



## **GUIDELINES 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 function 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 fulfil 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.

### **PURPOSE OF THE GUIDELINES**

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

### **OBJECTIVES OF THE GUIDELINES**

The objective of the Guidelines is to ensure that visiting volunteer short – term philanthropic practitioners are granted permission to practice without any delay and to conduct their mission within their stipulated timetable. The attached application form **SHOULD BE COMPLETED IN FULL BY BOTH THE APPLICANT AND THE COORDINATOR.**

### **GUIDELINES**

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.

#### **1. PHILANTHROPIC WORK**

- 1.1 Philanthropic work shall be conducted by fully qualified visiting specialists or fully qualified practising general practitioners with at least 2 years post graduate experience as a general practitioner.**

- 1.2 Practitioners undertaking residency programmes or any specialist training shall be registered as post graduate elective students to work/teach under the supervision of an appropriate leader (Specialist of the same discipline) of an approved Designated Health Institution Teaching Unit (DHI T/U)
- 1.3 Medical/Dental undergraduate students are not permitted to undertake Philanthropic work.
- 1.4 Philanthropists should identify resident local doctors whom they will train during the mission to ensure capacity building and skills transfer.
- a) Each practitioner within the mission will be held accountable to normal standards of Health Professions in Zimbabwe
  - b) The short – term voluntary mission should have a local coordinator in the respective specialty/area of practice
  - c) 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)

## 2. DURATION OF THE PHILANTHROPIC MISSION

**Philanthropic work shall be for a maximum period of 3 months renewable for another 3 months after which the practitioner would be required to apply for provisional registration.**

## 3. 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 Specialists, Medical and Dental Practitioners with at least 2 years post graduate experience under the strict supervision of local registered Specialists, Medical and Dental practitioners 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.**

## 4. 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 speciality 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.
- c) 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 three months.
  - Complete list of practitioners.
  - All the required details.
- d) Provided that outside a Central Hospital setting, the Coordinator shall provide a letter from the Provincial Medical Director authorising the philanthropic mission.
- e) 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.
- f) The coordinator shall advise Council of the local registered medical practitioner(s) who shall be part of the liaison team.
- g) 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**

Date: \_\_\_\_\_

Coordinator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Practitioner's Signature: \_\_\_\_\_

**MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF ZIMBABWE**

**Harare Office:**

8 Harvey Brown, Milton Park  
P.O Box CY 810, Causeway

**Harare**

Cell: 0778 100 668

Tel: (04) 793707/ 793709

792195 / 790139

Email: [mdpcz@mdpcz.co.zw](mailto:mdpcz@mdpcz.co.zw)



**Bulawayo Office:**

2 Robertson Street  
Parkview

**Bulawayo**

Tel: (09) 72237/8

Email: [mdpcz@mdpcz.co.zw](mailto:mdpcz@mdpcz.co.zw)

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**APPLICATION FORM FOR REGISTRATION AS A SHORT-TERM PHILANTHROPIC PRACTITIONER**

**SECTION 1: REQUIREMENTS FOR REGISTRATION OF PHILANTHROPIC PRACTITIONERS**

1. Philanthropic work shall be conducted by fully qualified visiting specialists or fully qualified practising general practitioners with at least 2 years post graduate experience as a general practitioner.
2. Philanthropic mission shall be conducted in a public institution unless a special waiver is granted by Council.
3. This form should be completed by every Practitioner participating in any form of Philanthropic activity.
4. All applicants should comply with the national laws of the country.
5. Submission of a detailed updated curriculum vitae by every individual practitioner who is going to carry out clinical philanthropic work of any nature in Zimbabwe.
6. Submission of a Certificate of Good Standing (CGS) issued by the official registering body, to prove that the practitioner does not have any outstanding disciplinary issues in their home jurisdiction where they are currently practising.
7. Submission of certified copies of primary and post graduate qualifications
8. 2 Certified passport size photos
9. Copy of valid passport.
10. Schedule of operations compiled by the local coordinator.
11. 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.
12. Duration of the mission (should be up to 3 months)
13. Complete list of practitioners involved.
14. Application fee of us\$180.00 for each application.
15. All philanthropic activities must be conducted under supervision of a registered local coordinator.

16. The supervisor/Coordinator should ensure that performance reports at the end of the mission are submitted to Council.

**SECTION 2: PARTICULARS OF APPLICANT**

SURNAME:.....  
FORENAME (S):.....  
NATIONALITY:.....  
EMAIL ADDRESS:..... ID/PASSPORT NO.....  
TELEPHONE NUMBERS HOME.....BUSINESS.....

**SECTION 3: QUALIFICATIONS AND COUNTRY OF PRACTICE**

PRIMARY QUALIFICATION: .....  
YEAR AWARDED:.....AWARDING UNIVERSITY:.....  
  
POSTGRADUATE QUALIFICATION (S).....  
.....  
YEAR AWARDED:.....AWARDING UNIVERSITY:.....  
  
CURRENT COUNTRY OF PRACTICE:.....  
CURRENT EMPLOYMENT:.....

**SECTION 4: COORDINATING INSTITUTION AND COORDINATOR**

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

**SECTION 5: INVITING PRACTITIONER**

Full Name of the Inviting Practitioner.....

Profession .....

Contact Nos.:.....

Email Address:.....

**SECTION 6: NATURE OF PHILANTHROPIC:** (Please tick appropriate box)

Medical/Dental Work:

Teaching (Non Clinical):

Teaching and Clinical:

**SECTIONS 7: DETAILS OF THE PHILANTHROPIC WORK** (*clearly state*)

1. Purpose of the mission : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Objective of the mission : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Supervisors : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Benefactors : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Beneficiaries : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Dates of the mission : \_\_\_\_\_

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**Sections 7: Institution Type** (Please tick appropriate box)

Government Institution:

Community:

Mission Hospital:

Signature:.....  
(Applicant)

Date:.....

Signature:.....  
(Local Coordinator)

Date:.....