

Strengthening Health Professional Regulation in Kenya and Uganda: Research Findings Policy Brief

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Introduction

Regulation is a key challenge across health systems in Low- and Middle-Income Countries (LMICs). Improving regulation can enhance quality and safety. Yet the little evidence from LMICs indicates that it is poorly enforced due to a variety of reasons, including inadequate human and financial resources, weak governance and corruption. Generating more evidence on healthcare regulation in LMICs, and how it can be improved, will contribute to the knowledge needed to strengthen their health systems (1-4).

The UK Medical Research Council Health Systems Initiative funded our research examining doctors' and nurses'/midwives' perceptions and experiences of professional regulation in Uganda and Kenya (in 2019-2021). The research aims to provide evidence helping policymakers to strengthen regulation in health systems in these and other LMICs.



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Key Messages

1. Kenyan and Ugandan medical and nursing/midwifery regulators are seen to lack the resources they need.
2. Frontline doctors and nurse/midwives perceive these regulators as interested in collecting fees rather than regulating quality of professional practice/ethics, remote and 'out of touch' with issues 'on the ground'.
3. Regulations and professional standards are generally perceived to be appropriate but poorly implemented and enacted in practice.
4. Poor regulation of training and internships is commonly blamed for an increasing number of new Kenyan and Ugandan health professionals lacking the skills, knowledge and ethics needed.
5. Most Ugandan and Kenyan doctors and nurses/midwives want professional regulation, better relations with and more guidance and support from their regulators.
6. Regulators are advised to continue developing online re-licencing and CPD platforms, which most doctors and nurses/midwives see as a quick and easy way to maintain professional registration.
7. Professional regulators and training schools are advised to improve communication about what professional standards mean in practice in order to increase compliance and the quality of professional practice.
8. Systemic and collaborative regulation by an oversight body or merged regulators is proposed as a way of addressing individual and institutional failures in health systems.
9. Decentralized regulation is proposed as a way of addressing local (context-specific) problems, which are currently overlooked.

Theory: Responsive Regulation

We drew upon ‘**responsive regulation**’ (5) theory, which suggests that people tend to comply with regulation they understand and accept as legitimate, that most can be persuaded to comply but a minority only comply when threatened with sanctions. Responsive regulation **balances persuasion and punishment** and requires resources, expertise, good **regulatory relations and dialogue** to persuade regulatees to comply, detect and sanction non-compliance, and evaluate and improve regulatory approaches.

Research Methods

In 2019-20, we **interviewed national regulatory stakeholders in Uganda (n=17) and Kenya (n=12) and doctors and nurses/midwives in two Ugandan districts (n=28) and two Kenyan counties (n=19)**. In 2021, we then ran a **bi-national survey** of perceptions and experiences of professional regulation. The survey received **3,467 responses**, including from: **340 Ugandan doctors; 1,268 Ugandan nurses/midwives; 259 Kenyan doctors; 704 Kenyan nurses/midwives**; 112 Ugandan intern doctors; 153 Ugandan intern nurses; 22 Kenyan intern doctors; 86 Kenyan intern nurses; 72 Ugandan medical students; 268 Uganda nursing students; 19 Kenyan medical students; and 163 Kenyan nursing students. Findings were validated in **four focus group discussions (FGDs)**.

Key Findings

Our analysis of data highlighted key themes, including problems with and ways of improving health professional regulation, which we illustrate using interview extracts and survey data below.

Problems with health professional regulation

Good regulatory relations have been associated with regulatory efficacy and compliance (5). Our interviews suggest that most **Ugandan and Kenyan doctors and nurses/midwives want regulation, good relations with and guidance and support from professional regulators**:

Most health workers welcome regulation and want to follow regulation. They do not want to be on the wrong side of the law, especially now there is a lot of litigation. (Doctor, Ugandan district)

In our survey, 91% agreed ‘In principle, professional regulation is a good idea’. However, interviewees thought Ugandan regulators were hampered by “*obsolete*” laws needing updating. Moreover, **professional regulators in both Kenya and Uganda are seen to lack the financial and human resources** they need:

The Council is so thinned out they’re unable to do anything tangible on the ground except dishing out certificates... Looking out, making sure the right things are being done, we have a gap. (Doctor, Kenyan county)

In both countries, doctors and nurses/midwives generally described **limited relations and interactions with ‘remote’ regulators**, who were seen to be **more interested in collecting fees than regulating professional practice**. Regulators were also described as **‘out of touch’ with issues ‘on the ground’**, especially in ‘up country’ counties and districts far from capital cities:

You will come into contact with the Council because you are paying your licencing fee... when you start working... having challenges, then you do not meet them. (Nurse, Kenyan FGD)

I’ve never seen the Council in ten years... We’re suffering... not complying... professionalism is dying because those guys are not coming out of their offices. (Nurse, Ugandan district)

In our survey, 43% agreed ‘My regulator is just interested in collecting registration and licence fees’. Only 33% agreed ‘I had sufficient contact with staff from my regulator in the last year’. However, **some nurses reported more regular and supportive regulatory interactions**:

The Nursing Council of Kenya really assist us... with support supervision... the working relationship between us has been very cordial... they just make time to visit us. (Nurse, Kenyan county)

Many interviewees believe that **regulatory and professional standards in Kenya and Uganda are appropriate but poorly implemented**, one even commenting they “*don’t exist in practice*” (Ugandan patient representative):

Rules are there... very clear on what should be done but... when it comes to practice... we forget. (Doctor, Kenyan FGD)

Nobody comes, nobody cares about nursing concerns, nobody will check on me, so I have my expired licence. (Nurse, Kenyan FGD)

In our survey, 71% agreed ‘The regulations that govern my profession are appropriate’ but 45% said ‘At times I am unable to comply with some regulatory standards’. Self-reported noncompliance tends to be understated (6). Indeed, 51% agreed ‘I have witnessed medical or nursing malpractice where I work’ and 65% reported having ‘had concerns about a professional colleague’s ability to do their job’. Yet only 7% of those said they ‘reported the concerning colleague to their professional regulator’. This could partly be due to the perception that ‘my regulator does not deal effectively with malpractice’ (which 41% agreed with). Our findings therefore echo other research in LMICs (1-4, 7, 8) showing inadequate regulatory resources contributing to poor implementation of regulation and low levels of compliance.

We measured the degree to which survey participants demonstrate views of regulation. We aggregated responses to statements on a Likert scale (from 5 = strongly agree to 1 = strongly disagree) into thematic factors. We show mean responses for key factors by professional group in figures below. A mean of 4 indicates survey respondents agree with the factor noted in the figures’ titles, 3 they are neutral and 2 they disagree with it. Figure 1 shows perceptions of regulatory effectiveness generally. Figure 2 shows perceptions of regulatory efficacy in dealing with malpractice specifically. In both, Kenyan nurses perceive the highest and Kenyan doctors the lowest regulatory effectiveness of the fully qualified professional groups (shown in coloured bars).

Fig 1: Perception of regulatory effectiveness
(Factor based on responses to 6 questions)

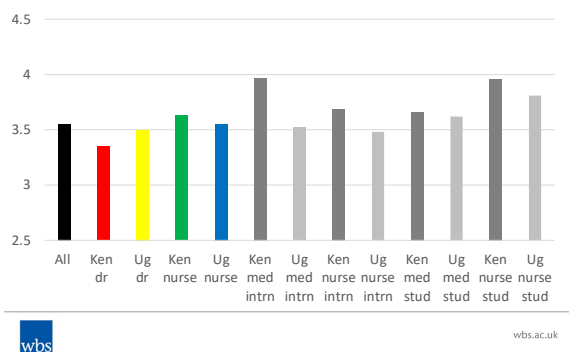


Fig 2: Regulatory effectiveness dealing with malpractice
(Factor based on responses to 3 survey questions)

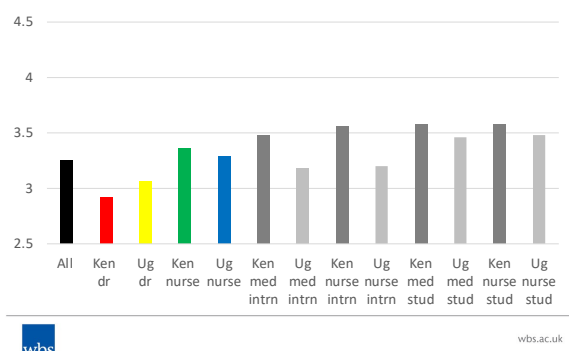


Figure 3 below shows self-reported *noncompliance*, with fully qualified Kenyan and Ugandan doctors and nurses self-reporting lower noncompliance than interns (note: students were not asked related survey questions). Figure 4 shows the extent to which survey respondents report having witnessed malpractice and negligence, with Kenyan and Ugandan doctors and Ugandan medical interns reporting this the most.

Fig 3: Self-reported noncompliance
(Factor based on responses to 4 survey questions)

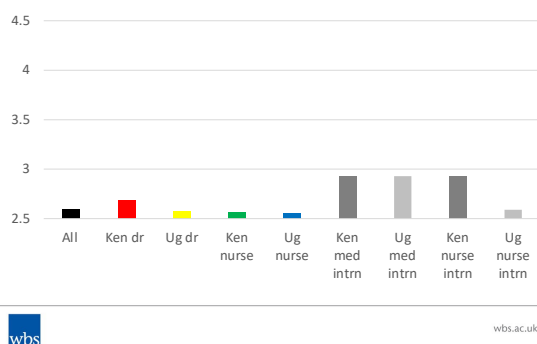
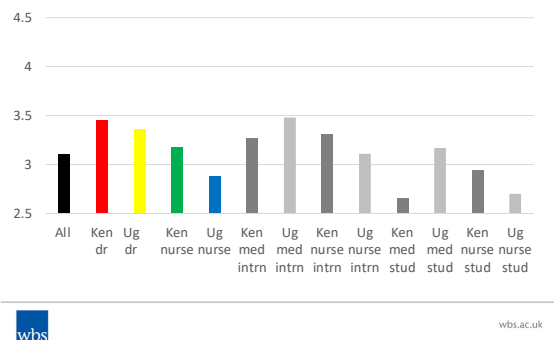


Fig 4: Witnessing malpractice & negligence
(Factor based on responses to 2 survey questions)



Understanding regulation and fear of punishment for noncompliance are key motivators of compliance (5). In our survey, 82% agreed ‘I know what the standards require me to do’ but 24% ‘find my regulator’s standards confusing’. 83% are ‘scared about making a mistake that leads to an investigation’ and 92% ‘worry about making a mistake that harms a patient’. Below, Figure 5 shows mean responses for a factor we label ‘Understanding of regulatory standards’. Kenyan medical interns and Kenyan nurses self-report the highest understanding and Ugandan nurses the lowest. Figure 6 shows a factor we label ‘Worry about the consequences of mistakes’. Here, Ugandan health professionals report more worry than their Kenyan counterparts. So, generally and with

variations between groups, Kenya and Ugandan health professionals believe they understand standards and fear making mistakes.

Fig 5: Understanding of regulatory standards
(Factor based on responses to 3 questions)

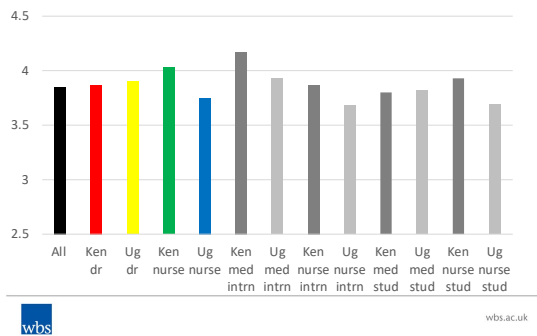
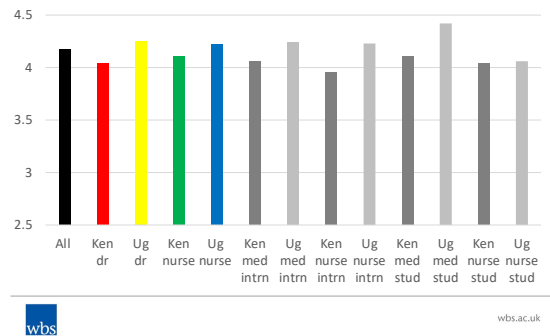


Fig 6: Worry about consequences of mistakes
(Factor based on responses to 7 survey questions)



Interviewees frequently noted some **medical and nurse training schools over-enrolling students**, consequently providing **insufficient mentoring, supervision and practical experience**. This was seen to produce doctors and nurses/midwives without adequate knowledge and skills:

Trainees are half-baked... everyone who gets money starts a training school... mushrooming training schools has put the nursing profession in a shambles. (Nurse, Ugandan district)

It's a mess... the quality of our doctors is down... with people... not properly trained... no unified standards... so everybody qualifies doctors in any way they like. (Doctor, Ugandan district)

[X] university, they are admitting 400 medical students... they are only allowed... 150. So, this is likely to compromise the quality of training. (Regulatory representative, Kenya)

In our survey, 38% agreed 'Newly qualified members of my profession lack the skills they need to provide high quality patient care in this country'. **Inadequate regulation of training and internships is seen to be contributing towards new nurses/midwives and doctors lacking the skills, knowledge and understanding of regulation and ethics they need:**

Nurses trained In the 1990s have a very clear understanding of the regulations... because at that time Nursing Council people came to the colleges... [Now] nothing... If you have a good mentor who has experienced the Nursing Council, they'll try to guide you... If I don't ... unethical things crop up. (Nurse, Kenyan FGD)

The regulator has failed in ensuring proper training and mentorship of the younger doctors... Many internship centres do not have equipment... enough lecturers... or functional laboratories... Doctors who graduate from these universities, they do not have all the required skills and knowledge. (Medical representative, Kenya)

In Uganda, the Ministry of Education is responsible for training health professionals but is perceived by many of those interviewed to have poor understanding of the knowledge and skills needed in health systems:

The Ministry [of Education] don't know about health... take nursing training and all those schools to the Ministry of Health because they know what they want in students. (Nurse, Ugandan district)

Reflecting other research in LMICs (3, 7-9), our findings show the need to improve the regulation and quality of medical and nursing training in Uganda and Kenya.

Improving health professional regulation

Interview and survey findings suggested ways in which health professional regulation could be improved. First, regulators can make it easier, quicker and cheaper for professionals to maintain their registration by **continuing to develop online re-licencing and continuing professional development (CPD)**. Most Kenyan and Ugandan doctors and nurses/midwives viewed this positively:

Once I have done my CPDs... I renew my license... online... Before we used to travel to Nairobi... that would take... a week. Now... a few minutes... that's very good. (Doctor, Kenyan county)

However, this may be difficult for health professionals in areas with limited internet. Furthermore, interviewees discussed colleagues doing CPD superficially, for the sole purpose of collecting CPD points to renew licences. So, regulators need to ensure that CPD courses genuinely develop professionals' knowledge and skills. An Ugandan

regulator also suggested **centralizing registration and licensing across regulators** to allow professional regulators to focus on regulating health professionals' conduct and ethics:

Time and effort are focused on registration, licensing... collecting those fees is a huge job... that someone else could do... so that regulators are free to regulate the profession... [Currently] enforcement is... geared towards... people who have not paid licences... instead of practice... ethics and conduct. (Ugandan regulator)

Second, while Ugandan and Kenyan doctors and nurses/midwives support regulation and regulatory standards in principle, some we interviewed and one in four survey respondents reported limited understanding of them. Therefore, we advise regulators to **better communicate and improve professionals' understanding of what regulation and professional standards mean in practice**. As a Ugandan doctor commented:

Go out and make clear what is expected of a health worker... the role of the Council... beyond registration and giving out licences. (Doctor, Ugandan district)

Regulators need to improve patients' and the public's limited understanding of regulation too, because "users of health services... lack knowledge and awareness...[and] are not empowered to report" (Ugandan Doctor). Regulators can further **enhance social accountability** by making it clearer how and easier to report malpractice and negligence, as well as being more responsive to such reporting. Currently, there is a view that:

The regulator [only] comes... if the family complains so much it appears in the media. (Nurse, Kenyan County)

Regulators also need to address public (mis)understandings of regulatory processes:

There's a general perception... measures are not deterrent... But those punitive actions, should really come last... [after] restorative measures... the public doesn't understand. (Regulatory representative, Uganda)

Some interviews suggest regulators are too lenient and so do not discourage negligence or malpractice:

Nobody monitors. There is no consequence for doing wrong. Most of us are driven by the oath and... medical training to... do the right thing but even if you don't... consequences are not there. (Doctor, Ugandan district)

Regulators... are lenient... there are no punitive measures... That encourages impunity. So, they must be able to bite... to deter others from being negligent in future. (Training provider, Kenya)

Identifying and deterring negligence and malpractice is important. However, interviewees described professionals being individually blamed for failures resulting from 'institutional gaps':

A mother in a health centre, they start to bleed, you need to refer, it takes too long to get the ambulance, so by the time the mother reaches the referral hospital they've bled too much, the doctors struggle, lose the mother... If you want to... blame people... On face value it looks like... the doctor's or nurse's... medical malpractice or professional negligence... but there is always an institutional gap. (Doctor, Kenyan county)

Systemic and collaborative regulation, simultaneously involving regulation of multiple health professions and organisations, should better address individual and systemic failures. Furthermore, investigating failures **without focusing on 'blame'** may identify underlying systemic and institutional causes (10), which systemic regulators may be more able to remedy too. For example, how might inadequate resources or regulation of medical and nurse training be contributing towards medical negligence and malpractice? Our research supports the need for bodies like the *Kenya Health Professions Oversight Authority*, recently established to provide systemic oversight of health care organisations and professional practice, and *Joint Health Inspections* across regulators, also recently introduced in Kenya.

Uganda is considering developing a merged health regulator, which may also facilitate collaborative systemic regulation. However, such a merged regulator must acknowledge and respect professional differences and allow representation of all professions involved. Moreover, before establishing a merged regulator, Uganda might also learn from the experiences of similar regulators in other countries, such as the *Kenya Health Professions Oversight Authority* or the *Health Professions Councils of South Africa* or *Zambia*.

Finally, our research highlights the need to **decentralise regulation**, so that health professionals are able to work with regulators to address local problems:

Decentralize... strengthen and empower those at the County-level to... pick out [local problems]. Now we just do it blindly... [and] regulators come infrequently. (Doctor, Kenyan county)

Regulators might therefore systematically establish local-level regulatory offices, representatives or supervisors as, for example, the *Allied Health Professions Council* have done in Uganda. Professionals might then regularly

and easily engage with regulators. Regulators might then be more able to regulate local practices and address local problems. Indeed, regulation was viewed most positively (of the four local cases we studied) in a district with a local Uganda Nurses and Midwives Council office and representative. A nurse in this district noted:

Registration was brought to our hospital, there is now no problem... we're connected to the Council... problems here, they forward them to the Council, then they come... get solutions. (Nurse, Ugandan district)

Decentralised regulation may proactively address and prevent problems and failures otherwise hidden and unaddressed by centralised regulation. **Local-level problems can then be reported centrally**, so that national-level regulators are more in touch with common issues affecting health professionals 'on the ground' across the country. However, particularly in Kenya, interviewees highlighted the possibility of **local-level politics interfering with local regulatory processes**, so national regulatory oversight is also needed.

Regulators might consider developing ambidextrous organisational structures, involving centralised (online) registration/(re)licencing and decentralised regulatory monitoring, engagement and supervision. Centralisation of registration/licencing across professions and health care organisations may create efficiencies and cost-savings releasing resources for more decentralised regulatory supervision of professional practice and ethics.

Summary of Research Findings and Recommendations

Ugandan and Kenyan doctors and nurses/midwives perceive regulators as remote, out of touch and interested in collecting fees rather than regulating standards of professional practice, ethics and behaviour. Kenyan and Ugandan professional standards are described as appropriate on paper but inadequately understood and implemented in practice. Inadequate regulation of health professional training is seen to be leading to an increasing lack of knowledge, skills and ethics among some new doctors and nurses/midwives in Uganda and Kenya. Our research provides **evidence for developing systemic regulation across health professions and healthcare organisations and decentralised regulatory monitoring, engagement and supervision.**

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