Digitising registration and licensing in Uganda

The ACHEST team describe Uganda's process for digitising the registration and licensing of health professionals and health facilities

As part of their mandate, health professional councils are responsible for licensing and registering health professionals and facilities, regulating practice and applying sanctions as appropriate. They are also responsible for ensuring the continued professional development of their members.

In Uganda, there are four main regulatory bodies: the Uganda Medical and Dental Practitioners Council, the Uganda Nurses and Midwives Council, the Allied Health Professionals Council and the Pharmaceutical Council. These are responsible for over 90,000 health professionals.

However, the Councils face a number of challenges, mainly understaffing, enforcement, financial and material constraints. The shortage gives rise to unregulated, ill- or un-trained health professionals in both public and private practice.¹

Until recently, the processes of licensure were manual and centralised at head offices of the respective Councils. Medical Doctors, Dentists, Allied Health Professionals and Pharmacists are required to renew practicing licenses annually, while Nurses and Midwives renew theirs every three years. Every newly qualified professional in each of these disciplines had to make a trip to the city to submit an application for registration. Similarly, many professionals had to go to the city to renew their licences annually

Prior to digitisation, the processes for obtaining practice and facility licences were lengthy and cumbersome. Private providers lost revenue as they had to close their premises to go and register. The procedures were inefficient and out-of-date. There were no guidelines for the operationalisation of Council Acts, and difficulty in accessing practitioners' licensing and facility data, which created inefficiencies in facility tracking and monitoring. The Councils' execution of their mandate was furthermore constrained by inadequate funding which has declined considerably in recent years, leading to constrained enforcement of policies and regulations.

e-Health registration and licensing platform

The development of an online platform to support the registration and licensure function was initially undertaken between January 2016 and February 2017, with funding from USAID, through a grant managed by

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Uganda Private Health Support Program (UPHSP). This work was in response to a request from Health Professional Councils in Uganda for support to streamline laws, guidelines and develop an electronic system that would ease licensure process and improve efficiency. The project ended in 2017 before commissioning of the platform.

Consequently, the Ministry of Health, through a grant from the World Bank's Health in Africa Initiative (HiA),² took up this initiative in November 2018 leading to the completion of system development and commissioning of the E-platform. The new e-Health License Portal is in line with the move of Ministry of Health to digitise manual processes in order to increase efficiencies and facilitate the closure of gaps in the manual systems that were vulnerable to fraud.

The new system allows the online registration and licensing of health professionals, unlike the old system, where they had to be physically present in Kampala. By just a click away on the computer or smart phone, health professionals and facilities will now carry out several steps of the process remotely, saving them time and money and allowing them more time to see their clients.

The system will enhance transparency, accessibility and accountability. With licensing linked to quality assessments, the regulator will be able to undertake targeted risk-based inspections and a closer working relationship at district level where regulators, providers and consumers interface. Communities can validate or question the quality of services given in facilities within their communities where the regulator cannot be all the time. While seamlessly linking registration and licensing across the country, the system has automated the Continuous Professional Development (CPD) process (which is a licence renewal requirement) since it will automatically inform health professionals what training is available and where, as well as update their records when they take part.

Legal framework

In order to understand the broader context within which regulatory bodies operate, a review of the policy legal landscape was undertaken. A number of bottlenecks in the legal and regulatory environment are well documented in available literature which include: weak and unsupportive legislation in some areas of practice and operation; fragmented nature of regulation between the professional bodies and Associations; prolonged licensure procedures; rigid regulatory structures; duplication and unclear roles of professional bodies and ambiguity

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Consultative meeting with health professionals councils

of some of the provisions of the existing laws; as well as lack of legal framework to regulate practice in some disciplines.

To address these gaps and challenges, it was necessary to enact new Acts and amend some of the existing Acts, so as to strengthen the existing health professions' regulatory framework and have a strong monitoring capacity within the government and regulatory agencies.

Over and above the weaknesses in the national context, there were generic and international drivers for the on-going worldwide demand for update and reform of health professionals including:

- New developments in health professional education, practices and policies both locally and internationally
- 2. New approaches to service delivery that have implications on the scope of practice have emerged and need to be taken into account in regulation of the professions
- 3. Need for re-definition and/or expansion of the scope of practice for health professionals now required to take account of advances in health professional education that has resulted into the development of new cadres and higher levels of specialisations as well as higher qualifications and emergence of non-medical health professionals
- The representativeness of the current Councils in terms of ensuring that the interest of external and internal stakeholders is addressed has come to be questioned
- The need to adopt processes that effectively involve the public and ensure their needs are adequately addressed
- 6. The need to align the current legislation with international standards as guided by various International health professional organisations to ensure that Uganda's health professional's compare favourably to their peers in the region and beyond.

A two-year project under USAID/UPHSP, Strengthening Councils Capacity to Monitor and Oversee Private

Health Providers, was commissioned in 2016 to support the Councils improve their functioning and execution of their mandates. The Councils supported were Uganda Medical and Dental Practitioners Council, Uganda Nurses and Midwives Council and Allied Health Professionals Council.

The major components of the project were:

- Drafting of Amendment Bills for three Councils viz Medical and Dental Practitioners Amendment Bill, Allied Health Professionals Amendment Bill and Nurses and Midwives Amendment Bill
- Designing and testing of Web-based professional and facility licensing system
- Updating CPD guidelines for the three Councils
- Completing strategic plans for three Councils
- Assessing technical assistance needs of Councils Individual engagement with the respective Councils took place throughout the project implementation period (2016-2017) with all three Councils covering all

the respective work streams of the project.

The approach undertaken in accomplishing this work was multi-pronged, entailing: desk reviews of related legal documentation; stakeholder consultations; design testing and roll-out of a web-based professions and facility licensing and tracking platform; designing quality assurance tools and providing technical assistance.

Key results of the project were: updated and harmonised Councils Acts; a database and web interface for professions and facility licensing and tracking; tools and instruments for facility inspection; establishment of standard Continuous Professional Development requirements; organisational capacity assessment report for each Council and strategic plans for two of the Councils.

Legal instruments

The focus of the review of the legal environment centred around three Acts of parliament establishing the respective regulatory bodies, viz Uganda Medical and Dental Practitioners Council, Uganda Nurses and Midwives Council and the Allied Health Professionals Council.

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Some of the gaps identified while reviewing the Acts included the following: inadequate provisions for regulating licences for foreign medical and dental practitioners; absence of provisions for regulating emedicine; and lack of incentives to attract private health practitioners to provide services in the under-served and hard-to-reach areas.

There were several provisions lacking such as: councils being involved in the development of guidelines to establish a training institution; approval and register of training institutions for medical and dental practitioners; provisions to monitor training institutions for medical and dental practitioners; capturing of names of the registered medical and dental practitioners in the Government Gazette; guidelines for collaboration with other regulatory bodies such as joint inspection of premises and joint disciplinary actions and safeguards for protection of medical and dental practitioners in their professional practice. There was also absence of clear provisions for disciplining professionals employed under the Public Services arrangement.

This review set a firm foundation for the harmonisation and drafting of the amended bills. This process resulted in draft amendment bills ready for presentation to the Minister of Health who will then prepare a pink paper to be presented to cabinet for consideration.

Harmonisation entailed focus and identification of gaps and contradictions in the respective acts and suggesting areas for reform. Harmonised laws removed the hitherto existing conflicts in the current laws. This resulted into contextual consistency and compatibility with related laws in the health sector.

The review of legal and regulatory frameworks was further benchmarked on countries with similar settings including Kenya, Tanzania, Rwanda, the United Kingdom and Singapore. This was very instrumental in informing the actual drafting of the respective amendment bills of the councils as best practices identified were taken into consideration.

Streamlined, standardised licensing processes

A user-friendly web-based platform for application and/or renewal of licenses was designed. The system integrates a universal function for tracking and monitoring professional and facility licenses and consumer's interface enabling public users to verify/establish providers' licensing status. The Councils were trained and are now equipped with skills and capacity to maintain and update the system. The new platform has enhanced the capacity of two participating Councils to register and license practitioners and track private health providers and private facilities. Furthermore, the platform is integrated and has an interface that enables the logging and tracking of CPD credits for all registered health professionals. The issuance of CPD credits is now linked to license renewal which will improve quality standards. The web-based platform has been configured to issue renewal subject to fulfillment of minimum CPD requirements.

Facility tracking and licensing

The platform was designed with an inbuilt interface with the Self-Regulatory Quality Improvement System

(SQIS) and has functionality for renewal/application for registration of health units and a checklist for opening a private health unit.

This function enables tracking, licensing and renewal of facility licences which has eased processes for cost-effective monitoring of facilities.

CPD Guidelines

Under this work stream, two Councils (AHPC and UNMC) were supported to review and finalise their CPD guidelines. The guidelines resulting from this work will be useful to all medical practitioners to reflect on how their learning and development improves the quality of care they provide to patients and for the service in which they work. CPD guidelines for all three Councils have now been dully approved by the respective Boards of the institutions.

Launching the E-platform

The online licensing and registration system was launched in November 2019 and is currently functional. For first-time registration of newly qualified health cadres and renewal of annual practicing licenses of in-service professionals and health facilities in Uganda is online. The service is available to Health Professionals registered with Uganda Medical and Dental Practitioners Council and Allied Health Professionals Council. It is expected in the near future to activate functionality of the platform for cadres registered with the Uganda Nurses and Midwives Council.

Between November 2019, when the platform was commissioned, and February 2020, a total of 542 annual practicing licenses were generated by the UMDPC clearly signifying the dawn of a new chapter in the regulatory body's modus operandi and indeed of the licensure of health professionals in the country.

As with all new systems, challenges at these initial stages are being experienced mainly around navigating of the platform by users and internet access in hard to reach areas. When fully functional the platform will drastically cut down on time and costs associated with registration and renewal of licenses incurred by health workers especially those from duty stations far removed from the city. In a world that is going digital in many spheres of life, e-Health registration and licensing is a bold step into the future for the health professional in Uganda and the way to go for the region.

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