development Partners:-						0
Sub-ventions from Consolidated Fund						0
<b>Total Annual Estimated Income</b>	<b>954</b>	<b>1,145</b>	<b>1,374</b>	<b>1,649</b>	<b>1,979</b>	<b>7,102</b>

### 6.3.3 Funding Gap

This has been assessed through comparative analysis of projected programmed revenue from the table above and projected expenditure commitments for both core programme activities as per Business Plan and institutional operational activities. The analysis presented in the summary Table 9 below provides the funding gap.

**Table 9: Financial Sustainability Assessment (In Millions of Shillings)**

Business Factor	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total
Current Predictable Revenue Projections	954	1,145	1,374	1,649	1,979	7,102
Less: Operational Expenditure[1]	879	967	1,064	1,170	1,287	5,369
Program Activities Implementation Expenditure	7,749	5,450	13,281	4,946	5,384	36,809
<b>Funding Gap (Deficit)</b>	<b>(7,674)</b>	<b>(5,272)</b>	<b>(12,971)</b>	<b>(4,467)</b>	<b>(4,692)</b>	<b>(35,076)</b>

## 7.0 Resource Mobilisation Strategy

The Uganda Medical and Dental Practitioners' Council Act. Cap. 272 1996, Cap. 274 *Part IV – Financial Provisions* stipulates the funds of the Council to consist of:

- Subventions received from the Government or other bodies;
- Grants, gifts and donations received from the Government , organizations or other bodies;
- Fees and other monies payable to the Council for services rendered by it;

- Monies that may in any manner become payable to or vested in the council in any manner, or in relation or incidental to the carrying out of its functions.

In line with these statutorily defined sources of funding, the Council shall adopt the following resource mobilization strategies;

1. Seek funding from the consolidated fund to finance core regulatory activities of the medical and dental practitioners' council since this is a function implemented on behalf of the Government of Uganda.
2. Intensify national coverage of registration and licensing of members to grow registration and licence fees as an important income stream for financing membership professional advocacy and development including continuous medical education.
3. Profile country development partner programmes and identify opportunities for financing the medical and dental practitioners' council activities responsive to the country development partner priorities of the time.
4. Identify public health service delivery activities in the Business Plan that have a high sympathy appeal to potential funders and develop fundraising programme to finance them through corporate, public and other institutional sponsorships.

## Annexes

### Annex 1 - Implementation Plan and Financial Resource Indicative Budgets

#### Business Objective 1 - To Enhance Quality Assurance And Professional Training Standard Compliance

Strategic Areas	Activities	Outputs	Methodology	Yr1	Yr 2	Yr 3	Yr 4	Yr 5	Total	Priority Remarks	
<b>1.1 Develop and implement Strategy for supervision, monitoring and quality assurance of Training Institutions and approval of Courses of Study/Training Programmes</b>	1.1.1 Develop and disseminate guidelines for inspection, monitoring and quality assurance of the training institutions/medical schools/Universities training medical doctors and dental surgeons.	Supervision and inspection Guidelines	Deskwork + Print		61				61	Year 2	
	1.1.2 Establish a forum for effective engagement with stakeholders in training	-Website consultation form -Regular consultation workshops	Every Year	0	0	0	0	0	0	Every year	
	3.1.1 Institute liaison program for engagement with training institutions and approval of course of study	MOU with Training Institutions	Local Travel	42					42	Year 1	
	3.1.2 Review and disseminate guidelines for approval of courses of study for medical and dental professionals;	Courses approval guidelines	Deskwork + Print	61					61	Year 1	
	3.1.3 Review and approval of curriculum/courses of study for the training institutions/medical schools/Universities training medical doctors and dental surgeons.	List of accredited institutions and approved curriculum/ course of study	Local Travel	42		42		42	125	Every 2 Years	
	3.1.5 Prepare programme for and conduct regular Inspection and monitoring of the training institutions/medical schools/Universities training medical doctors and dental surgeons to verify adequacy of infrastructure, facilities, equipment, materials and human resources for training	Training Institutions Supervision and Inspection reports	Deskwork	0	0	0	0	0	0	0	Every Year
		Training Institutions Supervision and Inspection reports	Local Travel	42	42	42	42	42	208	208	Every Year
	3.1.6 Harmonize the training protocols with those of the East African Partner states.	Training protocols harmonized with those of East African member states	- Internal meetings - Foreign travel for regional meetings	44	44	44	44	44	222	222	Every year
	3.1.8 Conduct annual review meeting with relevant stakeholders on Medical Doctors and Dental Surgeons Training Institutions' performance and future	Annual Training Institutions Review Report	Annual training review workshop	45	45	45	45	45	226	226	Every year

Strategic Areas	Activities	Outputs	Methodology	Yr1	Yr 2	Yr 3	Yr 4	Yr 5	Total	Priority Remarks
	outlook									
	3.1.9 Conduct pre-registration examinations for deserving practitioners.	Pre-registration examinations conducted	Examination	0	0	0	0	0	0	Every year
	3.1.10 Regularly compile and publish a list and profiles of recognized Medical Doctors and Dental Surgeons Training Institutions'	Published Accredited Training Institutions	Deskwork + Advert+Website	10	10	10	10	10	51	Every year
<b>1.2 Formulate and implement an Accreditation Strategy for training institutions</b>	1.2.1 Review and seek approval for an UMDPC Accreditation policy to stipulate minimum standards for medical and dental surgery education and training institutions	Accreditation policy printed and disseminated	Deskwork + Print			61			61	Year 3
	1.2.2 Establish institutional procedures, processes and arrangements for accreditation	Accreditation guidelines	Deskwork + Print			61			61	Year 3
	1.2.3 Provide accreditation services to include approval and registration of training institutions/medical schools/Universities training doctors and dental surgeons.	List of Accredited members and health institutions	Deskwork	0	0	0	0	0	0	Every year
<b>1.3 Develop and implement a Strategy for provision of regular continuous medical education programmes for UMDPC members;</b>	1.3.1 Establish Mechanisms to strengthen continuous professional development	CPD Committees established	Deskwork	0					0	Year 1
	1.3.2 Procure and conduct continuous medical education programmes for UMDPC members	Training Reports	Training workshops	179	179	179	179	179	893	Every Year
	1.3.3 Solicit CPD evaluations and analyse them to inform future planning for CPD training	CPD Evaluation Reports	Deskwork	0	0	0	0	0	0	Every Year
	1.3.4 Accredite CPD service providers	CPD providers accredited	Deskwork	0	0	0	0	0	0	Every year
	1.3.5 Monitor CPD activities	CPD activities monitored	Field Travel	42	42				83	Every 2 years
	1.3.6 Mobilise funds for CPD activities	Funds reserved for CPD activities	CPD Grants	500	500	500	500	500	2,500	Every year
	1.3.7 Solicit study tours for members as part of continued medical and dental education	Post-Study Tour Reports	Foreign Travel	107	107	107	107	107	536	Every Year
<b>1.4 Develop and disseminate</b>	1.4.1 Put in place institutional arrangements for timely approval of the	Qualification certification framework	Deskwork	0					0	Year 1

Strategic Areas	Activities	Outputs	Methodology	Yr1	Yr 2	Yr 3	Yr 4	Yr 5	Total	Priority Remarks
<b>protocols/guidelines for approval of the qualifications awarded by the different institutes in respect of the different categories of the medical and dental professionals and registration of professionals;</b>	qualifications awarded by the different institutes for the different categories of the medical and dental professionals;									
	1.4.2 Develop and disseminate benchmarks and guidelines for professional Accreditation and certification of Medical and dental Professionals	Professional Accreditation And Certification Guidelines	Deskwork + Print	61					61	Year 1
	1.4.3 Simplify registration and licensing mechanisms country-wide for both individual medical and dental professionals and medical/dental clinics.	Registration and Licensing Guidelines	Deskwork	0					0	Year 1
	1.4.4 Develop and disseminate qualification approval guidelines	Qualification Approval Guidelines	Deskwork + Print	61					61	Year 1
	1.4.5 Conduct Professional Accreditation and Certification of Medical and dental Professionals	Certification of Members	Deskwork	0	0	0	0	0	0	Every Year
<b>1.5 Maintain availability of up to date and consistent minimum standards for UMDPC certification to eligible medical and dental professionals and issuance of necessary guidelines.</b>	1.5.1 Conduct periodical review of medical and dental professional certification minimum training standards	Certification Review Technical Note	Consultancy + Validation workshop	127		127		127	382	Every 3 years
	1.5.2 Review, develop and print guidelines for accreditation for training institutions/medical schools/Universities training doctors and dental surgeons.	Accreditation Guidelines	Deskwork + Print	61					61	Year 1
	1.5.3 Conduct inspection and monitoring of training institutions to ensure compliance to minimum UMDPC minimum training standards country-wide	Inspection and monitoring reports	Local Travel	42	42	42	42	42	208	Every Year
<b>1.6 Promotion of compliance to medical and dental ethics and monitoring adherence to the Codes of Professional Practice</b>	1.6.1 Development and dissemination of guidelines to both members of the profession and the public	Guidelines developed	Printing/Disseminate	61		61		61	182	Every 3 years
	1.6.2 Dissemination of patient charter to both members of the profession and the public	-Dissemination of IEC materials -Radio and TV Talk Shows	- Print and disseminate - Air time	122	122	122	122	122	609	Every year
	1.6.3 Monitor application of the Research guidelines in conducting research on human medicine/health	Case files opened and handled.	Deskwork	0	0	0	0	0	0	Every year

Strategic Areas	Activities	Outputs	Methodology	Yr1	Yr 2	Yr 3	Yr 4	Yr 5	Total	Priority Remarks	
	1.6.4 Collaborate with UNCST, IRBs and UNNRO in the conduct of research on human medicine/health	-Coordination framework - Meetings+correspondences	Deskwork	0	0	0	0	0	0	Every year	
	1.6.5 Review, produce and disseminate code of ethics for medical and dental practitioners	Code of Ethics	- Deskwork - Print and disseminate		61		61		121	Every 2 years	
	1.6.6 Review and disseminate the complaints guideline	Complaints guidelines	- Deskwork - Print and disseminate	61		61		61	182	Every 3 years	
	1.6.7 Provide professional advice to service providers (public and private) to establish a supportive environment for ethical compliance	MOU with Training Institutions	-Deskwork - Travel for liaison meetings	42	42	42	42	42	208	Every year	
	1.6.8 Promote training in ethics for undergraduate and post training practitioners	Courses approval guidelines	- Deskwork	0		0		0	0	Every 3 years	
	1.6.9 Advise employers on the establishment of a supportive environment for ethical compliance? Advising MOH	List of accredited institutions and approved curriculum/ course of study	- To be handled together with 1.6.7 above.	0	0	0	0	0	0		
	1.6.10 Conduct annual professionals review meetings with UMDPC members to discuss professional ethics and codes of conduct and other professional issues.	Annual review meeting	Workshops	45	45	45	45	45	226	Every year	
	1.6.11 Create strategic partnerships with other agencies involved in regulation of health workers	Collaboration Agenda and management framework	- Deskwork - Meetings	0	0	0	0	0	0	Every year	
	<b>1.7 Establish and implement a disciplinary management strategy</b>	1.7.1 Improve structure for reporting of disciplinary cases	Reporting system established	- Deskwork	0					0	Year 1
		1.7.2 Strengthen legal structures at the Council	Legal office established	- Deskwork	0					0	Year 1
1.7.3 Strengthen institutional mechanisms for regulation of the conduct of medical and dental professionals and exercise of disciplinary control over them		-Simplified disciplinary procedures/processes	Consultancy + Validation workshop			127				127	Year 3
		-Web based case management system	Deskwork			0	0			0	Every 2 years
1.7.4 Establish a legal department within the Council		Legal department established	Deskwork			0			0	Year 3	
1.7.5 Recruit and deploy legal team		Legal team recruited	Adverts		10	10			20	Every 2 years	
1.7.6 Orient legal team on their roles and responsibilities		Legal team oriented							0		

Strategic Areas	Activities	Outputs	Methodology	Yr1	Yr 2	Yr 3	Yr 4	Yr 5	Total	Priority Remarks
	1.7.7 Review and disseminate the professional disciplinary policies and procedures (guidelines) to registered and licensed members	Revised disciplinary guidelines	Deskwork		0				0	Year 2
	1.7.8 Develop and disseminate a public/patient grievance policies and procedures	Public/Patient Grievance guidelines	Deskwork + Print		61				61	Year 2
	1.7.9 Prepare and implement an IEC program to sensitise the public about the disciplinary guidelines, their grievance rights and obligations	-Dissemination of IEC materials - Radio and TV Talk Shows	Deskwork + Print + Air Time	122	122	122	122	122	609	Every Year
	1.7.10 Conduct investigations for complaints registered with respect to professional misconduct or negligence on part of institutional and individual members.	Case files opened and handled.	Deskwork + Local Travel	42	42	42	42	42	208	Every Year
	1.7.11 Program and conduct disciplinary proceedings for errant professional members.	Disciplinary proceedings conducted	Deskwork + Allowances + Meals	48	48	48	48	48	242	Every Year
	1.7.12 Enforce disciplinary action against unethical or negligent medical and dental professionals	Case files handled and sanctions enforced.	Deskwork	0	0	0	0	0	0	Every Year
<b>Sub-total</b>				<b>2,005</b>	<b>1,623</b>	<b>1,938</b>	<b>1,450</b>	<b>1,679</b>	<b>8,694</b>	

**Business Objective 2 – To improve Policy Advisory and Professional Advocacy (Million Shs)**

Strategic Areas	Activities	Outputs	Methodology	Yr1	Yr 2	Yr 3	Yr 4	Yr 5	Total	Priority Remarks
<b>2.1 Develop and Implement advocacy strategy for rationalisation of the policy and legal framework for the medical and dental professions regulation</b>	2.1.1 Establish periodical stakeholder's consultation mechanisms to gather professional issues	Collaboration mechanisms and management framework developed	- Deskwork - Regional workshops	67		67		67	201	Every 3 years
	2.1.2 Advocacy with policy makers on professional issues (facilitating the internship)	Advocacy Agenda and framework developed	- Deskwork	0					0	Year 1
	2.1.3 Conduct advocacy meetings and presentations to policy makers on professional issues (facilitating the internship)	Advocacy meetings/engagement	Meetings and engagement workshops	25	25	25	25	25	126	Every year
<b>2.2 Develop and implement a holistic IEC strategy for UMDPC</b>	2.2.1 Conduct monthly media interfaces	Monthly media interfaces held	Media conference + Radio & TV Talk Shows	122	122	122	122	122	612	Every year
	2.2.2 Provide for a Public Relations function in the structure and recruit a Public Relations Staff to deal with public communication	Public Relations Staff recruited	Job Adverts		10	10			20	Every 2 years
	2.2.3 Develop and Disseminate the Patients' Charter	Patients' Charter disseminated	Consultancy, Printing and regional dissemination workshops	269	179	179	179	179	983	Every year
	2.2.4 Improve and popularise Council website activities to foster more interactive communication for the benefit of practitioners (enhance use of social media platforms like face book, twitter)	Council website activities improved	Consultancy + Subscription to databased	46	10	10	10	10	87	Every year
	2.2.5 Produce and disseminate a quarterly newsletter for the Council to create public/member awareness about UMDPC roles and responsibilities.	Enhanced public visibility	Printing/Dissemination of info. materials	61	61	61	61	61	303	Every year
	2.2.6 Develop and implement IEC programme to sensitise members and the public about the activities of the Council and professional benchmarks and practising regulatory requirements for medical and dental professionals	Member and Public Engagement IEC Program	-Develop program - Implement programme (info. materials/talk shows)	121	121	121	121	121	603	Every year
<b>2.3 Develop and implement advocacy strategy for rationalization of the policy and legal</b>	2.3.1 Review and amend the existing Medical and Dental Practitioners' Act to address gaps, which defranchise management of training and examination from registration and licencing, and disseminate the Amended Act	Amended Medical and Dental Practitioners' Act	Consultancy + Validation workshop	122	45	0	0	0	168	Every year

Strategic Areas	Activities	Outputs	Methodology	Yr1	Yr 2	Yr 3	Yr 4	Yr 5	Total	Priority Remarks
<b>framework for the medical and dental professions' regulation;</b>	2.3.2 Develop a communication strategy and plan to ensure visibility and relevance of the Council	IEC/Communication and PR strategy and plan	Consultancy	122					122	Year 1
	2.3.3 Establish and conduct regular member consultation mechanisms to gather professional policy issues	Website consultation form	Website up-grade/update Deskwork to develop forms	121	121	121	121	121	603	Every Year
		Regular consultation workshops	Regional Workshops	36	36	36	36	36	179	Every Year
	2.3.4 Improve on provision of member services (knowledge sharing, professional opportunities dissemination etc). Scholarships, jobs, welfare issues	- Member engagement reports - Website/email information service	- Deskwork	0	0	0	0	0	0	Every year
	2.3.5 Conduct research on pertinent policy and legal issues to develop evidenced-based policy/legal framework review proposals	Research Reports	Consultancy Study and validation workshop	127	127	127	127	127	636	1 Study Every Year
	2.3.6 Prepare and submit policy review proposals to MoH	Policy review proposals	Deskwork	0	0	0	0	0	0	Years 2 - 5
	2.3.7 Hold sensitization workshops, seminars and other engagement foras with Parliamentary Committee to articulate policy review proposals	Parliamentary Engagement Workshop	National level residential workshop			45		45	91	Years 3 and 5
	2.3.8 Actively participate in all stages of the Health Professionals Council coalition / forum for the planning and development of the National Health Authority Bill	Coalition agenda and plan	Copy of agenda and framework disseminated	61		61		61	182	Every 3 years
<b>Sub-total</b>				<b>1,300</b>	<b>857</b>	<b>984</b>	<b>801</b>	<b>974</b>	<b>4,917</b>	

**Business Objective 3 – To Enhance Quality Assurance And Professional Practice Standards Compliance (Million Shs)**

Strategic Areas	Activities	Outputs	Methodology	Yr1	Yr 2	Yr 3	Yr 4	Yr 5	Total	Priority Remarks
<b>3.1 Review and rationalize standards, supervision systems, tools, structures, facilities and equipment</b>	3.1.1 Review of registration tools for practitioners and their facilities	Registration tools reviewed	- Deskwork	0					0	Year 1
	3.1.2 Review of the licensing tools for the practitioners and their practices	Licensing tools reviewed	- Deskwork	0					0	Year 1
	3.1.3 Review of the inspection guidelines and tools for the health facilities	Inspection Guidelines	- Deskwork	0					0	Year 1
	3.1.4 Printing and disseminate the supervision guidelines and tools	Supervision guidelines printed and disseminated	- Print and disseminate	61		61		61	182	Every 3 years
	3.1.5 Support establishment of regional/district network of inspection	Regional/ District network established	- Deskwork - Procurement of equip. is part of 5.1.3 below	0					0	Year 1
	3.1.6 Provision of means of transport for supervision/inspection of health facilities.	Vehicle procured	- Procurement of vehicles is part of 5.1.3 below	0					0	Year 1
	3.1.7 Improvement in reporting(HMIS) in the private health sector	HMIS sensitisation and training workshops	Workshops	45	45	45	45	45	226	Every year
	3.1.8 Produce and distribute HMIS tools for the private sector	HIMS tools distributed	- Print and disseminate	61		61		61	182	Every 3 years
	3.1.9 Establish compliance monitoring and supervision mechanisms	Monitoring guidelines developed	- Deskwork	0					0	Year 1
	3.1.10 Establish quality assurance and inspection mechanisms	Quality Assurance guidelines developed	- Deskwork	0					0	Year 1
<b>3.2 Review and Strengthen Existing Inspection and Supervision Guidelines and ensure functional inspectorate at the Council</b>	3.2.1 Develop \professional inspection, monitoring, support supervision and quality assurance systems for effective regulation of medical and dental practice.	Monitoring/support supervision/QA systems	Consultancy	122					122	Year 1
	3.2.2 Review and widely disseminate tools and guidelines for inspection, monitoring and supervision of health facilities for quality assurance and professional practice compliance.	Templates, forms and reference materials	Deskwork + Print		61		61		121	Year 1
	3.2.3 Conduct quarterly joint inspection/supervision/QA with relevant stakeholders.	Quarterly Joint Inspection reports	Field Travel	42	42	42	42	42	208	Every year
	3.2.4 Train the district supervisory teams on their roles and responsibilities regarding the Council operations.	District Supervisory Teams trained.	Regional CB workshops	179	179	179	179	179	893	Every Year

Strategic Areas	Activities	Outputs	Methodology	Yr1	Yr 2	Yr 3	Yr 4	Yr 5	Total	Priority Remarks
	3.2.5 Put in place reward system for excellent / best performance among Medical and Dental Practitioners	- Best Performance guidelines disseminated	Annual Best Compliance Award Conference	148	148	148	148	148	740	Every Year
<b>3.3 Strengthen Member services support in Research, Private Practice and other areas</b>	3.3.1 Review, print and disseminate guidelines on approval of applications for private practice	Printed Revised guidelines	Deskwork + 2 yearly Printing		61		61		121	Every 2 years
	3.3.2 Review, develop, print and disseminate guidelines on scope of private practice for Medical and Dental Surgery practice	Scope of Practice Guidelines disseminated	Consultancy	102					102	Year 1
	3.3.3 Plan and implement the nation-wide public sensitisation programs on quality assurance issues and patient rights.	-Information materials -Radio and TV Talk shows	- Printing/Disseminate -Airtime	61	61	61	61	61	303	Every Year
	3.3.4 Conduct quarterly collaborative meetings with key research stakeholders	Stakeholder collaboration improved	Quarterly workshops	101	101	101	101	101	505	Every year
	3.3.5 Draft and sign joint MOUs with Institutions that conduct research	MOU signed	Deskwork	0	0	0	0	0	0	Every year
<b>3.4 Strengthen member services support in Research, Private Practice and Other Areas</b>	3.4.4 Advocate for review and amendment of existing laws for better coordination and adherence to the ethics of research on human beings	Amended laws disseminated	- Meetings - Consultation foras - Printing/disseminat Yr 5			25	25	61	111	Every 3 years
	3.4.5 Establish framework for information sharing among agencies that carry out research.	Information sharing enhanced	Annual coordination conference	67	67	67	67	67	335	Every year
<b>3.5 Strengthen Licensure of Medical and Dental Practitioners</b>	3.5.1 Compile and annually gazette all licensed/accredited Medical doctors and Dental Surgeons	Annual gazette of Licensed Doctors and Dental Surgeons	Deskwork + Advert+Website	10	10	10	10	10	51	Every year
	3.5.2 Prepare and widely disseminate accreditation information at district and health service delivery levels/points	Accredited Doctors and Dental Surgeons published list	Print and disseminate	61	61	61	61	61	303	Every year
<b>3.6 Strengthen supervision of health care facilities</b>	3.6.1 Carryout regular support supervision of health facilities.	Safe health care service delivery	Field Travel	42	42	42	42	42	208	Every year
	3.6.2 Conduct regular inspection and validation of certificates and medical doctors and dental surgeons in each district	Reduction in un-licensed Doctors & Dental Surgeons in practice	Field Travel	42	42	42	42	42	208	Every year
	3.6.3 Strengthen coordination and provide support to District Health Supervisory Authorities for member registration and licensing	Office rent contribution, materials and equipment	- Rent and office overhead contribution - Office equipment provided for in 5.6.4 above	857	857	857	857	857	4,284	Every year

Strategic Areas	Activities	Outputs	Methodology	Yr1	Yr 2	Yr 3	Yr 4	Yr 5	Total	Priority Remarks
	3.6.4 Create strategic partnerships with other agencies involved in regulation of health workers	Collaboration Agenda and management framework							0	-
<b>Sub-total</b>				<b>1,998</b>	<b>1,774</b>	<b>1,799</b>	<b>1,799</b>	<b>1,835</b>	<b>9,206</b>	

#### Business Objective 4 –Institutional Strengthening and Development (Million Shs)

Strategic Areas	Activities	Outputs	Methodology	Yr1	Yr 2	Yr 3	Yr 4	Yr 5	Total	Priority Remarks
<b>4.1 Secure appropriate office accommodation in the short term and enhance institutional regulatory capacity</b>	4.1.1 Assess the office accommodation space and financial sustainability needs of UMDPC in the short to medium term.	Office Space Assessment Report	Deskwork	0					0	Year 1
	4.1.2 Procure appropriate office accommodation in the short term	Rented office premises	Office Rent	230	230	230	230	230	1,148	Year 1- 5
	4.1.3 Procurement of own adequate office equipment including ICT software, motor vehicles and motorcycles.	Office facilities, equipment motor cycles, vehicles etc	Procurement	922					922	Year 1
<b>4.2 Plan and implement development of own premises in the long-term</b>	4.2.1 Develop business and design concept for construction of own premises	Architectual designs and bills of quantities	Consultancy		153				153	Year 2
	4.2.2 Mobilise resources for construction of own premises	Funding Proposal	Desk work		0				0	Year 2
		Building construction Grant	Desk work to develop Funding proposal and seek buidling Grant			7,650			7,650	Year 2 - 3
	4.2.3 Prepare infrastructure development proposal to seek GOU support to get land and seed funding to develop own office premises.	Government Land Grant	Government Land Grant			0			0	Year 2 - 3
	4.2.4 Equip UMDPC offices through identification and prioritization of procurement of appropriate logistics, equipment and facilities for management and operations.	Office facilities, equipment and logistics	Procurement as part of 5.1.3 above	0					0	Year 1
<b>4.3 Rationalise UMDPC Governance Structures, Policies and Procedures and functions</b>	4.3.1 Review and specify the functions, roles, standardise agendas and schedules meetings of the Council and the Committees to enhance efficiency	Council Policies and Procedures	Deskwork	0					0	Year 1
	4.3.2 Review Council and Committees policies and procedures and reporting protocols	Council Policies and Procedures	Deskwork	0					0	Year 1

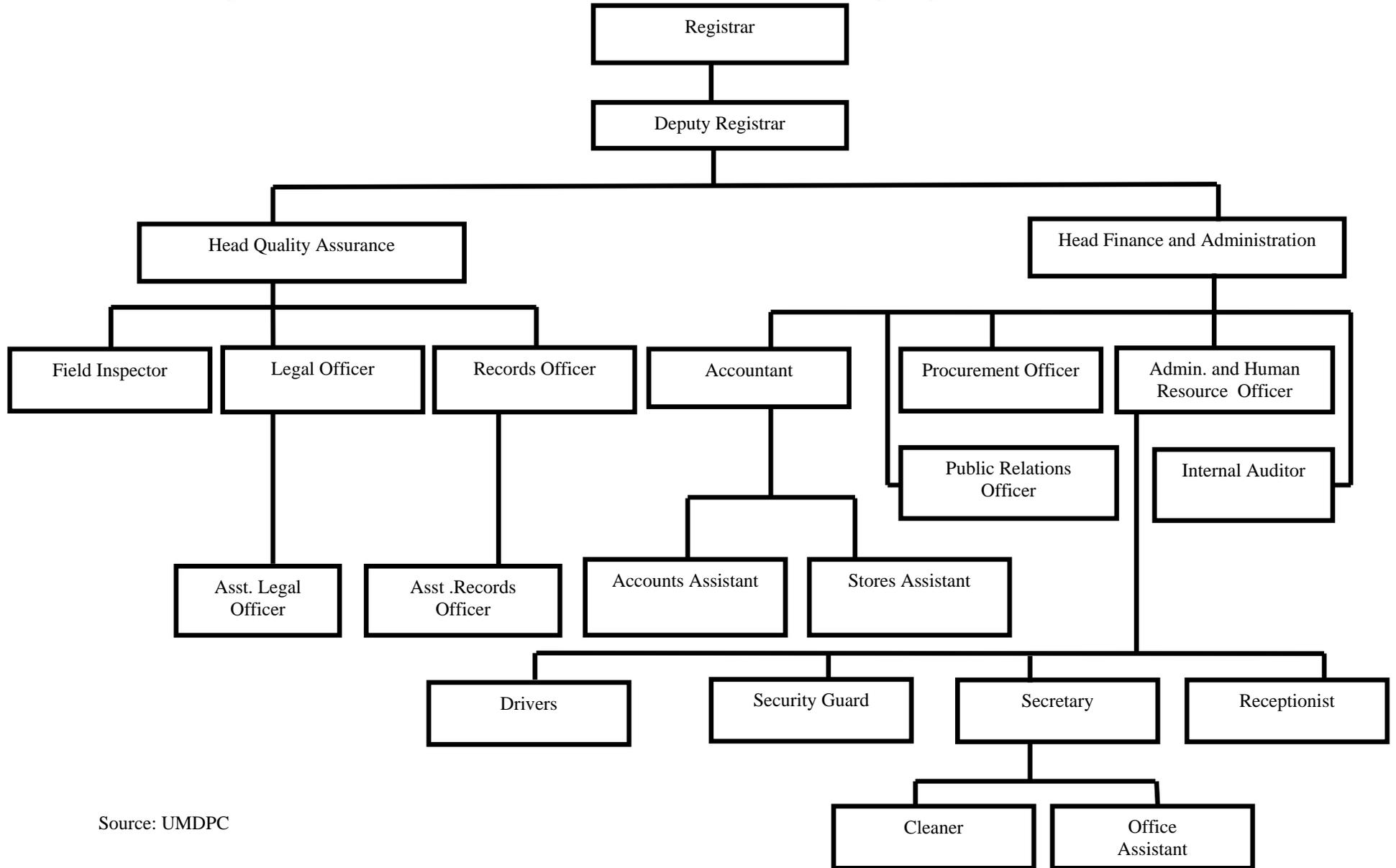
Strategic Areas	Activities	Outputs	Methodology	Yr1	Yr 2	Yr 3	Yr 4	Yr 5	Total	Priority Remarks	
	4.3.3 Print and disseminate Council policies and procedures and reporting protocols	Council documents disseminated	Print and disseminate	230	230	230	230	230	1,148	Year 1-5	
	4.3.4 Arrange for Council members attendances to regional and international conferences and study tours	Post-conference Reports	Foreign Travel	44	44	44	44	44	222	Every Year	
	4.3.5 Conduct a Governance Council Training Needs Assessment (TNA) and design appropriate capacity building program	TNA Report	Deskwork		0		0		0	Every 2 years	
	4.3.6 Procure and conduct a capacity building programme for the Governance Board of the Council	Training workshop Reports	Residential workshop	45	45	45	45	45	226	Every year	
	4.3.7 Organise regular exposure study tours and attendances to conferences for selected members of the Governance Board	Post-study Tour Reports	Deskwork	0	0	0	0	0	0	Every Year	
<b>4.4 Review and recommend a sustainable institutional structure that is more efficient and cost-effective and seek GOU commitment for its funding.</b>	4.4.1 Review the organizational structure to effectively respond to the core functions of the UMDPC Secretariat and decentralize some of UMDPC routine activities to a regional level.	Revised Organisation Structure	Consultancy	102					102	Year 1	
	4.4.2 Review Council structure and establishments to create posts of Inspectors, recruit and deploy them.	Inspector positions established	Part of consultancy in 5.4.1 above	0					0	Year 1	
	4.4.2 Establish key functional units (including PDU/Contracts Committee, Internal Audit, Legal services and Public Relations) to effectively support the Secretariat to perform its functions.	New positions created	Part of consultancy in 5.4.1 above	0					0	Year 1	
	4.4.3 Recruit key staff for the Secretariat to fill the revised structure	New Staff recruited	Deskwork by Management + Adverts			10	10	10	31	Year 3-5	
	4.4.4 Develop and implement Human Resource Development (HRD) strategy and plan to build the regulatory capacity of management and staff;	-HRD Strategy	Consultancy	102						102	Year 1
		-Staff CB Workshops	Part of consultancy	0						0	Year 1
	4.4.5 Identify and develop key management and operational tools/guidelines; (Planning, HR, Financial Management, Procurement)	Institutional Policies and Procedures	Consultancy	102						102	Year 1
<b>4.5 Strengthen the Information Management System for registration and enrollment of</b>	4.5.1 Develop a framework for sharing information on examination, certification and registration and licensing of Medical doctors and Dental Surgeons with the Examination Bodies and MOES.	Sector-wide Medical and Dental information sharing framework	Deskwork	0					0	Year 1	

Strategic Areas	Activities	Outputs	Methodology	Yr1	Yr 2	Yr 3	Yr 4	Yr 5	Total	Priority Remarks
<b>medical doctors and dental surgeons</b>	4.5.2 Design and implement a Management Information System for qualified Medical doctors and Dental Surgeons	MIS for doctors and dental surgeons	Consultancy		102				<b>102</b>	Year 2
	4.5.3 Develop MIS administration protocols and train MIS Administrators on its application	100% Licensed Doctors and Dental Surgeons in a gazette	Part of consultancy in 5.5.2 above		0				<b>0</b>	Year 2
	4.5.4 Network with and hold liaison meetings with Examination bodies and MoES	Joint actions implemented	- Meetings - Joint field visits	42	42	42	42	42	<b>208</b>	Year 1-5
	4.5.5 Strengthen regulatory systems including ICT modernization; website upgrade and software and hardware up-grades.	Up-graded regulatory systems	ICT Consultancy		56	14			<b>70</b>	Year 2-3
<b>4.6 Rationalise the monitoring and supervision structure, strengthen it with adequate human resources to cover the whole country on a regular basis.</b>	4.6.1 Undertake a mapping of spatial distribution of UMDPC membership and demarcate administrative regions for monitoring and supervision purposes	Monitoring and Supervision Regions and Programs	Deskwork	0					<b>0</b>	Year 1
	4.6.2 Establish administrative, monitoring and supervision structures to oversee these administrative regions	Regional offices	Local Travel	42	42	42	42	42	<b>208</b>	Year 3
	4.6.3 Develop, document, print and disseminate monitoring and supervision tools and guidelines	Templates, Tools and guidelines	Deskwork + Print	0					<b>0</b>	Year 1
	4.6.4 Establish resource requirements for equipping and deploying in the administrative regions and mobilize necessary resources	Office facilities, equipment motor cycles, vehicles etc	Procurement	231					<b>231</b>	Year 1
<b>4.7 Develop and implement a Resource Mobilisation Strategy</b>	4.7.1 Establish mechanisms for Resource mobilization/ Proposals	Proposals developed	Deskwork	0					<b>0</b>	Year 1
	4.7.2 Engage in financial sustainability programmes/activities, e.g infrastructure development, buying of Assets, investments	Investments plans developed and approved	Presentation Meetings	0	0				<b>0</b>	Year 1, 2
	4.7.3 Disseminate and present Business Plan to prospect funding parties.	Business Plan Presentations	Deskwork		0				<b>0</b>	Year 1,2
	4.7.4 Develop and implement annual fundraising plans and targets, specifically explore registration and license fees, non-compliance fines, fundraising events, advocacy tools for increased government allocation, proposals to access donor funds, etc	-Fundraising events reports Funds raised	Deskwork	0	0	0	0	0	<b>0</b>	Every year
<b>Sub total</b>				<b>2,090</b>	<b>943</b>	<b>8,306</b>	<b>642</b>	<b>642</b>	<b>12,623</b>	

**Business Objective 6 - To strengthen Collaboration and Networking Partnerships (Million Shs)**

Strategic Areas	Activities	Outputs	Methodology	Yr1	Yr 2	Yr 3	Yr 4	Yr 5	Total	Priority Remarks
<b>6.1 Develop and implement national collaboration and Network Partnerships.</b>	6.1.1 Map and profile stakeholders to partner with and develop collaboration and networking initiatives and compile and identify key stakeholders to partner with.	Profile of Collaboration and Network Partners	Deskwork	0	0	0	0	0	0	Every year
	6.1.2 Establish a collaboration agenda and modalities for partnership with other MDAs/NGOs/CSOs for medical and dental professional regulation.	Collaboration Agenda and management framework	Deskwork	0					0	Year 1
	6.1.3 Conduct partnership activities to implement collaboration and network development to foster policy advocacy synergies to lobby bettehealth sector regulatory and working environment	Consultation workshops	Workshops	45	45	45	45	45	226	Every year
		Joint research consultancy	Consultancy	102	102	102	102	102	510	Every year
		Joint field visits	Local Travel	42	42	42	42	42	208	Every year
<b>6.2 Establish contemporary health professional regulation agenda and strengthen institutional arrangements for liaison with regional and international collaboration and network partners.</b>	6.3.1 Mainstream collaboration and network development within the institutional structures	Revised Structure and Staff Job descriptions	Deskwork	0					0	Year 1
	6.3.2 Invest in infrastructure, subscriptions to databases and procurement of software and materials for collaboration and networking	Collaboration systems, databases and materials	Procurement of infrastructure, software and subscriptions	20	20	20	20	20	102	Every year
	6.3.3 Establish mechanisms/protocols for sharing of information and data on regional and international regulatory best practices	Regional/international Information Network Policy	Consultancy	102					102	Year 1
		Policy approval Conference to approve policy	Conference	44					44	Year 1
	6.3.4 Arrange for Board and Staff attendances to regional and international conferences and study tours	Conferences	Post-conference reports		44	44	44	44	177	Year 2-5
<b>Sub-total</b>				<b>356</b>	<b>254</b>	<b>254</b>	<b>254</b>	<b>254</b>	<b>1,370</b>	
<b>Total</b>				<b>7,749</b>	<b>5,450</b>	<b>13,281</b>	<b>4,946</b>	<b>5,384</b>	<b>36,809</b>	

**Annex 2 - Uganda Medical and Dental Practitioners' Council Current Organogram**



Source: UMDPC