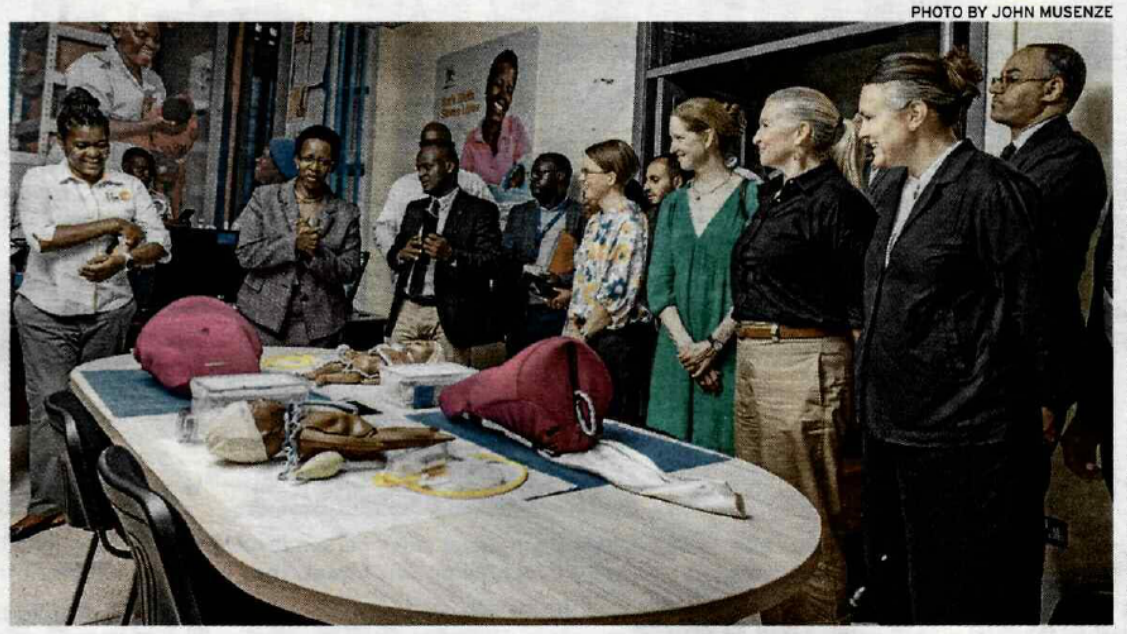
MEDICAL STUDENTS TO GRADUATE AFTER SIX YEARS

BY JOHN MUSENZE

PHOTO BY JOHN MUSENZE



Atwine (second-left) leading a delegation from European Union, the United Nations Population Fund and other partners on a tour of the National Knowledge Hub at Kawempe National Referral Hospital after the launch of the facility on Tuesday

The Government has unveiled new reforms within Uganda's medical training system, declaring that no medical student will graduate before completing an internship.

The directive, experts say, could fundamentally reshape how doctors, nurses and pharmacists are trained, assessed and licensed.

According to the permanent secretary of the health ministry, Diana Atwine, the new reforms are part of a broader strategy to strengthen human resources for health.

It also signals one of the most significant policy shifts in medical education in decades.

Starting this July 2026, we are going to change the way we have been doing things. You are going to be assessed thoroughly, and graduation will take place after your internship. You are going to graduate after you have finished your internship," Atwine said.

She was speaking during the launch of the National Knowledge Hub on Tuesday at Kawempe National Referral Hospital.

Atwine added that the Government is prioritising both the numbers and quality of health workers, in collaboration with the education ministry.

HOW NEW POLICY WILL WORK

Dr Daniel Kyabayinze, the director of public health at the health ministry, said the decision was passed and approved by the cabinet and supervision will entirely remain under the health ministry.

"Training as a doctor remains five years under the university curriculum. Internship has always been an additional one year. That has not changed," Kyabayinze said.

He added that the reform stems from a policy that was rolled out by the education ministry. Kyabayinze noted that the health ministry is drafting guidelines detailing deployment, supervision, competency tracking and evaluation benchmarks.

Under the new arrangement, he added, medical interns will be assessed continuously, with attendance logs and certification of skills in key disciplines such as surgery, paediatrics and emergency care, competencies critical for service delivery at health centres III and IV and referral hospital levels.

"Internship is not going to be passing time. By the time someone completes, we should know what they are capable of. That is why we are going to be doing assessment," he said.

EXISTING STRUCTURE

For decades, Uganda's medical education pathway has followed a predictable structure: five years of academic training at university, graduation with a Bachelor of Medicine and Bachelor of Surgery, followed by a compulsory one-year supervised internship in accredited hospitals.

Internships have traditionally been managed and assessed by independent regulatory bodies such as the Uganda Medical and Dental Practitioners Council (UMDPC), alongside councils for nurses and pharmacists. Only after successful completion of an internship and regulatory evaluation does a graduate receive full registration and a practising license.

NEW POLICY

Under the new policy, which officials said has been approved by Cabinet, that sequence will change.

According to Atwine, an internship will now precede graduation. This means that students will only receive their degrees after completing the supervised clinical year internship.

She framed the change as a necessary standardisation measure.

"We want to introduce a system that ensures by the time you leave with your degree, you are fully equipped and confident that you can be deployed to any facility," she said.

WHAT OTHERS SAY

Medical schools contacted indicated that implementing the changes by July may be logistically difficult, especially for cohorts already enrolled.

One senior academic, who asked to remain anonymous, noted that curriculum restructuring requires planning and regulatory approval.

"It is practically impossible to introduce this for continuing students unless it starts with a new intake, and we need like five years to have this effective," the official said, adding that universities had not yet received formal communication.

Medical professional bodies have also shared similar sentiments.

Dr Frank Asiimwe, the president of the Uganda Medical Association (UMA), said the association had not been formally consulted.

"This is a major policy shift. The medical degree currently runs for five years. Unless it becomes six years, how do you incorporate an internship before graduation into that period?" Asiimwe said.

On his part, Dr Herbert Luswata, a medical expert and former president of UMA, pointed out the weak regulatory independence.

The councils have an independent mandate to assess graduates during internships. That independence motivates universities to maintain standards. If supervision shifts without strong external checks, there is a risk of complacency," he said.

Luswata added that if the health ministry is not happy with the quality of doctors being produced, then it should work with UMDPC, which is responsible for upholding the standard of health experts/doctors.

"The Uganda Medical and Dental Practitioners Council does the supervision of these universities every year, and as it has been, qualified medical experts under the same council assess these students during internship, so where we lose the quality is what the ministry needs to find and work on. Then, if the ministry says it's going to do the supervision, will it be done under the council or another body?" Luswata said.

He warned that while the intention to improve quality is commendable, reforms must not dilute professional safeguards. He emphasised that the council does supervision for all these universities and regulates intakes and numbers of students, so the changes should be worked out with the council rather than putting it to the students.

"If it remains five years, then an internship before graduation, how will students do things at the same time?" Luswata said.

Prof. Joel Okullo, the head of UMDPC, said the changes would be good if the health ministry works with all concerned bodies before rolling out the new policy.

"Everyone is free to do what they want; that is why we have these standard gaps. If they are going to fix the internship before graduation, and then the course remains five years, like you are telling me, then it will be too much for students to handle studying as well as the internship. So, we risk the quality we are looking for," Okullo noted.

Dr Jacob Mwadha Adyeeri, the president of the Federation of Uganda Medical Interns, described the rollout timeline as rushed and potentially destabilising.

"It does not make sense. An internship is not mandatory for everyone who studies medicine. Some doctors who do not intend to practice clinically choose not to do an internship because they do not need a practising license. Now, how will government license what it has not supervised?" Adyeeri asked.

"Medical interns are not ordinary students you keep in university after graduation. internship is service, responsibility and exposure to real-life emergencies," he added.

He also warned that policy uncertainty could discourage capable science students from pursuing medicine at a time when Uganda's doctor-patient ratio remains critically low.

"An internship has funding implications. If this is about avoiding paying interns, then it is unfortunate," he added.

Commenting about the policy shift, a medical student, who preferred to remain anonymous, said: "We understand the need for quality and competence. But we need to know how this affects our timelines, fees and deployment. Will we pay an extra year of tuition? Will the Government sponsor internships as part of training? These are important questions that need immediate answers."

She added that internships are often financially and emotionally demanding, especially in high-volume referral hospitals.

"Poor quality of doctors produced is not through internships. It's because of the many universities, with each having its own entry criteria. Some universities have three intakes. I know some universities that allow the lowest points; let them begin with that," she added.

However, Dr Daniel Kyabayinze, the director of public health at the health ministry, clarified that internship allowances will remain as previously structured and that deployment cycles would not be disrupted to avoid backlogs.