

CASE FOR A DENTAL SOCIETY

Dentistry in Uganda is regulated by two main bodies: the Uganda Medical and Dental Practitioners Council, which oversees dental surgeons, and the Allied Health Professionals Council, responsible for regulating public health dental officers (PHDOs) and other health cadres.

The Uganda Dental Association is advocating for the establishment of a unified Uganda Dental Society to bring all dental professionals under one coordinated framework. This approach aims to improve collaboration and address the systemic challenges facing the profession. Kizito argues that aligning roles properly would reduce the burden of dental disease and shift the focus from profit-driven care to preventive measures. He also warns against the dangers of neglecting public health education. Ultimately, he emphasises the importance of teamwork across all levels of dental care to ensure safe, and patient-centred services.



A dentist works on a patient during a routine dental procedure in a clinic. PHOTO/ADBUL- NASSER SSEMUGABI

Is the person treating you really a dentist?

Confusion over dental roles, weak regulation and blurred professional boundaries in Uganda's oral health sector are exposing patients to pain, costly procedures and potential harm, as unqualified practitioners sometimes handle cases beyond their scope.

BY ABDUL-NASSER SSEMUGABI

In December 2024, Anne Asiimwe visited a reputable dental facility in upscale Kampala, expecting the removal of her painful molar to be a straightforward procedure. Instead, what followed was a painful ordeal that lasted for two weeks.

"I told the doctors that I have a very low threshold for pain, but the painkillers did nothing," she

recalls, reflecting on the traumatic experience that ultimately ruined her Christmas. "I am a mother, but the pain I suffered was worse than labour pain."

To make matters worse, she later discovered that the same procedure at Mulago National Referral Hospital, which cost her Shs600,000, could have been done for just Shs50,000.

Although Asiimwe believes she chose the right facility, she suspects that the wrong people handled her situation, though the story could not independently confirm the qualifications of those who treated her. Unfortunately, cases of misdiagnosis, mistreatment, and disastrous outcomes are common in oral healthcare, especially when practitioners exceed their technical boundaries.

Umaru Kizito, a prosthodontist at Elephint Specialist Dental Care and a lecturer at Makerere University School of Dentistry, believes such issues could be addressed through unity and strict regulations within the dental healthcare community.

Dentistry in Uganda has come a long way since the 1940s, when Musa Settimba began his train-

ing on the job as a dental practitioner at Mulago Hospital, at a time when Uganda had only two dentists, both of whom were European. Over the years, pioneers such as Dr Jack Barlow, along with a UK-trained cohort that included Martin Aliket, Arnold Bisase, George Ssamula, William Nganwa, and Ken Chapman, an American missionary who served at Mengo Hospital for 45 years, have contributed to the profession's steady evolution.

Initially, dentistry was "simply removing teeth." Over the decades, it has transformed into a multi-layered profession, with some private facilities even adopting 3D technology. However, challenges remain.

Growth and confusion

Makerere University, the first dental training facility in East Africa, introduced the Bachelor of Dental Surgery degree in 1982. Among the 10 pioneer students, only two graduated in January 1988: James Magara and Paul Wamala, who later entered private practice in Kampala and Swaziland, respectively. Makerere continues to train Public Health Dental Officers (PHDOs), also known as dental hygienists, for three years, which is equivalent to the training of medical clinical officers.

Today, several colleges and universities in Fort Portal, Gulu, and Mbarara are producing PHDOs, dental lab technicians, nurses, and related professionals at the diploma level, while some are trained abroad.

From 2006 to 2014, the number of registered dentists in Uganda increased from 72 to approximately 300. Even with this growth, the dentist-to-population ratio was 1:168,000. Eleven years later, the number of dental surgeons has risen to around 425, improving the ratio to 1:110,000, according to Dr. Mathew Rubona, president of the Uganda Dental Association (UDA). However, this number is still far below the World Health Organisation's recommended ratio of 1:7,500 for developing countries.

Maxwell Ekwee Poru, president of the Uganda Dental Officers and Technologists Association (UDOTA), notes that the number of registered PHDOs has increased from 187 in 2015 to about 3,000 in 2025. Despite this growth, the total number of dental practitioners serving more than 40 million Ugandans remains insufficient.

"We are in dire need of dental professionals without mincing words, we need them to be well-trained, organised, and regulated," Ekwee states. However, this increase in numbers has led to an even greater issue.

"We are lost. We have so many levels of practitioners, and the public does not know who to go to," says Kizito, UDA's education secretary.

Who does what?

In February the court charged John Bosco, an assistant nursing officer, with illegally performing an unauthorised surgical procedure at Atutur General Hospital in Kumi District. He also lacked a valid working license.

Kizito points out that similar issues are common in dentistry. "There are people trained to extract teeth in a lab, but they are not qualified to extract them in someone's mouth. Does the public understand that these are two different roles?"

Some practitioners are trained to open jaws and remove cancer, while others focus solely on extracting teeth. Some are only qualified to diagnose nose community dental problems and not to perform any procedures. Unfortunately, these roles often get mixed up, sometimes due to workforce shortages, sometimes because of public ignorance, and frequently due to greed.

For instance, removing oral cancer can earn someone between Shs3m and Shs20m in high-end facilities such as Nakasero or Mulago, while the same procedure might only fetch Shs500,000 in a small rural clinic. This raises the question: who is actually performing these procedures, and are they doing so correctly?

"Do the patients heal from these risky procedures? Some do. But are there risks of complications or even fatalities? Absolutely," Kizito comments.

On the other hand, Charles Tusiime, registrar of the Uganda Medical and Dental Practitioners Council (UMDPC), says the regulator has not received reports of such malpractice. He emphasises the low number of dental surgeons, the limited training institutions, and a lack of necessary equipment.

Practitioners like Kizito argue that malpractice goes unrecorded because patients rarely report due to fear, ignorance of channels, or simply giving up, but no systematic data exists to confirm how often harm occurs.

"As a council, we encourage the public to report any malpractice in the dental industry, and our ethics and disciplinary committee will address these concerns accordingly," Tusiime adds.

Still, Kizito insists that practitioners are aware of ongoing malpractice but argue it goes unrecorded and that there is no government policy to regulate it.

Facilities: Size matters

Ekwee says the range of services a facility offers often depends on its size. In government settings, dental surgeons are typically found only in regional hospitals. District hospitals and Health Centre IVs rely on dental officers and technicians, who must refer complex cases.

To standardise private practice, UDOTA recently required dental facilities to display their operating licences, indicating the practitioners authorised to work there.

A win-win

Experience without proper qualifications can be dangerous. "If such a person performs procedures without supervision, it might expose patients to complications," Ekwee says.

He notes that litigation is rising as Ugandans become more legally aware. A unified Uganda Dental Society, he argues, would ensure proper training, safe referrals, and better patient outcomes.

"I am a dental officer. If a patient needs implants, which I do not offer, it is only logical for me to refer them to the right person," he says.

Such a system would benefit both patients and practitioners, ensuring safety, satisfaction, and legal protection.