

THE PRACTITIONER'S —PULSE—



Oct-2026
Volume I,
Issue 2



The Numbers Don't Lie: Uganda's Health Workforce at the Crossroads

64th Independence Edition



Editorial Team



Dr Charles Tusiime



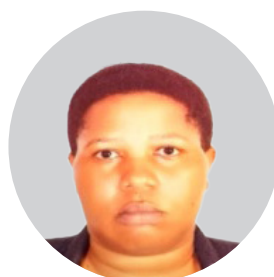
Dr Kisuule Ivan



Mr Okuk Paul Nyankori



Mr Mpiima Isreal



Ms Komujuni Annah



**Reviewing & Approving
Curricula of Programmes**



New Doctors



**Strategic Collaborative
Partnerships & Networks**



Foreword From the Registrar

Warm greetings from the Uganda Medical and Dental Practitioners Council. The Council continues to salute all practitioners who provide health services to the citizenry! May the Lord reward you abundantly.

It is my pleasure to present Issue 2 of The Practitioner's Pulse, majorly covering the fiscal year 2025/2026 - a year in which the Council registered growth across nearly every mandate area. At the regional level, UMDPC received leadership of EAC medical and dental practitioners council. At the continent level, UMDPC Chairman is the AMCOA President. This fiscal year, the Council fully registered 776 medical and dental practitioners after internship, while 1,012 were provisionally registered to begin internship. Our National Register now stands at 10,951 practitioners since the Council's establishment in 1998, comprising 10,456 medical practitioners and 495 dental surgeons.

At a glance, comparing FY2024/25 directly with FY2025/26 reveals that new intern and full registrations both dipped this year, whereas specialist registrations, temporary (foreign) registrations, and Certificates of Good Standing all rose. This pattern aligns with the previous year's internship disruptions with backlog of undeployed 2023/2024 cohort, alongside ongoing brain-drain pressures and an inflow of foreign practitioners.

To improve licensure, the Council has continued to strengthen the web-based e-health licensing

“This financial year, the Council fully registered 776 medical and dental practitioners after internship, while 1,012 were provisionally registered to begin internship.”

portal. In this year, 9,183 practitioners renewed their APLs online, giving a compliance rate of 88 percent, up from 83 percent the previous year.

The year was not without turbulence. (i) Practitioners confronted and defeated an outbreak of Bundibugyo ebolavirus, (ii) a few unlicensed medical centers and practitioners were identified, (iii) a prolonged standoff over the National Education and Training for Health Policy briefly disrupted internship deployment, (iv) increasing cases reported for professional inquiry is notable.

I urge all practitioners to embrace the online system and use it at their convenience by visiting www.ehealthlicense.go.ug. The public can also use the same platform to verify whether a given health worker is a doctor or dentist, and whether they are currently licensed to practice.

Dr Charles Tusiime
CEO and Registrar, Uganda Medical and Dental Practitioners Council

UMDPC Members



Assoc Prof Joel Okullo
Chairperson UMDPC



Dr. Turyahabwe Stavia
Member



Prof. Ngonzi Joseph
Public Medical Schools
Representative



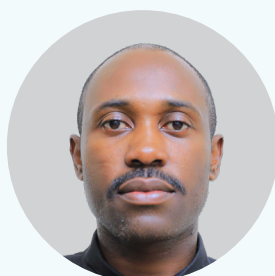
Dr. Okello Maxwell
Private Medical Schools
Representative



Dr. Tumwine Daniel
Private Practitioners
Representative



Dr. Twaha Ayub
UDA Representative



Dr. Owaraganise Asiphas
U.M.A Representative



Dr. Muyanga Mark
U.M.A Representative

Ministry of Health Senior Management



Hon. Dr. Chris Baryomunsi
Minister of Health



Hon. Dr. Charles Ayume
State Minister for
Primary Healthcare



Hon. Anifa Bangirana
State Minister for
Health in Charge of
General Duties



Dr. Diana Atwine
Permanent Secretary



Dr. Charles Olaro
Director General,
Health Services



UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL



H.E. Yoweri Kaguta Museveni
President of the Republic of Uganda



Dr. Chris Baryomunsi
Health Minister



Assoc Prof Joel Okullo
Council Chairperson



Dr Charlse Tusiime
Registrar UMDPC

As Uganda celebrates 64 years of Independence, the **Uganda Medical and Dental Practitioners Council** joins His Excellency the President, the Government and all Ugandans in commemorating this proud national milestone.

We celebrate the resilience, unity and progress of our nation and recognise the dedication of medical and dental practitioners whose service continues to safeguard lives and improve the health and wellbeing of our communities.

As the statutory regulator of the medical and dental professions, the Council remains committed to upholding professional standards, ethics, competence and patient safety in support of a stronger and healthier Uganda.

***Together, let us build a healthier nation, stronger communities
and a brighter future for every Ugandan***

Plot 442, Kafeero Zone Road, Mulago,
Off Mawanda Road P.O BOX 16115, Kampala, Uganda
Email: registrar@umdpc.go.ug Call: +256-200-904427

Executive Summary: UMDPC Performance FY 2025/26

Consolidating growth amid national challenges

The 2025/26 Financial Year built on last year's digital gains while testing the Council's resilience. Licensing compliance rose again, the specialist and facility registers both expanded, and Uganda produced its largest single-year cohort of new doctors and dentists on record.

Summery of Quarter Report FY 2024/2025

ITEM	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4	TOTAL
Provisional licenses	1118	0	0	0	1118
Full registration	53	611	116	72	852
APL	117	2285	4676	1257	8335
Specialist Registration	34	60	104	89	287
Temporary licenses	112	131	279	305	827
Certificate of Good Standing	57	63	115	109	344
Facility Operating licenses (New)		92	109	112	313
Facility Operating licenses (Old)	615	136	848	550	2149
TOTAL					

Summery of Quarter Report FY_2025-2026

License & Registration		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Provisional Registration		957	21	25	9	1012
Full Registration		503	162	88	23	776
APL		1018	2180	4905	1080	9183
Specialist		24	70	218	70	382
Temporary Register (Foreigners)		237	203	366	229	1035
Certificate of Good Standing		99	67	249	96	511
Facility License	New	76	47	43	133	299
	Old	287	168	920	921	2296

APL both online and deskwork, larger number if for online.

Quality assurance & public safety

- MLEB Exams: 32 candidates assessed across two sittings; 17 passed.
- The Council continues to pilot a Universal Exit Examination for local and foreign graduates.
- Facility oversight: Over 240 health facilities inspected across Kampala metropolitan area, Mukono, Bukedi and Bugishu regions.
- Ethics & discipline: Seven disciplinary cases concluded; 72 remain under investigation,

reflecting growing public engagement with UMDPC.

- Fitness to practice: Three cases handled, two concluded, one practitioner barred from clinical practice on medical grounds, another restricted in scope of practice pending treatment.

Strategic roadmap 2026/27

- Implementation of the National Education and Training for Health Policy, (pending resolution causes on Internship training)

- Continued resource mobilisation for the joint Professional Councils' headquarters at Butabika.
- Submission of the reviewed National Health Professions Authority resolutions to Cabinet.
- Fourth round of EAC joint school inspections, using newly revised inspection tools and guidelines.

Standards of Professional Education & Training



Council's supervision and monitoring of medical and dental training, including internship, remains a core mandate. Fifteen medical and dental schools were recognised by UMDPC during FY 2025/2026, up from thirteen the previous year, with new dental and MMED programmes accredited at Jeph International University (Butabika) and Uganda Martyrs University (Nsambya) respectively.

Notably, Equator University's School of Medicine produced its first cohort of medical and dental graduates in this financial year - a milestone for Uganda's expanding training capacity.

Recognised Medical and Dental Schools, FY 2025/26

University	Location	Programme
Makerere University College of Health Sciences	Kampala	Medical & Dental
Mbarara University of Science and Technology	Mbarara	Medical
Busitema University	Mbale	Medical
Gulu University	Gulu	Medical
Islamic University in Uganda	Kampala	Medical
Kampala International University	Ishaka/Bushenyi	Medical & Dental
Uganda Christian University	Mengo	Medical & Dental
Kabale University	Kabale	Medical
Soroti University	Soroti	Medical
Lira University	Lira	Medical
Equator University	Masaka	Medical & Dental
King Ceasor University	Bunga	Medical
Fins University	Fort Portal	Medical
Jeph International University	Butabika	Dental
Uganda Martyrs University	Nsambya	MMED

Reviewing & Approving Curricula of Programmes



In FY 2025/26, the Council received eighteen curricula for review for Bachelors and MMED programmes submitted to the National Council for Higher Education (NCHE) for (re)accreditation. Review was completed for twelve of these, while six remain under review.

Four new fellowship programmes and their training sites were accredited during the year:

- Fellowship in Anaesthesiology and Critical Care Medicine (CANECSA) - Mulago Specialised Women and

Neonatal Hospital, Mbale Regional Referral Hospital, and Mbarara Regional Referral Hospital.

- Fellowship in Internal Medicine (ECSACOP) - Mulago National Referral Hospital.
- Fellowship in Obstetrics and Gynaecology (ECSACOG) - Mengo Hospital and Lubaga Hospital.
- Fellowship in Ophthalmology (COECSA) - Mengo Hospital.

Council continues to hold strategic meetings with the NCHE and the Inter-ministerial committee, comprising members from the

Ministry of Health and Ministry of Education, to improve the quality of medical and dental training nationally.

“Four new fellowship programmes and their training sites were accredited during the year:”

Inspection & Support Supervision of Training Institutions



The Council, in conjunction with the NCHE, conducted joint inspections of six universities during FY 2025/26: Makerere University, Uganda Christian University, Equator University of Science and Technology, King Ceasor University, Soroti University, and Islamic University in Uganda.

Findings again pointed to inadequate infrastructure and faculty-to-student ratios below recommended levels at several institutions. Using a standardised East African Community assessment tool, the Council scored thirteen medical and dental schools over the past two inspection cycles:

School	Inspection Date
Kampala International University - Medical	26 May 2025
Kabale University - Medical	25 Feb 2025
Busitema University - Medical	26-27 Feb 2025
Soroti University - Medical	25-26 Feb 2025
King Ceasor University - Medical	25 Mar 2026
Mbarara University - Medical	27 Feb 2025
Makerere University - Dental	23-24 Feb 2026
Lira University - Medical	28 May 2025
Uganda Christian University - Dental	25 Feb 2026
Equator University - Medical	23 Mar 2026
Makerere University - Medical	23-24 Feb 2026
Uganda Christian University - Medical	25 Feb 2026
Gulu University - Medical	26 May 2025
Fins University - Medical	29 May 2025

No joint EAC inspection took place this year, but the inspection tools and guidelines were revised in preparation for a fourth round of regional inspections expected in FY 2026/27. Schools previously granted reciprocal recognition, including all eight recognised Ugandan schools plus institutions in Kenya, Tanzania, Rwanda and Burundi, remain listed on the UMDPC and EAC medical councils' registers.

“Findings again pointed to inadequate infrastructure and faculty-to-student ratios below recommended levels at several institutions.”

New Doctors & Dentists

A record 1,592 new graduates applied for provisional registration to begin internship in FY 2025/26, up sharply from 987 the previous year, drawn from fifteen local universities and a small number of foreign-trained graduates.

Kampala International University produced 495 new graduates, followed by Makerere University's MBChB programme with 200. Equator University's School of Medicine registered its first-ever cohort - 38 MBChB and 10 BDS graduates.



Medical and Dental Interns Registered, FY 2025/26

University	Number of Doctors
Kampala International University	495
Makerere University - MBChB	200
Busitema University - MBChB	108
Mbarara University of Science & Technology	87
Islamic University in Uganda	83
Gulu University - MBChB	77
Uganda Christian University - MBChB	50
Soroti University - MBChB	50
Kabale University - MBChB	46
Equator University - MBChB	38
Makerere University - BDS	26
Foreign Trained Graduates - MBChB	12
Equator University - BDS	10
Foreign Trained Graduates - BDS	3
Uganda Christian University - BDS	4
TOTAL	1,592

Internship training & the NETH policy

Internship for the FY 2025/26 cohort commenced in August 2025 with change-over in February 2026 without major interruption. The Council, working with the Uganda Medical Internship Committee (UMIC), accredited 78 internship training centres nationwide. During the year, Cabinet passed the National Education and Training for Health (NETH) Policy whose rollout triggered a nationwide standoff over intern facilitation between June and August 2026.

Council also continued ethical sensitisation of students at Makerere College of Health Sciences during pre-internship induction, and encourages all training institutions to make this an annual requirement ahead of deployment.

“The Council, working with the UMIC, accredited 78 internship training centres nationwide.”

Quality Assurance & Compliance with Practice Standards



2.1 Continuing professional development

Council continued to review CPD provider performance and accredit new providers through the year. Practitioners must obtain at least 48 CPD

points annually before renewing their APL, and Council has further resolved that at least four of these points must come from either the Uganda Medical Association or the Uganda Dental Association. The accredited provider list remains available at www.ehealthlicense.go.ug.

2.2 MLEB examinations for foreign-trained Doctors

Sitting	Sat	Passed	Failed	1st Timers	Repeaters
Nov 2025	11	07	04	07	04
Apr 2026	21	10	11	17	04
TOTAL	32	17	15	24	08

Of 32 candidates trained outside the East African region who sat the pre-internship theory and clinical exams, 17 passed. Council recommends that foreign-trained graduates first undertake a clinical attachment at a national or regional referral hospital before sitting the

exams, and continues drafting a statutory instrument to enable a Universal Exit Examination for both local and foreign graduates.

2.3 Peer review of foreign-trained Practitioners

134 foreign doctors were peer

reviewed by Ugandan specialists this year, of whom 95 passed and 39 were referred for further clinical attachment before being considered for temporary registration.

2.4 Support supervision & facility inspection

Regional inspectors, working with district health officers, inspected over 240 health facilities across the Kampala metropolitan area, Mukono, Bukedi and Bugishu regions, issuing recommendations to improve quality of care. The Council has also completed its review of the Guidelines for Classification and Minimum Requirements for Private Health Facilities, which now await Ministry of Health approval before dissemination.

“134 foreign doctors were peer reviewed by Ugandan specialists this year, of whom 95 passed and 39 were referred for further clinical attachment before being considered for temporary registration.”

Ethics & disciplinary

Council receives and handles complaints against practitioners and facilities, most commonly involving negligence, false recording and general professional misconduct. Seven cases were concluded during FY 2025/26; rulings can be accessed under Publications at umdpc.go.ug. Seventy-two cases remain under investigation, a backlog Council attributes largely to constrained resources for conducting inquiries.

Fitness to practice

Fitness to practice rests on the principle that a practitioner must be physically and mentally sound to engage honourably in the

profession. The Fitness to Practice Committee determines whether a practitioner is impaired and may impose conditions such as restrictions on the locality or scope of practice, mandatory supervision, or referral for treatment and rehabilitation.

Three cases were reported in FY 2025/26, of which two were concluded. In one, the practitioner was barred from clinical practice due to profound mental illness and referred for early retirement on medical grounds; in the other, the practitioner was restricted in scope of practice due to a cardiac condition that precludes prolonged standing during procedures such as operations.

Colleagues, patients or any interested party may lodge a complaint or observation regarding a practitioner's fitness to practice through the Council's published guideline.

Fitness to practice rests on the principle that a practitioner must be physically and mentally sound to engage honourably in the profession.



UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL (UMDPC)
Regulating Medical and Dental Practice for Quality Healthcare



PUBLIC ANNOUNCEMENT

ONLINE RENEWAL OF OPERATING LICENSES

TO START ON 1st OCTOBER 2026

The Uganda Medical and Dental Practitioners Council (UMDPC) wishes to inform all health facilities under its regulatory mandate that the **online renewal of Operating Licenses** will commence on **1st October 2026** and will be done **ONLINE**.

All eligible health facilities are encouraged to renew their Operating Licenses through the UMDPC **eHealth Licence Portal**.

RENEWAL PROCESS (ONLINE)



1. Login to your facility account



2. Supervising Doctor Updates Facility Info.



3. Upload required documents



4. Generate invoice and make payment



5. Verification and approval by UMDPC



6. Download / Print your renewed Operating Licence

IMPORTANT

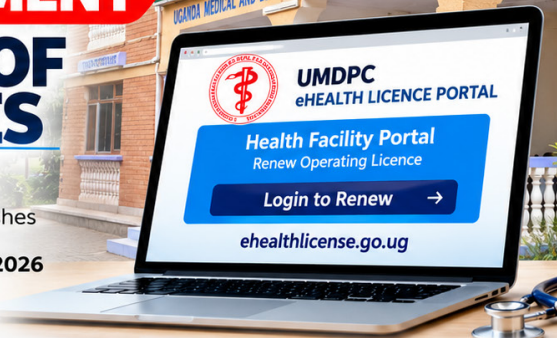
- ✓ Ensure your facility details are up to date.
- ✓ Upload all required documents.
- ✓ Make payment using the approved payment channels.
- ✓ Apply early to avoid delays.
- ✓ Operate only with a valid UMDPC Operating Licence.

 For further information on the renewal process, requirements, fees and timelines, please contact us:

 ehealthlicense.go.ug

 +256 200 904427 / Toll Free 0800100262

 registrar@umdpc.go.ug



Registering & Licensing Practitioners



Provisional & full registration

UMDPC provisionally registered 1,012 medical and dental practitioners from July 2025 to June 2026 - a slight decline from 1,118 the prior year, though numbers are expected to rise as more schools open. A total of 776 practitioners achieved full registration in the same period, more than the 464 registered in FY 2023/24, reflecting growing numbers of graduates completing internship. Practitioners must register within three months of completing internship or face repeating it.

Annual Practicing License (APL)

9,183 of 10,951 registered practitioners renewed their APL in FY 2025/26 - an 88% compliance rate, up from 83% the prior year and well above the 5,320 renewals recorded just two years earlier. A Council study on APL compliance found self-reported renewal compliance as high as 92.9%; non-compliance was linked mainly to non-clinical primary work, while personal conviction, employer requirements and perceived benefits of renewal were protective factors. The study recommends stronger employer engagement, improved Council communication, and more accessible CPD point accumulation.

Specialist & temporary registration

As of June 2026, the specialist register held 3,214 medical and dental practitioners, including 382 newly registered specialists - up from 284 the previous year. The Country still needs more specialists in neurosurgery, cardiology, psychiatry and anaesthesiology; ongoing fellowship accreditations aim to close this gap.

1,035 foreign practitioners received temporary registration between July 2025 and June 2026, most being refugee health workers from Sudan, Somalia, Ethiopia and Eritrea, reflecting Uganda's open-door refugee policy. All are peer reviewed before registration.

Certificate of Good Standing & Brain Drain

511 practitioners sought a Certificate of Good Standing (CGS) to migrate abroad in FY 2025/26 - a sharp rise from 344 the year before - with destinations spanning Southern and East Africa, the United States, Canada and Europe. Council continues to flag poor working conditions, low remuneration, inadequate infrastructure and limited equipment as the principal drivers of this brain drain.

Health Facility Licensing

2,595 private health facilities were licensed by UMDPC in FY 2025/26, an increase from 2,149 the previous year, of which 299 were newly registered. Guidelines for classifying private health facilities by level of care have been finalised and now await Ministry of Health approval before enforcement.

Improving Policy & Regulatory Frameworks



Council & Committees

The Governing Council continues to exercise oversight of UMDPC operations throughout FY 2025/26, acting as guardian of the certification process and court of appeal for aggrieved parties. Its standing committees - Finance and Administration; Education, Training and Registration; Inspection, Quality Assurance and Research; and Ethics, Disciplinary and Fitness to Practice - together with sub-committees on Medical Licensure and Examination and on Continuing Professional Development, met throughout the year and directed recommendations to the

Secretariat for implementation.

National Health Professions Authority (NHPA)

Following last year's exemption of professional health councils from the Cabinet decision to merge government agencies, the Minister of Health directed UMDPC to review the principles underpinning the proposed National Health Professions Authority. This review has been completed and the updated principles submitted to the Minister for presentation to Cabinet.

Secretariat

The Secretariat, headed by the Registrar, remains responsible for day-to-day implementation of Council decisions. A plan is underway to expand the

Secretariat's staff structure to improve operations and service delivery as the Council's workload continues to grow.

The Governing Council continues to exercise oversight of UMDPC operations throughout FY 2025/26, acting as guardian of the certification process and court of appeal for aggrieved parties.

Pictorial



Pictorial



Strategic Collaborative Partnerships & Networks



H.E John Dramani Mahama at the 28th Annual AMCOA Conference themed: Responsive Regulation for Safer Communities Towards Universal Health Coverage. Accra Ghana

Council continues to lead joint programmes with the Uganda Nurses and Midwives Council, Allied Health Professionals Council and Pharmacy Board. The three-acre Butabika plot allocated in 2014 for a shared Professional Councils headquarters has been fenced to protect it from encroachment, and the Health Service Commission is now in advanced stages of developing the land.

Regional & International Networks

UMDPC remains an active member of the East African Community regulatory family - alongside the Kenya Medical Practitioners and Dentists Council, the Medical Council of Tanganyika, the Rwanda Medical and Dental Council and the Burundi Medical Council - as well as international bodies including the International Association of Medical Regulatory Authorities (IAMRA), the Health Professional Council of South Africa (HPCSA), the Educational Commission for Foreign Medical Graduates (ECFMG) and the World Federation of Medical Schools (WFMS).

Leadership on the Continent: AMCOA

Uganda continues to hold the presidency of the Association of Medical Councils of Africa (AMCOA) through UMDPC's Chairperson, Assoc. Prof. Joel Okullo. The Council hosted the 28th Annual AMCOA Conference in Accra, Ghana, Munyonyo, from 27 to 31 July 2025 under the theme "**Responsive Regulation For Safer Communities Towards Universal Health Coverage,**" drawing regulators from across the continent to harmonise health workforce standards and digital credentialing practices.

Raising the Bar



Advancing excellence in Medical and Dental Education, training and registration in Uganda

The quality of healthcare that a nation provides is inseparably linked to the quality of the professionals it trains, registers, and licenses to serve its people. As Uganda continues to strengthen its health system and pursue universal access to quality healthcare, the responsibility placed upon medical and dental education institutions, regulators, practitioners, and policymakers has never been greater.

The Education, Training and Registration Committee remains committed to ensuring that every medical doctor and dental surgeon entering practice possesses the knowledge, clinical competence, ethical grounding,

and professional values required to meet the evolving health needs of our population.

Strengthening Standards & Clinical Training: UMDPC is working closely with universities, teaching hospitals, professional bodies, and other stakeholders to ensure that curricula remain relevant, competency-based, and responsive to national and global health priorities - training graduates prepared for the growing burden of both communicable and non-communicable diseases, mental health conditions, trauma, and emerging public health threats. Simulation-based learning, inter-professional education, digital health competencies, and evidence-based practice are increasingly essential components of modern healthcare education.

Registration as a mark of professional trust

Registration is far more than an administrative process; it is a declaration to the public

that an individual has met the required educational, ethical, and professional standards necessary to practise safely and competently. The Committee remains dedicated to strengthening registration processes for transparency, efficiency, fairness, and accountability, while digitalisation continues to offer opportunities to enhance service delivery and public confidence.

From knowledge acquisition to Competency-Based Education

Globally, health professions education is shifting from traditional knowledge-based models to competency-based education focused on what graduates can demonstrably do. Uganda's training institutions must continue strengthening curricula that cultivate clinical reasoning, communication, professionalism, leadership, teamwork, digital literacy, and systems thinking - assessed through authentic clinical experience and measurable outcomes rather than examinations alone.

Looking ahead

We envision graduates who are clinically competent, ethically grounded, technologically adept, and committed to lifelong learning - and a healthcare workforce capable of delivering safe, effective, equitable, and patient-centred care to every Ugandan. The health of our nation depends on the standards we set today.

For a stronger profession, safer patients, and a healthier Uganda.

Prof. Joseph Ngonzi

Chairman, Education, Training and Registration Committee

Upholding Professionalism & Protecting Patients



Strengthening ethics, discipline and fitness to practice in Uganda

Professionalism is the cornerstone of medicine and dentistry. Technical competence alone is insufficient without integrity, compassion, respect, honesty, accountability and ethical conduct. Healthcare professionals are expected to uphold ethical principles in every interaction with patients, colleagues and society.

We can't overemphasize protecting patients through effective regulation.

The Committee is committed to ensuring that concerns regarding professional misconduct, negligence, impairment or unethical conduct are addressed fairly, transparently and in accordance with the law. Professional accountability strengthens public confidence in healthcare.

Our fitness to practice ensuring safe and competent care.

Fitness to practice encompasses physical health, mental wellbeing, professional behaviour, integrity and the ability to deliver safe and effective care. Supporting practitioner wellbeing contributes significantly to patient safety.

We all must promote ethical practice in a changing healthcare environment.

Digital health, artificial intelligence and social media continue to transform healthcare delivery. However, Practitioners must maintain confidentiality, professionalism and responsible communication as these tools become part of everyday practice. Unethical advertising and messaging is discouraged, while countering inaccurate information to remove the vacuum is strongly encouraged. Don't allow unprofessional people to mislead and disinform the public when you have the proven information.

Finally, when disputes among practitioners arise, alternative dispute resolution and professional improvement is encouraged.

Education, mentorship, counselling and remediation often provide constructive solutions that maintain patient safety while restoring public confidence, and complement formal disciplinary processes. Our vision is a profession characterised by ethical practice, responsible conduct and unwavering commitment to patient welfare.

Dr Maxwell Okello

Chairman, Ethics, Disciplinary and Fitness to Practice Committee, UMDPC

Stewardship in Action



Expectations of UMDPC to Doctors in authority

“Leadership is not about a title or a designation. It’s about impact, influence, and inspiration.” —

Robin Sharma

Leadership in medicine is not about titles; it is about responsibility, impact and inspiration. For UMDPC, doctors in authority are entrusted with more than clinical oversight - they are stewards of trust, guardians of patient safety, and role models for professional integrity. So what does the Council practically expect of doctors who lead?

Professional integrity is the bedrock of authority

Every decision, clinical or administrative, must align with national and international guidelines, including those of WHO, the Ministry of Health and UMDPC. Transparent procurement, evidence-based treatment protocols, and openly declared conflicts of interest keep authority free from personal gain and patient safety uncompromised.

Leadership, mentorship & operational oversight

Authority is stewardship, not command. Mentorship of junior colleagues is a duty, not an option, structured supervision, CPD encouragement and safe spaces for questions build the next generation’s confidence and competence. Day to day, doctors in authority are expected to run efficient, accountable operations - clear action plans, workload monitoring to prevent burnout, and regular clinical audits - since

allowing inefficiency or unsafe practice to persist erodes both trust and safety.

Communication, advocacy & strategic vision

Open, respectful communication - regular staff meetings, feedback from all cadres, transparent decisions - builds a culture of trust. Doctors in authority must also champion patient safety, infection control and equitable access, advocating for their teams in higher-level discussions. And they must look beyond short-term fixes, benchmarking best practice and planning for long-term sustainability rather than losing sight of the broader goal of healthcare excellence.

Balancing authority with humility

Authority must be exercised with humility. Their role is to empower, protect and inspire - exercising authority always with humility, accountability, and commitment to patient safety and professional growth.

Dr. Twaha Ayub

Chairman, Finance and Administration

The Numbers Don't Lie: Uganda's Health Workforce at the Crossroads



Chairperson UMDPC alongside Senior Ministry of Health Officials and UMA Leadership after meeting President at State house, October 9, 2026

Uganda's health workforce is at a crossroads, and the numbers tell a story we can no longer afford to ignore.

In 2022, Uganda had approximately 25.9 doctors, nurses and midwives per 10,000 people, just 58% of the international benchmark of 44.5 health workers per 10,000. The Ministry of Health's Health Labour Market Analysis estimated a need for 342,832 health workers against an available supply of 154,016, leaving a shortfall of approximately 189,000. Specialist shortages are particularly acute, with an estimated 70% of positions unfilled. The challenge is not simply to train more health workers, but to finance their training, deploy them equitably and retain their expertise.

Uganda must invest in the entire training pipeline, from internship to specialist qualification.

The financial burden of postgraduate training falls heavily on individuals and families: a survey of 90 Ugandan postgraduate trainees found that 60% were self-funded, while fewer than one in five held government scholarships. Meanwhile, the proposed National Education and Training for Health Policy, which sought to integrate internship into university training and differentiate remuneration according to sponsorship, triggered opposition and disrupted deployment for weeks before implementation was postponed. This left an unresolved question: how should a health system that depends on interns' clinical contribution recognise and remunerate their work? Kenya's December 2024 agreement set intern doctors' monthly remuneration at KSh 206,000, approximately

US\$1,600. Training without viable employment, fair remuneration and career progression risks producing professionals whom Uganda cannot retain.

The next priority is to connect training to deployment, retention and population need.

Better use of UMDPC licensing data, linked to health-facility information, could map workforce distribution, and guide equitable deployment. Retention must also become an explicit policy objective to mitigate brain drain and economic exploitation. Uganda's removal from the WHO Health Workforce Support and Safeguards List should not be mistaken for the resolution of its workforce crisis. Removal reflects the application of revised criteria and does not necessarily infer resolved workforce shortages. We must retain sufficient expertise to meet domestic health needs while respecting health professionals'

freedom to pursue opportunities abroad. Even with subsidy, the cost of educating a doctor in Uganda reaches US\$21,000, excluding lost productivity. Regional experience offers useful lessons, in 2020, COSECSA had graduated 557 surgeons, and a tracer survey reported that 85% practicing in country of training. Government can directly fund these models of specialist training linked to local career opportunities, mentorship and supportive working environments.

Ultimately, workforce reform depends on political commitment and sustained public investment.

Sub-Saharan Africa carries approximately 24% of the global disease burden but has only about 3% of the global health workforce. Uganda also remains far below the Abuja Declaration's commitment to allocate 15% of the national budget to health. In FY2026/27, the health sector received UGX 5.23 trillion, 6.2%, of the UGX 84.39 trillion national budget. As Uganda concurrently leads East

“This choice can only be reflected in ongoing 2027/2028 budget allocations and policy decisions, including commitments on professional financing, tax relief, and streamlined internship policies, alongside the deployment of doctors at Health Centre IIIs. As a nation, can we invest enough in the people who make our health system work, and, if not, what must change?”

African and continental health-professional regulation, it must align its regional ambitions with domestic action. Why would most African governments, professional associations, specialist societies and unions fail on sustainable internship and postgraduate financing, employment and retention, if health sector is prioritized? Therefore, the 64-year independent Uganda can remain a training ground for better-resourced health systems or invest in becoming a regional healthcare hub that retains expertise and strengthens service delivery. This choice can only be reflected in ongoing 2027/2028 budget allocations and policy decisions, including commitments on professional financing, tax relief, and streamlined internship policies, alongside the deployment of doctors at Health Centre IIIs. As a nation, can we invest enough in the people who make our health system work, and, if not, what must change?

Dr Asiphas Owaraganise,
U.M.A Representative



PUBLIC NOTICE: FORMER STAFF MEMBERS NO LONGER WITH THE COUNCIL



FORMER STAFF MEMBER

Tumushabe Joshua



FORMER STAFF MEMBER

Ekaju Godfrey



FORMER STAFF MEMBER

Basalirwa Vincent

Any person or organization that deals with them does so at their own risk, Please take note

Strengthening Uganda's HIV Response Through Equitable Health Services



Globally, HIV remains a major public health challenge, requiring sustained efforts to expand prevention, testing, treatment and care while ensuring that no one is left behind. In Uganda, the preliminary findings of the 2025 Uganda Population-Based HIV Impact Assessment (UPHIA), released by the Minister of Health on 1 October 2026, estimate that approximately **1.5 million adults aged 15 years and above are living with HIV, with an HIV prevalence of 5.9%**. Prevalence remains higher among women (7.3%) than men (4.1%). HIV prevalence also varies substantially by region, ranging from 8.0% in South Western Uganda and 7.3% in Central 1 (Wakiso, Mpigi and Greater Masaka) to 1.3% in Karamoja and 1.4% in West Nile, highlighting important geographic inequalities in the country's HIV burden

HIV prevalence also varies substantially by region, ranging from 8.0% in South Western Uganda and 7.3% in Central 1 (Wakiso, Mpigi and Greater Masaka) to 1.3% in Karamoja and 1.4% in West Nile, highlighting important geographic inequalities in the country's HIV burden

in Karamoja and 1.4% in West Nile, highlighting important

geographic inequalities in the country's HIV burden. Although Uganda has made substantial progress in HIV treatment and viral suppression, gaps in awareness of HIV status and unequal access to services remain important challenges. Addressing stigma and discrimination, particularly against key populations, and ensuring equitable, person-centred healthcare are therefore essential to sustaining progress towards ending the HIV epidemic.

Therefore, Uganda's fight against HIV depends not only on the availability of prevention, testing and treatment services, but also on whether everyone can access them safely, confidently and without discrimination. **Yet, key populations, including sex workers, men who have sex with men, people who inject**

drugs, and transgender persons, continue to face barriers to sexual and reproductive health (SRH) and HIV services, including stigma, discrimination and gaps in healthcare providers' knowledge and practical guidance.

To address these barriers, UMDPC and UMA, with support from UNAIDS, implemented the EQUIP-KP Handbook project, culminating in the national dissemination of the Healthcare Professionals' Handbook and User Manual: Providing Equitable SRH/HIV Services to Key Populations in Uganda in August 2026.

Developed through expert consensus and consultations involving healthcare providers, key population representatives and Ministry of Health policymakers, the Handbook provides practical guidance for delivering equitable, integrated and rights-based care. Its dissemination reached 3,357 healthcare professionals across 11 regional referral hospital catchment areas, including doctors, nurses, midwives, pharmacists and allied health professionals. A total of 1,000 printed copies were distributed, while media coverage by NTV Uganda and TV West extended awareness beyond the



training sessions.

The initiative recognises that healthcare workers are central to an effective HIV response. Equipping them with appropriate knowledge and practical guidance can help create more welcoming health facilities, strengthen trust between providers and patients,

and reduce stigma that may discourage people from seeking HIV prevention, testing, treatment and other essential services.

The next priority is to translate dissemination into sustained changes in clinical practice. UMA and UMDPC aim to integrate the Handbook into continuing professional development, strengthen digital learning and certification, and assess its adoption and effects on service delivery. Continued engagement with key population-led organisations will also be essential to ensuring that services respond to the needs and experiences of the communities they serve.

Ending HIV requires leaving no one behind. By strengthening healthcare professionals' capacity to provide compassionate, evidence-informed and non-discriminatory care, UMA and UMDPC are contributing to a more inclusive health system in which every person can seek and receive the services they need with dignity and respect.

Dr Asiphas Owaraganise,
U.M.A Representative





OFFICIAL PUBLIC NOTICE

APL & LICENCE COMPLIANCE

**Attention: All Medical & Dental Practitioners
and Private Health Facility Owners.**

To safeguard the integrity of Uganda's healthcare sector and maintain public safety, UMDPC reminds all practitioners and private health facility owners that Annual Practicing Licenses (APLs) and Operational Licenses must be renewed each calendar year to remain listed as compliant on the Council's public register.

What you need to know:

- 1 Mandatory Compliance:** Practitioners must renew their APL annually, obtaining at least 48 CPD points beforehand.
- 2 Facilities:** All private health units must hold a valid Operational License for the current calendar year.
- 3 Public Verification:** Patients, employers and insurers can verify any practitioner's or facility's status at www.ehealthlicense.go.ug.
- 4 New Graduates:** Full registration must be sought within three months of completing internship to avoid mandatory repetition of training.

How to Comply:

Visit www.ehealthlicense.go.ug to renew online, track CPD points, and check compliance status at your convenience.



www.ehealthlicense.go.ug

Useful Links

<https://umdpc.go.ug/> Uganda Medical & Dental Practitioners Council (UMDPC)
<https://unmc.ug/> Uganda Nurses and Midwives Council (UNMC)
<https://psu.or.ug/> The Pharmaceutical Society of Uganda (PSU)
<https://ahpc.go.ug/> The Allied Health Professionals Council (AHPC)

BY ORDER OF THE COUNCIL

Uganda Medical and Dental Practitioners Council

"A qualified practitioner, a compliant facility or institution, a protected nation and world"



THE
PRACTITIONER'S
PULSE



Plot 442, Kafeero Zone Road, Mulago,
Off Mawanda Road
P.O BOX 16115, Kampala, Uganda



UNAIDS

