

Why national education and training for health policy is a recipe for disaster

The health ministry's newly unveiled National Education and Training for Health Policy is under fire and for good reason. Marketed as a grand framework to elevate healthcare standards, a closer look at its fine print reveals an ill-conceived, bureaucratic overreach. In its current state, this tyrannical policy is dead on arrival.

The health of millions of Ugandans, and the future of the medical profession, cannot be built on rushed, cosmetic reforms. While the architects of this framework loudly claim to be "fellow humans" who care about healthcare quality, their actions paint a starkly different, deeply discouraging picture. If they truly want to save our health system, they must urgently confront the severe structural flaws, procedural failures, and flagrant constitutional violations that make the National Education and Training for Health Policy an absolute impossibility.

1. THE AMATEUR NATURE OF ITS FORMULATION

What fundamentally kills the National Education and Training for Health Policy on arrival is its astonishingly amateur craftsmanship. Public policy formulation is a rigorous, structured discipline requiring evidence-based impact assessments, strategic forecasting and meticulous risk analysis.

Instead, this document flouts every single standard guideline of professional policy design. It reads like a rushed, reactionary directive masquerading as national strategy — an administrative patchwork stitched together to solve temporary fiscal headaches by structural engineering. When a national framework ignores basic regulatory logic, bypasses standard drafting protocols, and fails to establish functional implementation structures, it ceases to be a governance tool. It becomes a shambolic administrative experiment bound for systemic collapse.

2. THE CONSTITUTIONAL AFFRONT TO HUMAN RIGHTS

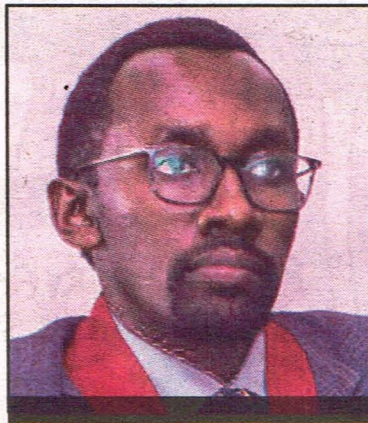
Beyond its procedural flaws, the National Education and Training for Health Policy stands as a direct assault on the supreme law of the land. By forcing every single medical graduate to undergo an extended internship while simultaneously moving to completely remove the internship allowance, the framework overtly breaches the basic economic rights and human dignity guaranteed under Chapter Four of the Constitution.

The policy clearly violates Article 25(2) of the Constitution of the Republic of Uganda, which explicitly mandates:

"No person shall be required to perform forced labour."

Furthermore, withholding transcripts and blocking graduates from choosing alternative career paths stands in open defiance of Article 40(2), which states: "Every person has a right to practise his or her profession and to carry on any lawful occupation, trade or business."

To demand mandatory, intensive,



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high-stakes clinical labour while stripping away the very stipend that allows these trainees to afford rent, food and basic transport is nothing short of state-sanctioned exploitation.

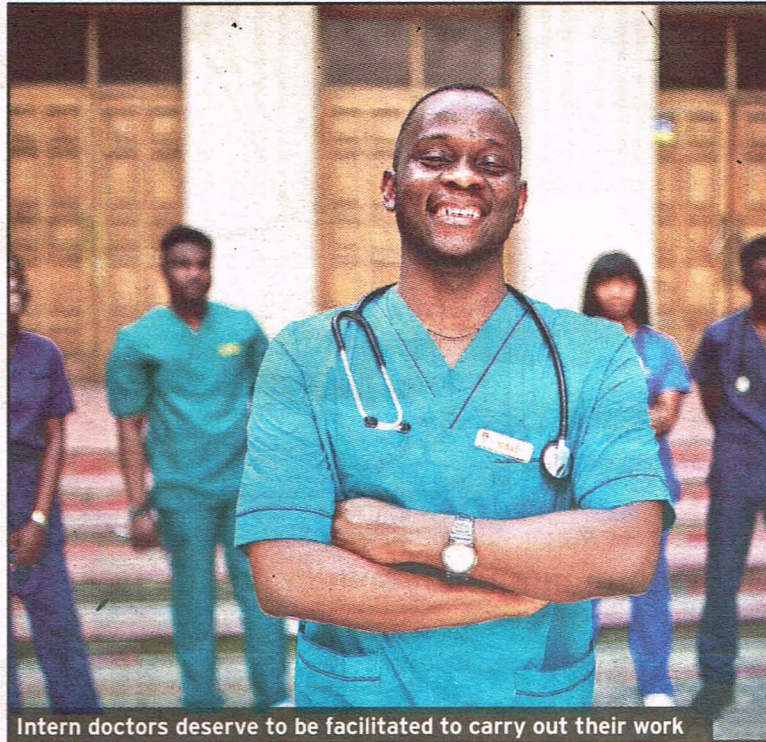
Medical interns routinely work crushing shifts, acting as the primary workforce in poorly equipped regional referral hospitals. The state cannot weaponise administrative guidelines within this new policy to override these explicit constitutional protections.

The falsehood of humanity: To strip young doctors of their transcripts, force them into mandatory labour, subject them to endless layers of punitive exams, starve them of basic allowances and then turn around and claim to be "fellow humans" is a grotesque insult. True humanity does not build national health policies on the broken backs of exploited, disenfranchised youth.

3. THE CHARADE OF "LIMITED CONSULTATION"

A policy of this magnitude — one that radically shifts the trajectory of medical education — cannot be cooked up in boardroom vacuums and decreed from above. Yet, in drafting the National Education and Training for Health Policy, the Ministry of Health has treated the most critical stakeholders like passive bystanders.

Medical students, senior consultants, university faculty and frontline medical associations have largely been shut out of the design process. Writing a policy without building broad consensus among the professionals who must actually implement it is a textbook recipe for widespread industrial unrest. You simply cannot reform a health system



Intern doctors deserve to be facilitated to carry out their work

by alienating the very people keeping it alive.

4. DISENFRANCHISING THE "NEONATES": GATED VERDICTS AND HOSTAGE TRANSCRIPTS

This framework is fundamentally oppressive because it directly targets and disenfranchises the "neonates" of the medical profession. Instead of welcoming young minds into the field with mentorship and institutional support, the National Education and Training for Health Policy breeds deep resentment from their very first professional experience.

Under these guidelines, students are subjected to an administrative hostage situation, upon completing their gruelling university requirements, they are denied the right to receive the verdict of their final exams, denied access to their academic transcripts and denied the basic right to graduate.

Holding hard-earned credentials hostage serves no academic or clinical purpose. It strips young professionals of their identity, leaving them in a vulnerable limbo where they cannot look for alternative employment, apply for scholarships, or prove their qualifications to the world.

5. CRUSHING ALTERNATIVE CAREERS: THE FORCED 6TH YEAR

The National Education and Training for Health Policy aggressively forces every single medical graduate into a mandatory clinical internship, completely ignoring the diverse realities and evolving tracks of modern medicine. Not everyone who

completes medical school intends to pursue lifelong, bedside clinical practice.

Many graduates intend to branch out immediately into other vital, high-impact careers. Some choose clinical research; others aim to lecture in essential basic sciences like physiology, anatomy, microbiology, and biochemistry; still others intend to use their medical background to immediately pursue postgraduate training in health business, biotechnology, or public policy.

By forcing everyone to complete an extra clinical year at their own cost, the policy acts as a blunt, anti-intellectual trap.

It stifles specialised innovation and blocks graduates from entering academic fields where they are desperately needed, all while demanding they pick up the financial tab for the Government's extended timeline.

6. A REDUNDANT EXTENSION: CURRICULUM VS. CALENDAR CHANGES

The decree within the National Education and Training for Health Policy that medical training will now effectively span six years, instead of five under the guise of "pre-graduation training" rests on a logical fallacy. Simply lengthening the timeline does not magically improve competence.

Changing a medical course from five to six years requires an entirely overhauled, peer-reviewed curriculum, not just a bureaucratic calendar adjustment. Furthermore, choking students with an endless

barrage of newly introduced pre-internship exams and rotational exams does absolutely nothing to improve clinical skill when the training environment itself is underfunded and broken. It is a time-wasting administrative manoeuvre that places an immense financial burden on struggling families without adding an ounce of actual educational value.

7. THE UMDPC LEGAL MIRAGE:

In a bizarre twist of legal acrobatics, the National Education and Training for Health Policy seeks to reclassify medical interns as mere "students" to justify delaying their graduation and withholding their allowances. This creates a massive regulatory paradox.

The Uganda Medical and Dental Practitioners Council (UMDPC) is established under Section 2(1) of the Medical and Dental Practitioners Act, Cap 272, which explicitly brings forth a statutory body to register, license, and regulate professionals, not university undergraduate students. By law, the council does not license medical students; it grants provisional registration to qualified graduates who hold an MBChB degree so they can legally practice under supervision. If this policy attempts to strip these trainees of their graduate status and push them back into the student registry, they fall completely outside the jurisdiction of the council's professional regulatory framework. Who will legally cover their clinical decisions at the bedside?

The policy creates a dangerous legal vacuum that directly threatens public safety.

THE VERDICT

The National Education and Training for Health Policy reads more like a strategy to weaponise bureaucracy and cut government expenditure than an honest attempt to improve clinical excellence. Expecting unpaid, hungry, and demoralised medical trainees to safely and accurately handle vulnerable citizens is a direct threat to public safety.

If the Government wants to restore confidence in the healthcare system, it must stop masking structural funding failures as "quality control" reforms.

Throw this shambolic policy into the trash, go back to the drawing board, reinstate the allowances, and engage in genuine, respectful consultation with the medical fraternity. Until then, this policy remains entirely dead on arrival.

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