



MINISTRY OF HEALTH

**GUIDELINES FOR DECENTRALISATION OF THE
UGANDA MEDICAL BOARD**

OCTOBER 2021

Forward

The Ministry of Health is empowered by the Public Service Standing Orders to constitute the Uganda Medical Board. The members of the Medical Board are appointed by the Hon. Minister of Health to perform functions in respect to, Public officers who cannot perform their duties due to medical reasons or permanently disabled in the actual discharge of his or her duties.

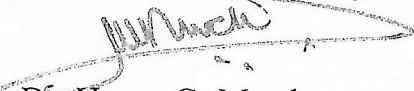
The Uganda Medical Board is composed of Thirteen members including the Chairperson, Vice Chairperson, Secretary and members. The members are Consultants and Senior Consultants in various specialities. The Board meets on monthly basis to discuss clients requiring referral abroad and on a quarterly basis for clients eligible for retirement on medical grounds, plus adhoc meetings in case of emergencies.

The Uganda Medical Board has been facing a challenge of overwhelming requests for retirement on medical grounds from across the country. The clients requiring retirement are weak and frail and have to move to Kampala for examination by the Board. This mode of operation leaves many clients unserved and is not in line with the Government policy of decentralization of Nationwide social services.

The Ministry of Health has therefore, decentralized medical board services for retirement on medical grounds to Regional Referral Hospitals to reduce the service access gap and increase efficiency of the Uganda Medical Board.

I therefore, endorse this addendum to the Uganda Medical Board Guidelines with full confidence that Ugandans will gain easy access to services of the Medical Board especially timely actioned retirement on medical grounds.

For God and My Country



Dr. Henry G. Mwebesa

**DIRECTOR GENERAL HEALTH SERVICES
MINISTRY OF HEALTH**

Acknowledgments

The Ministry of Health through the Hospitals and Lower Level Health facilities developed the guidelines for decentralization of the Uganda Medical Board in regards to retirement of civil servants on medical grounds.

The Medical Board expressed challenges of overwhelming numbers of weak and frail clients requiring retirement on medical grounds, who cannot move to Kampala for examination. In line with the government policy, to decentralize nationwide services, the department of clinical services has spearheaded the developed of these guidelines and has obtained Ministry of Health Top and Senior Top management approval.

On behalf of the Ministry, I wish to express my sincere appreciation to all the stakeholders, who contributed to the development of the Uganda Medical Board Decentralization Guidelines. The guidelines will offer guidance to Regional Medical Board in execution of their mandate.

On behalf of Clinical Services Department, I wish to recognise the Top and Senior Top Management of the Ministry of Health and the Board Members March 2021 to March 2023 for the invaluable technical guidance and input towards realisation of this guidelines document.



Dr. Rony R. Bahatungire

Ag. Commissioner Health Services, Clinical Services.

MINISTRY OF HEALTH

1.0 INTRODUCTION

The Public Service Standing Orders empower Ministry of Health to constitute the Uganda Medical Board. The members of the Uganda Medical Board are appointed by the Minister of Health to perform functions in respect to public officers where:-

1. A question arises whether a public officer is for medical reasons, no longer capable of rendering further efficient Public Service and should retire from or vacate his or her office on medical grounds;
2. A public officer is permanently disabled in the actual discharge of his or her duties by some injury specifically attributable to the nature of his or her duty;
3. A public officer contracts a disease to which he or she is specifically exposed by the nature of his or her duty;
4. No suitable treatment is available in Uganda for the officer and the only alternative is to send him or her abroad for treatment; or
5. A public officer recruited outside Uganda, is no longer medically fit to serve in the Public Service of Uganda and has to be returned to his or her country of origin.

Currently, the Uganda Medical Board is composed of thirteen members which include the Chairperson, Vice Chairperson, Secretary and members. The members are Consultants and Senior Consultants in various specialties. The Uganda Medical Board in undertaking its responsibility, meets on a monthly basis at Mulago National Referral Hospital to consider candidates for referral abroad and quarterly for examination of civil servants for early retirement on medical grounds. In case of an emergency, adhoc meetings of the Chairperson and two other Board members can be called to expedite the referrals.

2.0 MEMBERS OF UGNADA MEDICAL BOARD

NO.	NAMES	DESIGNATION	POSITION
1	Dr Jane Fualal Odubu	Sen. Consultant Surgeon	Chairperson
2	Dr. Fred Nakwagala	Sen. Consultant Physician	Vice Chairperson
3	Dr. Rosemary Byanyima	Sen. Consultant Radiologist	Member
4	Dr. Moses Kasadhakawo	Sen. Consultant Ophthalmologist	Member
5	Dr. Helen Aanyu T.	Consultant Paediatrician	Member
6	Dr. Francis Lakor	Sen. Consultant Oral Surgeon	Member
7	Dr. Alex Bangirana	Sen. Consultant orthopedic Surgeon	Member
8	Dr. Peter Lwabi	Sen. Consultant Cardiologist	Member
9	Dr. Victoria Walusansa	Consultant Oncologist	Member
10	Dr. Frank Asiimwe	Consultant Urologist	Member
11	Dr. Jolly Beyeza	Sen. Consultant Obstetrician	Member
12	Dr. Joyce Nalugya	Consultant Psychiatrist	Member
13	Dr. Jackson Amone	Commissioner, Clinical Services	Secretary

3.0 CONSTRAINTS OF CURRENT SYSTEM

The current arrangement has been faced with the following hurdles.

1. Many of the public servants seeking early retirement are frail given the nature of their debilitating illnesses. This makes it difficult to travel to Kampala to attend the medical board examination.
2. Some of the public servants come when they are not prepared to appear before the Board especially lack of reports of the medical consultants. They find it difficult to access the medical consultants in Kampala.

3. The numbers of public servants have grown to such an extent that the Medical Board may not be able to feasibly meet and review all of them.

4.0 CHALLENGES OF THE CURRENT BOARD

The Uganda medical Board has been facing a number of challenges which include:-

1. There is a high number of civil servants who have been requesting for early retirement on medical grounds. Many of them are bed ridden and can not perform their duties yet they are paid their monthly salaries.
2. The request for early retirement comes from individual officers through Ministry of Public Service or the Chief Administrative Officers (CAO) of the respective districts. The majority of the officers submitted to the Medical Board do not provide proper contacts addresses or correct telephone numbers.
3. The majority of these civil servants who request for early retirement on medical grounds are teachers and come from all over the country. This makes it difficult for them to travel to Kampala to attend the Medical Board examination.

5.0 REASONS FOR DECENTRALISATION OF THE BOARD

- ❖ The number of public servants applying for early retirement on medical grounds has been increasing every year.
- ❖ These applicants have been constrained by the current system where they are only examined from Kampala.
- ❖ Furthermore, centralization of a nationwide social service contradicts government policies on decentralized service delivery.
- ❖ Ministry of Public Service has also recommended that the Medical Board be decentralised

6.0 THE NEW MEDICAL BOARD SYSTEM

The Uganda Medical Board hereunder decentralised to Regional Referral Hospitals on the following conditions:

1. The Regional Referral Hospitals will establish a medical board as a sub-committee of the Uganda Medical Board. The regional referral hospitals where the sub-committees are to be established will include: Kabale, Mbarara, Fortportal, Hoima, Arua, Gulu, Lira, Moroto, Soroti, Mbale, Jinja, Mubende, Masaka. Patients in the central region like Kampala, Wakiso, Luweero, Kayunga, Mukono and Buikwe will be served by the Medical Board.
2. The sub-committee will be composed of at least three Consultants who will determine the suitability for referral abroad or early retirement on medical grounds. The clients shall be reviewed initially as before by the relevant consultant whose report will be discussed at a medical board meeting held at the Regional Referral Hospital. The subcommittee shall consult, where necessary, the services of a relevant consultants.
3. The sub-committee will be composed of five (5) members appointed by the Hospital Director. The subcommittee of consultants shall be appointed by the Hospital Director of the Regional Referral Hospital for a period of three years renewable. They shall be initiated in the work using the Guidelines the Medical Board operates on.
4. There will be a Chairperson, Secretary and at least three other members who can be a specialist in Internal Medicine, Paediatrics, Surgery or Obstetrics and Gynaecology drawn from the Regional Referral Hospital. The quorum shall be three members.
5. The file of each patient/client comprising of the application, reports from Consultants and decision of the subcommittee at the Regional Referral Hospital shall be submitted to the Uganda Medical Board for ratification at its monthly meetings.
6. The MOH shall receive and act on the file of the applicants after the Medical Board has ratified the decisions of the Subcommittees at the regional referral hospitals.
7. Decisions on referrals abroad shall be made by the Uganda Medical Board upon submission of pertinent documents and presentations by referring clinicians. These presentations may be made by electronic media.

8. The Uganda Medical Board shall be responsible for support supervision of the activities of the subcommittee on a regular basis. The Board remains responsible for the decisions of the subcommittees.
9. The budget for the activities of the subcommittee will be under the Regional Referral Hospital.

7.0 ADVANTAGES OF THE NEW SYSTEM

1. It ensures that all clients interface with the assessors within their regions hence removing the necessity to move to Kampala.
2. It brings in more players to the service hence increasing efficiency of the Uganda Medical Board.

8.0 ESTABLISHMENT OF THE SUB-COMMITTEE OF THE MEDICAL BOARD

The number of civil servants applying for early retirement on medical grounds has been increasing every year. These applicants have been constrained by the current system. Furthermore, centralization of a nationwide social service contradicts government policies on decentralized service delivery.

In order for the civil servants to benefit from the Medical Board services in terms of early retirement on medical grounds, it was agreed that the Board should be decentralised to the Regional Referral Hospitals. These will be Sub-committees and Uganda Medical Board will closely supervise their activities.

9.0 APPOINTMENTS OF MEMBERS OF THE SUB-COMMITTEES

The sub-committee will be composed of five members appointed by the Hospital Director. The members will include specialists in internal medicine, paediatrics, surgery and obstetrics and gynaecology drawn from the Regional Referral Hospital.

There will be a Chairperson and a Secretary to the Sub-committee. The Regional referral hospital should budget for this activity.

8.0 ROLES OF THE SUB-COMMITTEE

1. To receive and consider the applications for early retirement.
2. Examine the civil servants who apply for early retirement on medical ground.
3. Recommend the civil servants to the Medical Board for ratification.
4. Receive and discuss the patients who needs to be referred abroad for treatment

9.0 NON-DECENTRALISED MINISTRIES, DEPARTMENTS AND AGENCIES (MDAs)

These MDAs include the Ministry of Internal Affairs (Police and Prison), Ministry of Education and Sports (Secondary Education), among others. The civil servants under these MDAs will be axamined by the centrally located Uganda Medical Board.

The medical Board will continue to handle the issue of referral abroad for medical treatment and early retirement for civil servant within the central region.