



**THE REPUBLIC OF UGANDA**

**MINISTRY OF HEALTH**

**STATEMENT TO PARLIAMENT**

**ON RAISED BY MEDICAL INTERNS 2019/20 TRAINING PROGRAM**

**Hon. Aceng Jane Ruth**

**Minister for Health**

**October 03 2019**

**Rt. Hon. Speaker of Parliament  
Honourable Members of Parliament**

### **Who are Medical Interns**

Medical Interns are health workers who have completed their undergraduate training in the medical field from various universities within or outside the country. These include: medical doctors, dental surgeons, nurses, midwives and pharmacists.

The objective of internship is to allow medical interns undergo a supervised training to turn the theoretical knowledge they have acquired during undergraduate training into practical clinical skills in preparation for joining the health workforce.

Internship is a mandatory and practical part of medical or health training that aims at providing the intern with practical professional skills as a prerequisite for legal and professional registration, independence to practice and employment in the Health Sector.

The 2019/20 cohort has since raised several concerns about various aspects of the current internship training.

I would like to respond to these issues as follows;

#### **ROTATION ACROSS DISCIPLINES**

Rt. Hon. Speaker and Hon. Members, medical interns have been complaining about the revised rotation during their internship training 3 months in each of the 4 discipline to 6 months in two major disciplines.

From the onset of training medical doctors and internship in Uganda, the rotation for medical interns used to be six months in one surgical discipline and six months in one medical discipline – for the one year of internship.

However, in 2009, this was temporarily changed to three months rotation in each of the 4 disciplines as a trial with the assumption that obtaining skills in all the disciplines would enable the medical doctors to be able to work in Health Center IVs (HC IVs) comfortably and with confidence. This has not been the case.



training centres) who found a lot of gaps with the three-monthly rotation, advised the Professional Regulatory Councils and Ministry of Health that this short period of rotation does not give the interns adequate exposure to learn the practical skills in each of the four disciplines of; Surgery, Medicine, Paediatrics, and Obstetrics/Gynaecology.

It turned out that most medical officers that were graduates of this rotational scheme, when posted to HC IVs for example, could not even conduct simple surgical procedures or properly manage some medical conditions.

After 10 years of observation, **in the best interest of patients and the interns themselves**, it was recommended that Ministry of Health reverts to the old rotation of 6 months each in a Medical and a Surgical discipline. This will give interns time to acquire the skills and confidence to manage most of the common conditions in this country – especially in rural health facilities where they do not have specialists to consult immediately. This position was also endorsed by the Inter-Ministerial Committee meeting on 9th April, 2018.

There is overwhelming evidence that a medical officer who undergoes a 6-month rotation can work and manage adequately the disease conditions in any part of this country as required by the Ministry of Health.

Rt. Hon. Speaker and Hon. Members, allow me to break down the rotations of internship according to the respective categories of medical interns;

Within the 12 months of internship, the following rotations shall take place:

- I. **Intern doctors** shall rotate in **two** of the **four** disciplines of Pediatrics and Child Health, Internal Medicine, Obstetrics and Gynecology, and General Surgery. The duration of rotation shall be **5 months** for each **major discipline** and **1 month** in a **minor medical or surgical discipline**.
- II. **Intern graduate nurses** shall rotate in all the four disciplines of Pediatrics and Child Health, Internal Medicine, Obstetrics and Gynecology, and General Surgery. The duration of rotation shall be three months for each discipline.
- III. **Intern graduate midwives** shall rotate in the five of the mandatory specialties of a) Adolescent Sexual Reproductive health, Family Planning and Gynecology; b) Postnatal and Young Child Health and; c) Neonatal/Special Care Unit; d) Antenatal Clinic and ART Clinic for 2 months

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each and in e) Maternity Ward (Labor suit, Ward) and Operating Theatre for 4 months.

- IV. **Intern pharmacists** shall rotate in the three mandatory specialties and one of the three elective specialties as follows: Hospital Pharmacy – 6 months (dispensing and compounding, pharmaceutical care including in HIV Clinic and Cancer Department); National Drug Authority (Pharmaceutical Law, Policy and Regulation) – 2 months; Medical Stores: National Medical Stores or Joint Medical Stores (Pharmaceutical and Supply Chain Management) - 2 month; Pharmaceutical factory (production) – 1 month; Community Pharmacy (Veterinary pharmacy and Traditional Herbal and products pharmacy) – 1 month.
- V. **Intern Dental Surgeons** shall rotate in the four specialties as follows: rotation of three 3 months each in; 1) oral and maxillo-facial surgery and oral radiology; 2) oral medicine, pathology and peri-odontology; 3) conservative dentistry; and 4) orthodontic and paedodontic.

Rt. Hon. Speaker and Hon. Members, I wish to emphasize that this change was recommended by Specialist clinicians who train the interns and that Interns are under apprenticeship and therefore cannot dictate their own training curriculum and methods.

#### **REQUEST FOR SALARIES IN APPROPRIATE SALARY SCALE**

Rt. Hon. Speaker and Hon. Members,

Medical interns are not civil servants because they have not been recruited through the formal recruitment system and therefore cannot earn a salary. Interns are still undergoing apprenticeship training, after which, those who qualify can register as a health worker and obtain a practicing licensing in order to be able to apply for formal recruitment.

The civil servants have a salary scale because they are recruited into Public Service either by the Public Service Commission, Health Service Commission or the District Service Commissions. Their salary scales are accordingly indicated in their appointment letters with the corresponding terms and conditions of service.

Ministry of Health (MOH) pays medical interns allowances to facilitate their apprenticeship. The current allowance paid to the medical interns is what is available in the MoH medium term expenditure framework, taking into consideration the very high number of the medical interns – this year 1,170.



The total amount of money appropriated for the internship program over the years is;

2017/2018 -UGX 9.3 Bn, 2018/19 -UGX 9.3Bn, 2019/20 - UGX 11.43Bn. As seen from these figures, the increment has been minimal whereas the numbers of interns continue to increase. In 2017/18 – 970 interns, 2018/19- 1,045 and 2019/20 – 1,170. These numbers will continue to increase as the numbers of universities increase and the medical courses also increase.

An intern is paid a gross allowance of UGX 940,000 of which UGX 600,000 is for allowances, UGX 250,000 is for meals and UGX 90,000 is for accommodation. Unfortunately, this money is also taxed for Pay As You Earn (PAYE) of UGX184,000 leaving a net allowance of UGX 756,000. Our requests to URA for no taxation did not obtain a favorable answer. For interns to be paid better, there is need to address five important policy issues which have been captured in the interns' policy document that is currently before Cabinet;

1. Regulation of enrollment into University and hosting of the internship program
2. Increased financing for internship
3. Quality of training
4. Availability of supervisors (Specialists)
5. Welfare (Accommodation and meals)

## **ACCOMMODATION FOR INTERNS**

Rt. Hon. Speaker and Members of Parliament,

Interns have also raised concern over inadequate accommodation in some training centres. On behalf of the Ministry of Health, I would like to clarify that until the late 1990s, medical internship was only for medical doctors and dental surgeons with manageable numbers – usually less than 300 in total. The internship training sites then would provide accommodation and meals. Since then, a number of other cadres of health workers have joined the internship training program (Graduate Nurses, Midwives, and Pharmacists).

In addition, many new medical schools have sprung up releasing over 1,000 graduates per year that require internship training. The Hospitals that provide internship training are limited in terms of infrastructure and capacity and currently overwhelmed with the numbers that are being deployed to them.



To address this, an accommodation allowance has been incorporated into the monthly allowance given to interns.

### **Conclusion**

Rt. Hon. Speaker,

In conclusion, allow me to inform this august house that the Ministry of Health has developed a draft internship policy and submitted it to Cabinet for approval.

Furthermore, as Ministry of Health, we would like to clarify that we do not determine, nor control, the number of students admitted for the various medical courses in Universities – as this is not within our mandate.

MOH is currently discussing with the Ministry of Education and Sports, and Ministry of Finance, Planning and Economic Development, the best way to comfortably handle the big numbers.

In the meantime, we have advised the current group of interns, that those **who are interested in doing internship**, should report to the centres where they have been deployed to start their internship training. The Uganda Medical Internship Committee (UMIC) will carry regional induction training for the all the medical interns in order to orient them on the internship training in October, 2019.

I beg to submit.

Thank you.



**Hon. Dr. Aceng Jane Ruth**

**Minister for Health**

**October 03 2019**

**FOR GOD AND MY COUNTRY**