



POLICY ON THE PRACTICE OF SHORT-TERM PHILANTHROPIC PRACTITIONERS

BACKGROUND

The Medical and Dental Practitioners Council of Zimbabwe (MDPCZ) is a statutory body established in terms of the Health Professions Act (Chapter 27:19). The functions of the Council as provided in Section 30 (1) of the Health Professions Act (Chapter 27:19) is registration of all practitioners wishing to practice in the country, education of medical and dental practitioners and ensure discipline within registered medical and dental profession. The three functions are performed to fulfill the provisions of Section 30 (1) (a) of the said legislation which mandates Council to assist in the promotion of the health of the population of Zimbabwe. It is against this background that Council values and recognizes the activities of charitable missions, organizations wishing to undertake short term philanthropic work in Zimbabwe. In this sense Council may exempt not automatically these short term visiting volunteer medical and dental practitioners.

The exemption shall not absolve Council from the need to ensure professional and ethical practice.

PURPOSE OF THE POLICY

The purpose of the Policy is to provide guidelines on requirements for registration of visiting short-term volunteer mission medical and dental practitioners visiting Zimbabwe.

POLICY

Every short-term visiting medical/dental practitioner wishing to conduct any nature of clinical work shall be issued a letter of permission to practice within thirty days of receipt of the application.

The letter should cover the period of practice, contents of programme and shall be issued upon complying with the following conditions.

- a) Submission of a detailed updated curriculum vitae by every individual practitioner who is going to carry out clinical work of any nature in Zimbabwe.
- b) Submission of a Certificate of Good Standing (CGS) or any equivalent document to prove that the practitioner does not have any outstanding disciplinary issues in their home jurisdiction where they are currently practising.
- c) Each practitioner within the mission will be held accountable to normal standards of Health Professions in Zimbabwe
- d) The short – term voluntary mission should have a local coordinator.
- e) Council reserves the right to visit and inspect an institution where such philanthropic practice is taking place to satisfy itself that the Council minimum standards of practice are being met in terms of section 26 of the Health Professions Act(Chapter 27:19)

CONDITIONS OF PRACTICE BY PHILANTHROPIC PRACTITIONERS

- (a) The practitioners shall conduct the philanthropic mission work under the supervision of a local practitioner/or specialist of same specialty;
- (b) Philanthropic mission shall be conducted in a public institution
- (c) In an operative environment there should be one anaesthetist per theatre who must work under the supervision of a local Consultant Anaesthetist.
- (d) All philanthropic operations should be done by qualified anaesthetists and surgeons under the strict supervision of local registered anaesthetists and Surgeon who shall provide performance reports to Council.

Provided this requirement shall not apply where there is a memorandum of association with a medical/dental training institution which provides for exchange programmes on medical or dental trainees.

CONDITIONS FOR THE COORDINATOR

- a) The Coordinator who shall be the supervisor shall be a registered medical/dental practitioner or of the same specialty as that of the philanthropic practitioners.

Provided in a multidisciplinary philanthropic mission, the Coordinator shall ensure that the philanthropic practitioners are adequately supervised by local practitioners of the same specialty as that of the philanthropic practitioners.

- b) The Coordinator shall submit reports and responses that may be sought by the Council in performing its normal regulatory duties.
- b) The coordinator shall provide Council with:
 - A schedule of all the medical activities of the mission.
 - Confirmation of permission from the Clinical Director who should be a medical practitioner of the hospital where the mission would be undertaken.
 - Duration of the mission of not more than one calendar month.
 - Complete list of practitioners.
 - All the required details.
- c) Provided that outside a Central Hospital setting, the Coordinator shall provide a letter from the Provincial Medical Director authorising the philanthropic mission.
- d) In case of any dental philanthropic mission, the Coordinator should submit a letter from the Ministry of Health & Child Care Director of Dental Services authorising the mission.
- e) The coordinator shall advise Council of the local registered medical practitioner(s) who shall be part of the liaison team.
- f) All communication with the Council shall be addressed to the Registrar and duly submitted to Council offices by the Coordinator **not through a third party**

OBJECTIVES OF THE POLICY.

The objectives of the policy is to ensure that visiting volunteer short – term practitioners are granted permission to practice without any delay and be asked to conduct their mission within their stipulated time table.

Date: _____

Coordinator's Signature: _____

Date: _____ **Practitioner's Signature:** _____

APPLICATION FORM FOR PHILANTHROPIC PRACTITIONERS

This form should be completed by every Practitioner participating in any form of Philanthropic activity. All applicants should comply with the national laws of the country.

Section B: Particulars of Applicant

SURNAME:.....
FORENAME (S):.....
NATIONALITY:.....
EMAIL ADDRESS:..... ID/PASSPORT NO.....

Section C: Qualifications and Country of Practice

PRIMARY QUALIFICATIONS:
POSTGRADUATE QUALIFICATION.....
.....
YEAR AWARDED:.....AWARDING UNIVERSITY:.....
CURRENT COUNTRY OF PRACTICE:.....
CURRENT EMPLOYMENT:.....

Section D: Coordinating Institution and Coordinator

Coordinating Organisation/Institution.....
.....
Name of Local Coordinator:.....
Qualifications:.....
Place of Employment for the Coordinator.....
Designation:.....

Section E: Nature of Philanthropic: (Please tick appropriate box)

Medical/Dental Work:	<input type="checkbox"/>	Teaching (Non Clinical):	<input type="checkbox"/>
Teaching and Clinical:	<input type="checkbox"/>		

Sections F: Institution Type (Please tick appropriate box)

Government Institution:	<input type="checkbox"/>	Community:	<input type="checkbox"/>
Mission Hospital:	<input type="checkbox"/>	Private Institution:	<input type="checkbox"/>

Section G: Registration Requirements

- Recent original Certificate of Good Standing
- Up to date curriculum vitae
- 2 certified passport size photos
- Schedule of operations compiled by the local coordinator
- Confirmation of permission from the Clinical Director/Head of Institution who should be a medical/ Dental practitioner of the hospital where the mission would be undertaken
- Duration of the mission.
- Complete list of practitioners.
- Application fee of us\$150.00

Signature:.....
(Applicant)

Date:.....

Signature:.....
(Local Coordinator)

Date:.....