



UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL

MEDICAL CAMPS GUIDELINES 2017

FOREWORD

The Government of Uganda is determined to provide the best quality health care of services that can be attainable with the available resources to all its people. Surgical/Medical/Dental camps greatly contribute to the improving access to health care of the population especially those in need. However, Government is obliged to maintain high quality of services and to ensuring patient safety.

This guidelines aim at ensuring that all practitioners/agencies that are engaged in provision of these highly needed services are qualified to do so.

The Ministry of Health will continue to provide leadership and support where possible to ensure successful provision of services in all these camps.

Dr Mwebesa Henry

Ag Director Health services

Ministry of Health

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APPLICATION TO CONDUCT SURGICAL/MEDICAL/DENTAL CAMP(S) .. **Error!**
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1-PREAMBLE

The Uganda Medical and Dental Practitioners Council (UMDPC) is a statutory body, established by an Act of parliament under Statute No. 11 of 1996.

UMDPC is committed to promotion of health of the population, monitoring and supervision of professional education, setting and maintenance of standards of professional practice and ethics, and to discipline errant Medical and Dental practitioners in its bid to protecting the society.

This guidelines are aimed at informing the public and care givers/practitioners about the requirements of establishing and managing an effective surgical/medical/dental camp in the Country.

Due to an increased interest in carrying out camps by several stakeholders, UMDPC is obliged to supervise and monitor their operation of to ensure quality of care and safety of clients.

In this regard, UMDPC has developed the following guidelines. For purposes of this document “medical/surgical/dental camp” referred to as “ Medical

Camps” means, a temporarily organized activity within a specified locality for purposes of providing free, subsidized or sponsored medical, surgical or dental diagnosis and/or treatment.

2-PURPOSE OF THESE GUIDELINES

These guidelines lay down the requirements for planning and management a successful camp. They outline the application process, vetting of the application, conduct of the camp and provision of a post-camp report and follow-up . Great attention has been given to vetting the applications to ensure that the camp will be beneficial, effective and safe.

UMDPC will continue to work with Professional Health Associations/Agencies in vetting and guiding the conduct of the camps with the following objectives:

- i. To ensure safety of the patients and other participants in the camp.
- ii. To ensure that the camps are of benefit to the recipients and society at large and not for any other purposes.
- iii. To ensure adequate follow up of patients and linkages after health care.

- iv. To ensure a system of management of complications and emergencies.

To ensure that the relevant resources are made available for the intended camp.

3-VETTING:

This exercise will be conducted by UMDPC and the Professional Health Associations/Agencies for all practitioners intending to come into Uganda and any other practitioners in Uganda, for the purposes of carrying out camps.

The vetting of practitioners will include, but not limited to;

- Verification of the qualification of the practitioners
- Registration status
- Peer review interviews, attachment or any other verifications that will be adopted by the professional Associations as may be required.

The vetting team will be facilitated by UMDPC during the process.

4-HANDLING OF APPLICATIONS

- i. Applications to hold the camps shall be done at least 3 months in advance on a specified UMDPC form
- ii. Doctors and other medical workers participating in the camp shall be vetted on qualifications and ability to carry out intended services by the vetting team appointed by UMDPC on recommendation of the professional bodies/agencies.
- iii. The camp executors shall include a local general practitioner with at least 5 year experience or a Specialist who will actively participate in the activities of the cam and act as a liaison between the visiting team and UMDPC.
- iv. Applications for the camp shall be free, but practitioners will pay registration fees where applicable
- v. Adverts for the camps shall be for the common good. These should not have an aim of recruiting clients for further management
- vi. Applications should include the following details:
 - a) All the requirements as stipulated by UMDPC
 - b) Description of all the services to be provided
 - c) the duration of the camp
 - d) Statement on how the camp shall be financed.
 - e) A plan for post -camp follow up of patients especially those who will have undergone surgical operation and those put on medication.

- f) A plan for management of early and late complications including a plan for referral where necessary
- vii. Applications shall declare whether there is a research component to the camp and if so, the necessary ethical approvals (as provided by Uganda National Council of Science and Technology(UNCST) guidelines) must be sought prior to starting the camp.
- viii. If diagnostic samples are to be carried out of the country, the UNCST procedures will be followed.
- ix. There must be evidence for skills transfer to local staff working with the team.
- x. An approval shall be issued in respect only to the sites and duration named therein and shall not apply to any other site or duration unless the authority of the UMDPC has previously been obtained.
- xi. The UMDPC may terminate the progress of the camp if any of the terms and conditions are contravened or where the continued conduct of the camp poses medical risk to the clients.
- xii. Failure to comply with these guidelines will not only lead to stopping the camp forthwith, but other disciplinary measures may be taken against the institution and the local coordinator, as per Ugandan regulations.
- xiii. A detailed report of the camp must be submitted to the UMDPC within two (2) weeks of completion of the camp. The report will detail the achievements of the camp, number of persons served, any challenges encountered and a follow-up plan .
- xiv. Aggrieved parties can channel their grievances to the Appeals' Committee.

6-FEES

1. No consultation or professional fees will be charged by the doctors running or working in the surgical/medical camps. If any fees will be charged information will be given to the public in advance.

7-HOST HEALTH UNIT:

1. It shall be the responsibility of the Host Health Unit to –
 - (a) notify the relevant authorities in writing of the intention to hold a camp;
 - (b) obtain authorization to hold the camp from UMDPC and other statutory bodies;
 - (c) if the camp is being organized by an NGO or any other organisation, a company profile of that organisation must be provided
 - (d) ensure that **all health care professionals** who will participate in the camp are duly registered and licensed to practice in this country by the relevant regulatory authorities. Students can only conduct a camp under the supervision of a qualified and registered medical/dental practitioners

have in place a referral mechanism for patients in place.

ANNEX 1: UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL

APPLICATION TO CONDUCT MEDICAL CAMP(S)

SECTION 1: DETAILS OF THE APPLICANT

a) Individual Application

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

ID Number/Passport No.: _____ Nationality: _____

P.O. Box _____ Town _____ District _____

Email address _____

Telephone No.: _____ Mobile No.: _____

b) Institutional Application

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

.....
.....

Country of Registration _____

P.O. Box _____ Town _____ District _____

Physical Location:

Email address _____

Telephone No.: _____ Mobile No.: _____

SECTION 2: DETAILS OF THE CAMP

Name of Medical Camp Coordinator: _____

ID Number/Passport No.: _____ Nationality: _____

Duration of the medical camp:

From: _____ To:

.....

Location:

District _____ Sub-District _____

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

Name of sponsoring entity _____

Country of registration of sponsoring entity _____

Estimated no. of patients to be seen _____

Services to be offered during the camp:

- (i) _____
- (ii) _____
- (iii) _____
- (iv) _____
- (v) _____

SECTION 3: REQUIREMENTS

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

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

SECTION 4: DECLARATION

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

Name and Signature of Applicant: _____ Date:

FOR OFFICIAL USE:

The process will take a maximum of **two (2) weeks**.
Permission granted/ Not granted (for the following reasons)

