

Rwanda

## Ministerial Order governing Dual Clinical Practice

### Ministerial Order 7016 of 2020

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# Ministerial Order governing Dual Clinical Practice

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## Rwanda

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## Ministerial Order 7016 of 2020

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**Assented to on 30 November 2020**

**Commenced on 30 November 2020**

*[This is the version of this document from 30 November 2020.]*

### **The Minister of Health;**

Considering that the Government of Rwanda is responsible for assuring accessibility and quality of health services provided by both the public and the private sector, and designs the rules for performing the art of healing, enforces regulations and monitors practice across public and private sectors, through the Ministry of Health;

### **ISSUES THE FOLLOWING INSTRUCTIONS:**

## **Chapter One**

### **General provisions**

### **Article One – Purpose of these Instructions**

These Instructions govern dual clinical practice in Rwanda.

### **Article 2 – Scope of application**

These Instructions apply to medical doctors and dental surgeons working in health facilities.

These Instructions are not applied to medical doctors and dental surgeons pursuing postgraduate studies.

### **Article 3 – Definitions**

Under these Instructions, the following terms have the following meanings:

- 1° dual clinical practice: clinical work which may be undertaken physically within or outside public hospitals and within or outside providers' **contracted hours of public sector employment. However, instead of it being part of the worker's** salaried employment on permanent basis, it is a remunerated work on contractual basis in public hospitals;
- 2° Health Facilities: public and subsidised hospitals and medicalised health centres;
- 3° medical doctor: any person registered in the Medical and Dental Council;
- 4° Minister: Minister in charge of health;
- 5° Ministry: Ministry in charge of health.

## **Chapter II**

### **Models of dual clinical practice**

#### **Article 4 – Place for dual clinical practice**

Dual clinical practice can only be authorized in a health facility.

#### **Article 5 – Number of health facilities allowed for a medical doctor**

A medical Doctor is allowed to do, on a contractual basis, dual clinical practice within his or her appointed health facility, after having completed legal working hours, during days off and in weekends.

However, during his or her days off and weekends, a medical doctor can also be allowed to practice in another one (1) private health facility.

Under specific circumstances and after assessment, the Minister may authorize a medical doctor to do dual clinical practice in an additional public health facility.

#### **Article 6 – Patient workload in dual clinical practice**

A health facility sets minimum number of patients managed and procedures performed by a medical doctor in public service before commencing dual clinical practice.

To ensure that services provided do not compromise the quality of care and patient safety, the number of patients managed and procedures performed in dual clinical practice must not exceed fifty percent (50%) of the number of patient treated in legal working hours per week.

## **Chapter III**

### **Requirements for dual clinical practice and its supervision**

#### **Article 7 – Requirements for a health facility**

Prior to engaging in dual clinical practice A health facility submits to the Ministry its written application with a list and files of medical doctors allowed for dual clinical practice.

Other requirements for a health facility to be granted an authorization for dual clinical practice are the following:

- 1° to ensure the use of electronic system to manage dual clinical practice providing detailed information on visit numbers, acts, procedures, generated incomes;
- 2° to set a monthly roster and timetable;
- 3° to set minimum number of patients managed and procedures performed for a medical doctor in public service before entering dual clinical practice.

A health facility reports quarterly to the Ministry the list of medical doctors who are eligible to engage in dual clinical practice with a copy to health insurance institutions and companies.

#### **Article 8 – Requirements for a medical doctor**

A medical doctor must have a contract of dual clinical practice concluded with the management of the health facility where he or she practices.

While exercising dual clinical practice The medical doctor ensures that health care provision is not adversely affected.

## **Article 9 – Supervision of dual clinical practice**

The Minister is the competent authority to monitor dual clinical practice, grant or revoke authorization for dual clinical practice to health facilities.

If the application of a health facility is accepted, the Minister commissions an independent assessment of the dual clinical practice implementation after six (6) first months to inform policy review and decision making.

The Minister also supervises the development of the software for dual clinical practice management.

## **Chapter IV**

### **Management of financial resources from dual clinical practice**

#### **Article 10 – Payment of services offered during dual clinical practice**

Services offered during dual clinical practice are paid using the tariff for private health facilities as shown in Annex I of these Instructions.

#### **Article 11 – Remuneration of medical doctors**

Eighty percent (80%) of revenues generated in outpatient department consultations and forty percent (40%) of revenues generated in medical acts and procedures are dedicated for remuneration of health professionals involved in dual clinical practice.

However, depending on prevailing circumstances, the Minister may change the proportion of amount dedicated to remuneration under dual clinical practice.

Financial resources generated in dual clinical practice are distributed as shown in Annex II of these Instructions.

#### **Article 12 – Contracts for Professionals in dual clinical practice**

Before dual clinical practice, a contract is concluded between the medical doctor or other member of the clinical support staff directly involved and the health facility in accordance with the Law regulating Labour in Rwanda.

#### **Article 13 – Management of financial resources from dual clinical practice**

A health facility is accountable for the management of financial resources generated in the framework of dual clinical practice.

## **Chapter V**

### **Termination of authorization for dual clinical practice, faults, measures and sanctions**

#### **Article 14 – Termination of authorization for dual clinical practice for a health facility**

Grounds for termination of authorization for dual clinical practice in a health facility are the following:

- 1° when the health facility informs the Ministry that it withdraws its authorization for dual clinical practice;
- 2° when the health facility does not comply with provisions of Article 7 of these Instructions.

### **Article 15 – Termination of medical doctor’s authorization for dual clinical**

A medical doctor’s authorization for dual clinical practice is terminated if:

- 1° the contract of dual clinical practice is terminated;
- 2° he or she is dismissed;
- 3° he or she dies.

### **Article 16 – Faults during dual clinical practice**

All cases of suspected professional faults are submitted to the competent authority for investigation and sanctions.

The health professional council in charge of regulation of medical doctor practice imposes sanctions to a medical doctor for professional malpractices committed during dual clinical practice.

### **Article 17 – Sanctions for a medical doctor**

A fault committed during dual clinical practice is punishable in accordance with the law establishing the general statute governing public servants.

### **Article 18 – Suspension and permanent prohibition for dual clinical practice**

Without prejudice to sanctions provided by other laws, a medical doctor who provides poor health care in dual clinical practice is subject to temporary suspension for dual clinical practice for a period not exceeding three (3) months.

If a medical doctor repeats the fault referred to in Paragraph One of this Article, he or she is permanently prohibited from dual clinical practice by the Minister.

## **Chapter VI Transitional and final provisions**

### **Article 19 – Transitional period**

Health facilities must comply with the provisions of these Instructions within a period not exceeding two (2) months from the date of signature by the Minister.

### **Article 20 – Repealing provision**

All prior provisions contrary to these Instructions are repealed.

### **Article 21 – Commencement**

These Instructions come into force on the date of their signature.

**Annex I**

#	Service	Public health facility	Corresponding tariff in private
1	OPD	Medicalized Health Centre	General Clinic
		District Hospital	General Clinic
		Provincial Hospital	Polyclinic
		Specialized Hospital	Polyclinic
		Referral Hospital	Polyclinic
		Teaching Hospital	Private Hospital
2	Acts and Procedures	District Hospital	General Clinic
		Provincial Hospital	Polyclinic
		Specialized Hospital	Polyclinic
		Referral Hospital	Polyclinic
		Teaching Hospital	Private Hospital

**Annex II**

#	Financial resources generated in dual clinical practice	Health professional	Percentage
1	OPD (80% of total cost of consultations)	Medical Doctor	60
		Other Clinical support team	40 equitably distributed
2	Acts and Procedures (40% of total cost of acts and procedures)	Medical Doctor	60 (in which 30% shall be allocated to Anaesthesiologist if involved)
		Other Clinical support team directly involved	40 equitably distributed

*\*Anaesthesiologist amount: 30% of the total amount to be paid to the Doctor who performed the act or procedure (the latter amount is equal to 60% of the amount paid on acts and procedures which is designed to remunerate clinical staff under Dual Clinical Practice Framework)*