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DUAL CLINICAL PRACTICE POLICY

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TABLE OF CONTENTS

TABLE OF CONTENTS ii

ACRONYMS iv

FOREWORD v

1. INTRODUCTION 1

   1.1. Definition of key terms 2

2. SITUATIONAL ANALYSIS 2

   2. 1. Context 2

   2.2 Rationale 4

   2.3 Current operations and practices 6

   2.4 Current legal framework 7

3. GUIDING PRINCIPLES OF THE POLICY 7

4. OBJECTIVES OF THE POLICY 7

   3.1 Overall objective 7

   3.2 Strategic objectives 7

5. POLICY DIRECTIONS IN IMPLEMENTING DUAL CLINICAL PRACTICE 9

   5.1. Model of dual clinical practice 9

   5.2. Number of hospitals for dual clinical practice 9

   5.3. Application to exercise dual clinical practice 9

   5.4. Management of dual clinical practice files 10

      5.4.1. Dual Practices Human Resource Management File 10

      5.4.2. Responsibility in Dual Clinical Practice 10

   5.5. Reimbursement of health care services under dual clinical practice framework 11

   5.6. Remuneration under Dual Clinical Practice 11

6. GOVERNANCE FRAMEWORK AND ACCOUNTABILITY MECHANISMS 12

   6.1. Ministry in charge of Health 12

   6.2. National Health Insurance Council (NHIC) 12

   6.3. Health Professional Councils 12

6.4. Districts 12
6.5. Hospitals 12
7. MONITORING AND EVALUATION 13
ANNEXES: 14
1. Dual Practice M&E indicator matrix 14
2. Health professionals who engage in dual clinical practice 16
3. Health Professionals who left the Public Service during last quarter 17
REFERENCES 19

ACRONYMS

ACRONYM	EXPANSION
GSHRH	Global Strategy on Human Resources for Health: Workforce 2030
HCPs	Health Care Providers
HSSP4	Health Sector Strategic Plan IV 2018-2024
i.e.	id est, that is
ID	Identification
NST1	National Strategy for Transformation 1
RSSB	Rwanda Social Security Board
SDGs	Sustainable Development Goals
UHC	Universal Health Coverage
WHA	World Health Assembly

FOREWORD

As part of the global sustainable growth and development agenda, the United Nations member countries including Rwanda in 2015 adopted the Sustainable Development Goals (SDGs) of which Goal 3 with its 13 targets aims at healthy lives and the well-being of people at all ages, including Universal Health Coverage (UHC). The SDGs, which are more ambitious, inclusive and comprehensive, require responsive and resilient health systems underpinned by adequate, motivated and equitably distributed health workforce. In recognition of this demand, target C of SDG 3 enjoins member countries to substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries (1) (2) (3).

In advancement of this agenda, the World Health Assembly (WHA) in 2016 also adopted the Global Strategy on Human Resources for Health: Workforce 2030 (GSHRH) (4) which aims at ensuring equitable access to qualified health workforce towards achieving UHC and SDGs. The Ministry of Health recognizes that attaining this goal will require a sufficient number of prepared and motivated health professionals.

In Developing countries, the rise of dual practice has been attributed in part to the mostly unregulated growth of the private health sector, and the less adequate remuneration of staff in the public health sector. The impact of dual practice varies from country to country based on its extent and the presence or absence of regulatory policies. Among the positive consequences was its ability to generate additional income for health workers, which could also be interpreted as minimizing the budgetary burden of the public sector to retain skilled staff. However, in some contexts dual clinical practice may lead to the rise of predatory behavior, whereby self-gain drives the health workers to generate demand for their own services in the private sector by lowering the quality of services they provide in the public sector to drive clientele to the private sector (5).

Given the pervasiveness of dual clinical practice and the growing prominence of the private sector in the provision of health services in Rwanda, its dynamics and impact on the attainment of Universal Health Coverage (UHC) should not be ignored. There are many unanswered questions about the impact and consequence of dual clinical practice, the achievement of UHC may be hampered by unregulated dual practice.

Dual Clinical Practice Policy for Health Professionals was developed through a consultative process involving key stakeholders. we believe that regulating the dual clinical practice will contribute to improve access to quality of health service in general while contributing to increase retention rate of health professionals in Public hospitals.

The Ministry of Health endorses the dual clinical practice policy which provides guidance on how to regulate dual clinical practice in Rwanda in order to prevent the possible adverse consequences of dual clinical practice.

Dr. NGAMIJE M. Daniel
Minister of Health

1. INTRODUCTION

In most countries, diversified health care systems to work and attend short course trainings concurrently in both public and private facilities and the gap in remuneration of highly skilled health professionals between the public and private sector has made them to hold multiple jobs and work simultaneously in public hospital and private health facility or from one private health facility to another, and this is referred to as dual practice. It has potential implications for access, quality, cost and fairness of health services delivery.

Although income maximization can justify the dual clinical practice, there are reasons, which are far above financial incentives. These include among others better working conditions, treating reasonable number of patients with more time and attention, offering some specialized services in the private sector and gaining experience more quickly relative to exclusive public practice. The economic literature supports that dual practice has both positive and negative effects for the public health care provision, and the net effect is difficult to determine (6).

Dual clinical practice can be beneficial in the health system with a capacity to enforce regulations that still allow patients to get health services in the public service. However, in the absence of such regulation, public health services delivery might be adversely affected.

In developing countries, dual clinical practice remains largely unregulated and whether governments should authorize dual clinical practice among health professionals remains a subject of debate (5).

However, given all the benefits and the possible adverse effects of the dual practice in the health sector, it is important to provide a policy document to enforce the regulation and the monitoring of dual clinical practice.

The Government of Rwanda is concerned with the quality of health services provided by both the public hospitals and the private health facilities and though the Ministry of Health designs the rules for performing the art of healing, enforces regulations and monitors the clinical practice across public and private health facilities.

This document aims to provide a policy direction on how to regulate dual clinical practice in Rwanda in order to prevent the adverse consequences of dual clinical practice with a special focus on the public sector. Nevertheless, the dual practice in private health facilities will be developed separately through Ministerial Instructions.

1.1. Definition of key terms

For the purpose of this policy:

1. **Dual Clinical Practice** refers to 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, it is a remunerated work on contractual basis in Public hospitals.

   There are several forms of dual clinical practice. Health professionals working in a public hospital may also work:

   - in a private ward associated with the public hospital where s/he works but that is run as a separate business
   - Inside the same public hospital, providing private services but outside public service operating hours or usual space.
2. **Health professional:** any person registered with the regulatory body recognized in charge of medical doctors and dental surgeons in Rwanda:
   a. Medical practitioner (Specialist or General Practitioner)
   b. Dental surgeons
3. **Regulatory Framework:** All policies, laws, rules and regulations imposed by governments and professional council seeking to manage or package dual clinical practice in such a way as to maximize health worker performance

2. SITUATIONAL ANALYSIS

2. 1. Context

As at the end of 2018, the total number of registered health professionals in Rwanda was 21,679; made up of 8% (1,648) medical doctors, 69% (15,050) Nurses and Midwives, and 19% (4,083) Allied Health Professionals (3). 65% of the health workforce is employed in the public sector while 20% and 15% were employed in the private-for-profit and the private-not-for-profit sectors respectively. Around a quarter (23.4%) of medical specialists are employed in the private-for-profit sector, King Faisal Hospital included, with 76.6% working with the public sector (7) (3)

Health Professionals in public sector in Rwanda are remunerated according to the established salary scale determined by the Ministry of Public Service and Labour and the Prime Minister Order No. 221/03 and 001/03 of 2016. As of 2018, the prevailing salary scale for public sector health workers was contained in the Prime Minister's orders number 221/03 (2016) and 001/03 (2016) which define the organizational structure, salaries and fringe benefits for employees of University Teaching Hospital, Referral Hospitals, Provincial Hospitals, District Hospitals, Ndera Neuro-Psychiatric Hospital and Health Centres in Rwanda (8).

The salary levels are deemed to be competitive in relation to other categories of civil servants, and in line with remuneration levels in countries at similar levels of socio-economic development. There are, however, attractive packages from a growing private health sector, which sometimes offer more than double of the public sector salaries particularly for doctors (3).

Currently, in Rwanda, given the regulatory framework in place, health professionals can work solely in the public sector, work solely for the private sector or work in both sectors as dual care providers. Where unlikely to be detrimental to his/her duties, a public servant may sign employment contracts with different employers, whether in public or private sector. However, before signing such contracts, the public servant shall be authorized by his/her employer in accordance with the Law n°86/2013 of 11/09/2013 establishing the general statutes for public service. (9).

On one hand, the public health sector is overburdened, along with a shortage of highly skilled health professionals, a heavy workload and long working hours that put enormous stress on health care providers in public hospitals. On the other hand, the private sector is increasingly recognizing and rewarding ability of the health care providers available on the market, and it becomes difficult for the Ministry of Health to retain health professionals within the public hospitals. More and more health workers, most of those health professionals such as Medical specialists hired in the public sector choose to either operate exclusively in the private sector or work in both public and private health facilities.

A rapid analysis of staff turnover conducted in 2017 in health facilities showed that while Rwanda does not seem to suffer the traditional 'external brain drain" challenge, there are many complex and interrelated factors at different levels (national, district and individual) that influence the attrition and retention of health professionals (especially doctors and nurses), and particularly in rural areas. It was also evident that more Health Care Providers (HCPs) left public hospitals than those joining from the private sector. For the five years (2012-2016) and in the 11 health facilities studied, there were 340 HCPs moving from public to private facilities (304 in hospitals and 36 in health centers), while there were 222 HCPs moving from private to public facilities. In absolute numbers, more nurses left public hospitals for the private sector followed by doctors (10).

Currently the availability of well-qualified health professionals throughout the country has been addressed by the Ministry of Health in her priority interventions through financing of postgraduate training programs, defining the Human Resources for Health (HRH) policy and the strategies and creation of Human Resource for Health Secretariat. Despite having signed the retention contracts, specialists tend to quit for private health facilities which predispose competitive salaries and wages. This is a call for private health facilities to join efforts of the Government by investing in postgraduate training of specialists to mitigate the mentioned issue.

Dual clinical practice in Rwanda is principally a mechanism to compensate for the current remuneration (salaries and benefits) of the health professionals working in the public hospitals. Dual clinical practice is a way to reduce the financial and economic hardships on many health care providers who resort to private practice as a way of supplementing and diversifying their income and supporting their livelihoods.

A rapid analysis of data available at Rwanda Social Security Board (RSSB) for the last four years indicates that for services offered in private health facilities have costed around seventy-two percent (72%) of all services reimbursed by RSSB/RAMA. During the last five years, the average cost of an RSSB patient in public health facility is estimated at six thousand five hundred ninety five Rwandan francs (6,595 Frw) whereas the average cost an patient with RSSB/RAMA insurance in private health facility is estimated at seventeen thousand nine hundred thirty five (17,935 Frw) Rwandan francs (11). Creating a private practice in public hospital will be associated with an increase in revenues generated by hospitals as patients will tend to seek care from public health facility.

Although the Government undertook to create a conducive environment for greater private sector, the involvement of the health care providers working in the public hospitals in the dual clinical practice is currently not yet regulated in Rwanda. In addition, there are concerns that unregulated dual practice may negatively affect productivity of health professionals in the public sector.

2.2 Rationale

In low-income and middle-income countries, there exist evidences that health professionals engage in dual practice as a result of low public sector salaries, which do not allow for a comfortable standard of living or even do not exceed the minimum costs of living. Thus, dual practice can be viewed as a possible system solution to problems such as very limited financial resources in the public health care sector (6).

In Rwanda, the private sector is increasingly becoming attractive to many health care providers especially medical specialists. More and more highly skilled health professionals move from the public sector to the private sector or even migrate to other countries. According to data available at Ministry of Health, among four hundred eight nine (489) medical specialists who graduated from 2008 to 2019, 75% (368) are practicing in public sector, 13% (63) are practicing in private sector whereas 12% (58) are abroad. Among those practicing in Public sector, around 45% (166) are involved in the informal Dual clinical Practice in the private sector (12).

It is therefore critical for the Government to put in place measures and regulations towards a conducive environment for health professionals to engage in a private practice mechanism in public hospitals.

The following have been documented to be positive impact of Dual clinical Practice (1):

- Serve to supplement low public salaries and help governments to recruit and retain health professionals in public facilities even in rural and remote areas without extra-budgetary burden, which could escalate access to services in these locations.
- Enhance technical knowledge and skills of government health care providers thus boost public services quality.
- Dual practitioners do their best to provide quality services in their public job to get a good reputation.
- Reduce the public waiting lists and increase access to health care services

However, it is important to note the negative impact of dual clinical practice:

- Health professionals may have a tendency to shirk their public sector duties, and reduce the quantity and quality of their services due to their conflict of interest.
- Competition for time has been mentioned as the other problem, where a considerable proportion of dual clinical practitioners are believed to reduce their work hours in the public sector.
- Illegal and uncountable hidden outflow of resources such as means of transportation, drugs, personnel, and sundries from public to private practice is the another problem.
- Health professionals are also suspected to cream-skim rich or low complicated patients from public sector and shift them to their private working places or prescribe unnecessary services for their own profit (1).

It is believed that the dual clinical practice policy will generate adequate revenues for hospitals and enable the government to attract, recruit and retain highly qualified health professionals and the practice may lead to improvements in access to health services.

Production based compensation allows the health professionals to decide what the right workload is for their specific circumstances, while owning the financial consequences of that choice. On the other hand, they have the flexibility to periodically adjust their workload up or down according to their need at the time; there is no requirement to work at the same load year after year. For the dual clinical practice to be effective appropriate and accurate patients billing for services rendered is paramount as is the establishment of a mechanism to systematically track, rigorously way to collect revenue and recover bad debts.

Dual clinical practice is hence, part of the financial incentive to retain health professionals, enhance health services delivery at the site where revenues are generated and ensure patient satisfaction on the service delivery.

Furthermore, allowing dual clinical practice may also contribute to reducing waiting time for treatment in the public hospitals and delayed appointments. With dual clinical practice, health professionals can provide quality health services in the private clinical practice way to those

consumers who are willing to pay for services but also provide as well the same quality of health services as well in the public sector who do not have the ability to pay. In addition, dual clinical practice leads to an improvement of the quality in public hospitals as health professionals attempt to increase their private profits through improvements in their reputations.

If not regulated however, these benefits can turn out in to drawback and ruins the public sector as most of the health professionals may be registered as civil servant and yet, they are ghosts in their place of duties. Hence, affecting, access to health services, quality and equity, as the health professionals involved tend to pursue more what maximizes their own income and other benefits.

On the contrary, appropriately regulated dual clinical practice will improve the access to specialized health services, the variety of health services offered, and health professionals' job satisfaction and retention in the public hospitals.

This regulatory framework aims among others to:

- Address the quality of services issued in the public hospitals that is generally perceived to be low, especially for the long waiting times.
- Eliminate dual clinical practice risks and avoid that health professionals may derail the reform without banning dual clinical practice, which is never worthwhile and difficult to monitor.
- Mitigate the effect of monetary and non-monetary incentives in the public hospitals in order to retain and motivate health professionals.

2.3 Current operations and practices

Some category of health professionals including medical doctors are appointed by the Minister of Health in accordance with the Ministerial Order N° 20/31 of 18/04/2012 determining the modalities for deployment of medical staff in the health sector and are governed by the General Statute for Civil servants and the Presidential order. Before appointment, health professional who benefited from a government scholarship sign a retention contract to serve in the public service. At the end of the retention contract, many of them resign and join a private practice or quit the health care industry (13).

Health professionals, who prefer to remain serving in the public hospitals, also practice in private health facilities on a contractual basis in weekends or during their leisure time, after work in public hospitals.

It is important to note that the health professionals as other civil servants do not receive monetary compensation when they work overtime. Indeed, they are entitled to get compensatory time off for the overtime worked. Such rest shall have validity and be taken within a period of one month starting from the date of overtime work.

2.4 Current legal framework

Under the Constitution of the Republic of Rwanda of 2003 revised in 2015, especially in Article 30, paragraph 1, states that "Everyone has the right to free choice of employment'' (14).

Similarly, Article 65 of Law N° 017/2020 of 07/10/2020 establishing the general statute governing public servants mainly prohibits practicing a profession or business activities that may be detrimental to the performance of his or her duties. It further stipulates, "a public servant may, when it is not likely to impede the performance of his or her duties, sign employment contracts with different employers, whether in the public or private sector, subject to prior written authorization by the public institution he or she works for''. (15).

Equally, Article 11, paragraph 2, of Law n° 66/2018 of 30/08/2018 regulating Labour in Rwanda stipulates: "Employment contracts between an employee and more than one employer are acceptable if they are not compromising one another" (16).

3. GUIDING PRINCIPLES OF THE POLICY

This policy is aligned with the Human Resources for Health Policy 2015, Health Sector Policy 2015, National Strategy for Transformation (NST1), Vision 2050, Universal Health Coverage (UHC) principles and the Sustainable Development Goals (SDGs) which lays out a target for Rwanda to become high-income country with better quality of life of the population by 2050.

The guiding principles of the heath sector policy are reflected in this policy since this policy provides a strategic path to attract, motivate and retain qualified health professionals for universal access to quality health care services, which will create significant socio-economic benefits for the country.

4. OBJECTIVES OF THE POLICY

3.1 Overall objective

The overall objective of this policy is to increase the access to quality health services provided in the public health facilities and retain highly skilled health professionals (medical doctors and dental surgeons) in the public sector.

3.2 Strategic objectives

The strategic objectives of this policy are the following:

- To regulate the provision of health care services in the public hospitals through a private clinical practice mechanism.
- To improve quality of health care services by retaining health professionals in the public service.
- To increase incomes generated by the public hospitals for their better financial viability.

Strategic objective 1: To regulate the provision of health care services in the public hospitals through a private clinical practice mechanism

This is to ensure that dual clinical practice is well regulated in the public hospitals in a way that the health professionals involved in this framework are managed efficiently and equitably, whereby enhancing quality of health care service delivery to all those who seek health care services in both public and private health sector.

This policy shall mitigate negative features of public-private interaction that may rise during the implementation of the dual practice in public hospitals.

Strategic objective 2: To improve the quality health care services by retaining health professionals with priority skills in the public service

One of the outstanding challenge the health sector is still facing are skills mix gaps and staff turnover from the public service to other career opportunities with better remuneration and working environment. The sector aims at ensuring availability of a qualified, competent and motivated workforce to deliver quality health care services as stipulated in the Health Sector Strategic Plan IV 2018-2024.

To achieve this, the sector shall be able to provide conducive environment that attract, motivate and retain qualified health professionals.

This policy shall allow health professionals to engage in private clinical practice in the same public hospitals while the services provided are reimbursed by the health insurances. The health professionals shall get incentives from the funds generated through this framework and be retained in the public sector.

Strategic objective 3: To increase incomes generated by the public hospitals for their better financial viability

The public hospitals will be able to generate more incomes through this framework and their financial viability and capacity increased. This policy through ministerial instructions from the Minister in charge of health will provide also guidance of how income generated in dual clinical practices in public hospitals will be managed to ensure the win- win relationship between dual clinical practitioners and public hospitals.

5. POLICY DIRECTIONS IN IMPLEMENTING DUAL CLINICAL PRACTICE

5.1.Model of dual clinical practice

In order to regulate the dual clinical practice in the health sector and ensure that its expectations are duly fulfilled, the dual clinical practice shall be conducted in the public hospitals and be recognized by this policy. A health professional working in a public hospital is allowed to do private clinical practice on contractual basis, in his/her primary hospital after completing his working hours in the public practice. However, during his days off, he/she is allowed to provide services in a private health facility.

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 shall not exceed fifty percent (50%) of those performed during the normal working hours.

5.2.Number of hospitals for dual clinical practice

To ensure that the implementation of the dual clinical practice does not have negative effect on the quality provided either in the public hospitals or in private health facilities, the number of hospitals where a health professional is allowed to do dual clinical practice is limited to one (1) maximum in addition to his/her appointed public hospital. A health professional shall be allowed to practice dual clinical practice in only his/her appointed public hospital on a contractual basis after work. During his days off, he/she is allowed to provide services in one (1) private health facility.

Under specific circumstances and after assessment, the Minister in charge of Health may authorize a health professional to practice in one (1) additional public hospital.

5.3.Application to exercise dual clinical practice

The important aspect in dual clinical practice is to regulate the application and set prerequisites that applicants should fulfill. Furthermore, providing how a health professional get into the dual clinical practices and what are conditions that may lead to the loss of the right of exercising dual clinical practice in Rwanda is also of a paramount importance. A ministerial instructions of the Minister in charge of Health shall set Prerequisite conditions for Dual Clinical Practice.

The public health facilities in which dual clinical practice is allowed are Medicalized Health Centres, District, Provincial, Specialized, Referrals and University Teaching Hospitals.

General Practitioners, dental surgeons and Medical specialists are allowed to apply for dual clinical practice. Medical doctors doing postgraduate studies (junior and senior registrars) are not allowed to apply for the dual clinical practice.

However, the Ministerial instructions shall set modalities for other clinical support staff to engage in Dual Clinical Practice.

5.4. Management of dual clinical practice files

Each health professional who wishes to exercise dual clinical practice, he or she must submit their applications to the management of the hospital.

5.4.1. Dual Practices Human Resource Management File

The Human resource department of the hospital is responsible of managing the dual clinical practice application process. Before a health professional starts exercising dual clinical practice, the following documents must be filled and kept in the individual file of the personnel at the hospital in the human resource department.

These include:

a. Request forms to the hospital
b. A letter from Health Professional indicating the facility where other clinical practice takes place or confirming that there is no other clinical practice.
c. Acceptance letter from the management of the hospital

5.4.2. Responsibility in Dual Clinical Practice

After receiving the approval to exercise dual clinical practice, the following are the obligations of different stakeholders concerned by health professional:

a. Public hospital

The Public hospital will have to fulfill the following:

i. To establish a roster and timetable showing the time when the health professional is doing the public duties and private services in the same hospital to allow the proper Human Resource tracking and management.
ii. To use an electronic system to manage dual clinical practice providing detailed information on visit numbers, acts, procedures, generated incomes. Non-respect of working hours shall constitute a disciplinary fault as stipulated in the law governing the public service
iii. To share the list of health professionals who are allowed to engage in dual clinical practice on quarterly basis with the health insurances companies working with it.
iv. To remunerate their health professionals engaged in dual clinical practice.
v. To submit on a quarterly basis to the Ministry in charge of health, the list of health professionals who are eligible to engage in dual clinical practice with a copy to health insurance institutions/ companies.

b. Health Insurance institutions/companies

The payment of the bills for the health care services provided under the dual clinical practice framework shall be done after the following:

i. Health Insurances companies shall pay the bills from the health care services provided under this framework using the private health facility after verifying if those who had rendered services complied with the policy.

ii. Health Insurances companies shall report to the Ministry in charge of Health on quarterly basis the status of reimbursement of services offered under Dual Clinical practice framework.

5.5.Reimbursement of health care services under dual clinical practice framework

The reimbursement of health care services provided under this framework shall be done using the tariff for private health facilities and according to the corresponding level in the public sector.

#	Service	Public Health Facility	Corresponding Tariff in Private health facility
1	Outpatient services	Medicalized Health Centre	General Clinic
		District Hospital	General Clinic
		Provincial Hospital	Polyclinic
		Specialized Hospital	Polyclinic
		Referral Teaching	Polyclinic
		Teaching Hospital	Private Hospital
2	Acts and Procedures	District Hospital	General Clinic
		Provincial Hospital	Polyclinic
		Specialized Hospital	Polyclinic
		Referral Teaching	Polyclinic

5.6.Remuneration under Dual Clinical Practice

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

However, depending on prevailing circumstances, the Minister in charge of Health may change the proportion of amount dedicated to remuneration under this framework.

The Ministerial instructions shall set modalities for distribution of financial resources generated in Dual clinical practice to Medical Doctors or Dental Surgeons and other clinical support team involved in dual clinical practice.

6. GOVERNANCE FRAMEWORK AND ACCOUNTABILITY MECHANISMS

The Governance framework as well as clear accountability mechanisms is crucial to ensure that the dual clinical practice regulatory framework is well implemented in the Rwanda health sector. It is imperative that individuals engaged in dual clinical practice activities operate with probity, high standards of ethics and comply with all regulatory obligations.

This includes compliance with all the current legislation, regulatory instruments and other guidelines. The governance framework provides policy directive that health professionals in the public hospitals are requested for exercising dual clinical practice and payment arrangement of health professionals who are allowed to practice dual clinical practice.

The accountability mechanisms outlay the attribution of different stakeholders (health professionals in the public service, public hospitals, health professional councils, and health insurances) and the reporting mechanisms.

6.1. Ministry in charge of Health

The Ministry in charge of Health shall regulate, supervise and monitor the provision of health care services under the dual clinical practice framework in respect to the current regulatory frameworks. It shall also oversee the implementation of this policy to ensure provision of quality care services and safety to the Rwandan population and take administrative measures to those who are not complying with this policy and in accordance with existing laws and regulations.

6.2. National Health Insurance Council (NHIC)

The National Health Insurance Council in collaboration with the Ministry in charge of Health and representative of owners of Private health facilities shall set the tariff for health care services provided under this policy framework and remediate any dual clinical practice payment related conflict between the hospitals and health insurance companies.

6.3. Health Professional Councils

The health professional councils shall ensure compliance of their registrants with the values and code of conduct related to their profession. They shall impose disciplinary sanctions for professional misconduct committed by a health professional.

6.4. Districts

Districts shall ensure that hospitals under their jurisdictions and implementing this policy comply with Laws and regulations including public financial management.

6.5. Hospitals

The management of the hospital should ensure that neither the treatment of patients nor hospital resources are adversely affected by the implementation of this policy. The management of the hospital should take steps to prevent potential conflicts of interest between health care providers'

work and their secondary jobs and report them in case they occur. They must ensure that health professionals treat reasonable number of patients with more time and attention.

The management of the hospital shall always take into consideration the feedback from the community and ensure strong accountability for the utilization of financial resources in the framework of dual clinical practice.

7. MONITORING AND EVALUATION

Dual clinical practice in public hospitals will be successful only in the context of a well-resourced regulatory framework for implementation, monitoring, and a functioning system for enforcement and sanctioning.

Given the complexity to manage dual clinical practice, tools such as dual clinical practice management database and reporting formats shall be used to enhance ownership and accountability. For also better monitoring and evaluation of the progress, Indicators are also proposed in this policy framework. On a quarterly basis, public hospitals will have to report to the Ministry of Health, and Health insurances the number of health professionals who have been allowed or had lost their rights to exercise dual clinical practice.

ANNEXES:

1. Dual Practice M&E indicator matrix

1. **INDICATORS OF PRODUCTIVITY in numbers**										
DENOMINATION		**RSSB**	**MMI**	**RADIANT**	**UAP**	**SANLAM**	**Other Insurance**	**PRIVATE**	**TOTAL**
Consultations	Routine								
	Dual Practice								
General surgery activity	Routine								
	Dual Practice								
Internal medicine	Routine								
	Dual Practice								
GO	Routine								
	Dual Practice								
Pediatrics	Routine								
	Dual Practice								
Dermatology	Routine								
	Dual Practice								
Other (specify)	Routine								
	Dual Practice								

DENOMINATION	Specialists	GPs	Nurses	Midwives	Lab tech	Radiologists	Anesthetists	Others	TOTAL
Number of Absenteeism									

2. HOSPITAL FINANCIAL INDICATORS

DENOMINATION	Consultation	Laboratory	Imaging	Surgery	Pharmacy	Other specialized procedures
Income raised by Hospitals during Dual clinical Practice						
Income raised by Hospitals during public clinical Practice						
Total income raised						

3. PATIENT SATISFACTION INDICATORS

DENOMINATION	Consultation	Laboratory	Imaging	Surgery	Pharmacy	Other specialized procedures
Average waiting time during public services						
Average waiting time during dual clinical services						
Overall average waiting time						

2. **Health professionals who engage in dual clinical practice**

Category of health professional	Number who engage in dual Practice	Total number in the Public sector	Dual Practice hour per week	Percentage of hour in Dual Practice
Specialist				
General Practitioner (GP)				
Dental surgeons				

3. Health Professionals who left the Public Service during last quarter

Health Professionals who left the Public sector	To the private sector	To Abroad	To Non-clinical work
Specialists			
General Practitioner (GP)			
Dental surgeons			

4. Average remuneration per health professional category

Category	Gross Salary in the Public Sector	Gross Salary in the Private Sector
Chief Consultant Doctor	1,973,368	3,778,000
Senior Consultant Doctor	1,793,914	2,066,000
Consultant Doctor	1,294,220	1,777,700
Junior Consultant Dental Surgeon	937,913	1,340,000
Junior Consultant Doctor	937,913	1,340,000
Chief Dental Surgeon	788,045	1,150,000
Chief Medical Officer	788,045	1,150,000
Senior Medical Officer	716,585	1,100,000
Senior Dental Surgeon	716,585	1,100,000
Dental Surgeon	651,576	1,000,000
Medical Officer	651,576	1,000,000

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