

MEDICINE DENTISTRY, PHARMACY HAVE BEEN GIVEN TIGHTEST LIMITS

By Martin Kitubi

While the country is home to 18 universities and 201 health workers' training colleges, many institutions have deployed a didactic methodology of teaching, where a lecturer or instructor transfers knowledge to the students.

This method of training is profit-making for some institutions, since it allows them to admit more students for health programmes.

However, the crowded lecture rooms and practicum facilities are hurting the health sector, according to the health ministry, because many of the graduates are substandard.

The skills mismatch has forced the Government to tighten trainer-to-student ratios for both classroom-based training and clinical settings for practicum.

The ratios designed for all categories of health programmes, including bachelor's degree, diploma and certificate programmes, will see the number of medical students reduced by half.

As part of the new classroom and clinical setting ratios, which are part of the National Education and Training for Health Policy, programmes such as medicine, dentistry and pharmacy have been given the tightest limits.

The policy was developed by both the education and health ministries and launched on April 29, at the Source of the Nile Hotel in Jinja during the fourth National Health Professionals' Education and Training for Health Care Conference.

MEDICINE, DENTISTRY, AND PHARMACY

According to the policy, given the high-complexity nature of decision-making in these professions, the reduced ratios will strengthen supervision, direct observation and timely feedback.

For medicine and dentistry courses, no medical school will be allowed to exceed a trainer-to-student ratio of 1:10-15 during clinical teaching or 1:20-25 during classroom-based instruction.

For pharmacy, no university or college will be allowed to exceed a trainer-to-student ratio of 1:15-20 in laboratory and clinical teaching settings and 1:25-30 in classroom-based instruction.

During an internship, no medical entity is allowed to exceed a preceptor-to-intern ratio of 1:3-5 in clinical departments to ensure close supervision, patient safety and valid competency assessment,

GOVT TIGHTENS ENROLMENT IN MEDICAL SCHOOLS

LIKELY IMPACT

While the policy is expected to streamline training of health workers in Uganda, it is expected to indirectly force medical schools and colleges to reduce the number of students admitted a year due to the strict demands.

For medical schools and health institutions that are financially stable, they are expected to invest in the expansion of the facilities and recruit more staff to meet the demands.

"To address the gaps in the health care system, it must start with the way we train health workers and we think the policy is going to deliver this. Makerere University Medical School is Uganda's most equipped, but it only admits a few students for medicine. However, you find another medical school graduating 400 to 600 medical doctors; where are these students being trained from?" a senior government official who participated in the formulation of the policy asked.

for medicine and dentistry.

For pharmacy, no facility will exceed a 1:5-8 interns-to-preceptor ratio, depending on the practice setting, including hospital, community, regulatory, or industrial.

NURSING, MIDWIFERY AND ALLIED HEALTH

For nursing, midwifery and allied health professional programmes, the ratios reflect the centrality of bedside care, procedural competence and continuous patient interaction, while recognising the team-based nature of service delivery.

The policy requires that the trainer-to-student ratios for skills-based training, such as classroom instruction, will not



Minister Muyingo

exceed 1:30-40 students per trainer and that for laboratory skills and simulation, they will not exceed 1:10-15 students per trainer.

During the internship, the preceptor-to-intern ratio for clinical practice will not exceed 1:6-10 students.

However, this too will depend on the ward acuity, case mix and level of training.

For allied health professionals, the policy stipulates that the ratio shall not exceed 1:5-8 interns per preceptor, depending on practice setting, such as hospital, community, regulatory or industrial.

GOVT SPEAKS OUT ON REFORM

While launching the policy, John Chrysostom Muyingo, the Minister of State for Higher Education, noted that the policy is aimed at ensuring that graduates meet the required quality standards before they are passed out.

He added that the reforms are aimed at improving the responsiveness to emerging health challenges through flexible curricula and continuous review.

Dr Safina Kisu Musene, the Commissioner of Health Education and Training at the education ministry, explained that the different lecturer-to-student ratios are intended to ensure adequate supervision, reinforcement of professional values, patient safety and attainment of required clinical competencies.

THE DEMAND VS ENROLMENT

While the World Health

Organisation standards require that a country should have five health workers for every 1,000 people, Uganda has yet to match this.

With a population of 45 million, both the ministries of education and health estimate that Uganda must admit at least 45,000 students to health training institutions, including universities.

IMPLEMENTATION, TRANSITION

New Vision has learnt that the policy reforms will be fully rolled out in July 2027, alongside the new curricula for higher education programmes.

According to the Policy Standards, all learners,

interns, residents and fellows who are already enrolled, deployed, or appointed at the commencement of these standards shall be allowed to continue and complete their training under the conditions that applied at the time of their admission, deployment or appointment.

However, where alignment with new standards is required, the policy indicates that reasonable accommodation and bridging measures shall be provided.

WHAT STAKEHOLDERS SAY

Dr Justus Barageine, the past-president of the Association of Obstetricians and

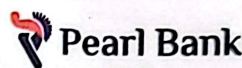
Gynaecologists of Uganda (AOGU), noted that strict regulations on the number of students enrolled are important to ensure quality education.

Barageine, who is a lecturer at Makerere University, noted that procedures, such as dissection of bodies in medicine require a 1:6 ratio for proper training.

While the Government has recommended a ratio not exceeding 1:15 in clinical settings and 1:25 in classroom-based instruction for medicine, Barageine noted that this should be reduced further to just 1:6. Barageine argued that having more than 10 students in a clinical setting would expose the patients to crowds and that it is not right.

Now, he said, the way the policy will be implemented will determine whether it will be followed to the dot or not.

In a separate interview, Dr David Serwadda, a celebrated researcher at Makerere University School of Public Health, noted that the policy is important to harmonise the training of health workers in the country.



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