

THE VETTING AIMS AT VERIFYING THE QUALIFICATIONS OF PRACTITIONERS AND REGISTRATION STATUS

By Jeff Andrew Lule

As part of the strategies to streamline medical camps in the country, the health ministry has issued stringent guidelines to ensure quality of care and safety of Ugandans.

The *Medical Camps Guidelines 2017*, were developed by the health ministry together with the Uganda Medical and Dental Practitioners Council (UMDPC).

The guidelines follow an incident in which five people reportedly died at a two-week neurosurgical camp at Mengo Hospital, last year.

In the guidelines, all medical camps must be endorsed by the UMDPC.

Vetting

All practitioners intending to come into the country and any other practitioners in Uganda, for purposes of carrying out medical camps, will first be vetted by the UMDPC and other health associations.

The vetting aims at verifying the qualifications of practitioners and registration status in the countries where they come from, among others.

While launching the guidelines at the ministry headquarters in Kampala on Thursday, the state minister in charge of general duties, Sarah Opendi, said many foreign medical practitioners have been entering the country and organising medical camps in different areas without the ministry's knowledge.

"Others have been coming

Govt sets guidelines for medical camps



Dentist Bruno Gidudu checking a patient's teeth during Roofing Group medical camp at St. Peter's Nantabulirwa in Namanve recently. Photo by Mary Kansime

with medicine which is not used in the country. In our guidelines, all foreign practitioners must declare the medicines they intend to use during the camps to get clearance from National Drug Authority," she noted.

Guidelines

Those intending to hold camps are also required to submit their applications three months in advance on a specified UMDPC form, with the description of services to be provided, duration of the

camp, financing and a plan for the post-camp follow up, especially for patients who will have undergone surgical operation and those put on medication.

The camp executors shall also include a local general

qualified. She also noted that only five people out of the 31 patients who were operated died later after surgery.

Opendi said the visiting team was from Duke University and had carried out similar neurosurgical camps at Mulago Hospital and Mbarara Hospital.

"Even the council proved that those involved in the camp were qualified and duly registered by their respective regulatory councils back home," she noted.

According to investigations, 31 patients out of 145 patients that turned up were screened by three tier system including Mengo medical team, Uganda neurosurgical team and the International neurosurgical team from Duke University.

"Let us note that these were complex cases. We do not say people should die but of course we all know when you go into a theatre; you either pull through successfully or after successful operations complications such as mortality might occur," Opendi said.

The head of the investigation committee, Prof. Akullo, said four out of the five died in the Intensive Care Unit as a result of infection and blood clot which lodged in the lungs, causing respiratory failure. He noted that another patient died at home after developing breathing complications.

"Regrettably, no postmortem was done on all the five cases because their families refused," he noted.

BETWEEN THE LINES:

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practitioner with at least five years experience or specialist who will actively participate in the activities of the camp and act as a liaison between the visiting team and UMDPC.

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Mengo deaths

Opendi clarified on reports that 30 patients died after surgery at the neurosurgical camp, which had been organised by Mengo Hospital and that the staff that did the surgeries were unqualified professionals.

She said a team led by the UMDPC chairperson, Prof. Joel Akullo, carried out thorough investigations under her instruction and realised that those who did surgeries were