Forum for Universities and Colleges of Health Science
Moshi, Tanzania
February 27-28, 2017

Theme: Enhancing health professional's education, practice, research, and retention of health workers in Tanzania

Report by Rose Mwangi
Evaluation: M & E Team - KCMUCo
**Acronyms**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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</thead>
<tbody>
<tr>
<td>ARTP</td>
<td>Advanced Research Training Program</td>
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<tr>
<td>BMC</td>
<td>Bugando Medical Center</td>
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<tr>
<td>CSSC</td>
<td>Christian Social Services Commission</td>
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<tr>
<td>CBE</td>
<td>Competence Based Education</td>
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<tr>
<td>CUHAS</td>
<td>Catholic University of Health and Allied Sciences</td>
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<tr>
<td>CVCPT</td>
<td>Committee of Vice Chancellors and Principals in Tanzania</td>
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<tr>
<td>FUCHS</td>
<td>Forum for Universities and Colleges of Health Sciences</td>
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<tr>
<td>HKMU</td>
<td>Hubert Kairuki Memorial University</td>
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<tr>
<td>JF</td>
<td>Junior Faculty</td>
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<tr>
<td>KCMC</td>
<td>Kilimanjaro Christian Medical Center</td>
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<tr>
<td>KCMUCo</td>
<td>Kilimanjaro Christian Medical University College</td>
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<tr>
<td>LCMS</td>
<td>Learning Content Management System</td>
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<tr>
<td>MEPI</td>
<td>Medical Education Partnership Initiative</td>
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<tr>
<td>MoHSW</td>
<td>Ministry of Health and Social Welfare</td>
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<td>MCT</td>
<td>Medical Council of Tanzania</td>
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<td>MRTP</td>
<td>Mentored Research Training Program</td>
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<td>MUHAS</td>
<td>Muhimbili University of Health and Allied Sciences</td>
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<td>MUCHS</td>
<td>Muhimbili College of Health Sciences</td>
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<tr>
<td>M &amp; E</td>
<td>Monitoring and Evaluation</td>
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**Preamble**

This report presents a summary of the proceedings and deliberations at the Forum for Universities and Colleges of Health Sciences in Tanzania (FUCHS -T) held on 27th – 28th February 2017 at Sal Salinero Hotel in Moshi.

The meeting was hosted and supported by the Kilimanjaro Christian Medical University College (KCMUCO). FUCHS meetings create a platform for medical institutions to share challenges and successes in medical education. The theme for the 2017 FUCHS meeting was ‘Enhancing the professional education, practice, research, and retention of health workers in Tanzania’
Day one

The meeting started at 9.00 am with a word of prayer by Pastor Deogratius who is also the Dean of Students at KCMUCo, followed by welcome and introduction by Mr. Ahaz Kulanga who presented a summary of the resolutions for the last FUCHS Meeting. Noted: last FUCHS meeting was conducted in 2015.

The meeting took a moderating approach, departing from the theme questions:
- How do we see and analyze the medical education?
- FUCHS needs to be all-inclusive across the medical related courses

Ahaz Kulanga reported that based on the above, Muhimbili College of Health Sciences (MUCHS) had done a meeting during the Vice Chancellor’s meeting in 2016, which had been called by Prof. Kessi [Provost KCMUCo]; also seconded to be the Secretary to the FUCHS-T meeting.

Opening remarks by Prof. E. Kessi, Provost, KMCUCo

Prof. Kessi welcomed all participants to the KCMUCo, the host, and more importantly to the FUCHS meeting that brought together institutions of higher learning. Thanking participants for attendance, Prof. Kessi hoped for a positive outcome of the meeting, and recalled the rejuvenation of FUCHS whose expectations was more teamwork based for better outcome. Prof. Kessi called for more proactive mechanism, evidence based in teaching, practice, and to create retention of health workers whose sustainability has been very well conceived.
Together we stand, divided we fall

Calling for mutual interests and a unified curriculum for MD trainees, Prof. Kessi expressed gratitude to all contributors for preparations of a FUCHS meeting, and emphasized that no stone would be left unturned in making sure that all plans worked to make FUCHS successful.

He thanked Prof. John Bartlett for his support, who in one way or another has played a very successful role for FUCHS.

Prof. Kessi observed that the participation of the VCs and other Leaders of higher learning shows how robust FUCHS has become, and thanked all for dedicating their time. He acknowledged assistances by VCs at CUHAS and thanked the MEPI team. He summarized his speech by “let’s synergize our capabilities through quality medical education”
Presentations
Sustaining progress of MEPI at KCMUCo: Ahaz Kulanga

- Presented the history of KCMUCo, the MEPI support and sustainability plan for the MEPI funded programs after the funding. Emphasizing the plan, do, study, act Model:
- Reported that Mepi intervention addressed the need of academic community whose sustainability at KCMUCO is ensured

Ahaz summarized opportunities which could be included in other medical schools:
- Infrastructure – ICT networking
- Implementing and dissemination
- Systems deployments and technical assistance
- Human resource – competences attitude and instructional; design

Ahaz further presented opportunities for other institutions
- Strengthening quality of health workers
- Retaining HCWs through Graduate Tracking and exposing them to relevant challenges through rural placement and tool kits
- KCMUCo has transformed the culture of learning and teaching as a lesson learnt that could be adopted by other institutions

Comments and questions were related to sustainability plan of e-learning at KCMUCo, change of culture, and inclusiveness of other medical institutions.

Participants agreed that the institutions have to work together as medical schools and revisit what will connect the health institutions
Further agreed: That all partner institutions are a special group of medical and health sciences, and the need to have own collaborative union that should also be more active. The consortium would like to see both private and public institutions come together in a common ground.

Discussion (1) Moderator Prof Rugarabamu: How to deal with increasing class sizes in medical schools

Key questions that guided the discussion:
- What numbers of health workers are we talking about?
Current and future enrollment
Why are we training?
Are we trying to assess the needs vs deployment and retention?
Are we training for Regional or Global markets?
Is it about money/revenue?
Are we training for prestige?

It was agreed that the above questions are crucial; E.g TCU should look at the ratios of PhD and the Masters. Compliance with the TCU should also be taken into consideration. Thus, all medical institutions need to have a common denominator:

- In production and accommodation of health workers
- Use of ICT (eLearning) – KCMC has given a good model. Should all medical institutions adopt it?
- Teaching pedagogy
- Peripheral and hospital rotation

Key issues raised in the discussion

- TCU categories need to be well understood
- On numbers and ratios, the strategies have been mentioned but need to be compared with other professionals. The medical institutions are training people with specific competencies at the exit, and should therefore set a roadmap from medical doctors and nursing school, after which they would plan how to deal with issues like political pressure to increase the numbers.
- Increase the number of activities – e.g. in rotations within the medical departments

It was suggested that FUCHS should define limits and benchmarks for medical training observing that currently more than 1000 graduates are being produced.

Participants greed that:
1. FUCHS-(T), as medical schools should set a standard and stick to it.
2. Agreed that based on TCU guidelines, in every intake there’s a lot of investment involved in training. FUCHS should thus come up with resolutions and follow it up.
Discussion guide

- FUCHS should address rare disciplines
- Evaluation of the quality of education/graduates
- Engage quality control mechanisms by looking at the end product
- Need to be clear who is responsible for QC, - role of Regulatory (TCU) and Medical Council
- How much is QC being done?
- Quality assurance: Look at totality of systems resources in getting quality teaching and learning
- Curriculum should be revised
- Teaching and learning methods must be addressed
- Assessment methods: what type of assessments? Are they measuring competence
- How has QA been managed? – course evaluation, peer evaluation, and external
- Need for a reliable and valid assessment to add to the quality assurance.

What data do we need to evaluate the quality of graduates?

- Competence
- Class attendance
- Take on board the attributes of the curriculum – has to be relevant and address the needs of the students
- The structure – the organization structure that makes it a reality – trainers – what kind of students are we receiving. What is the best way of choosing the students
- The clients – patients, the graduates

To answer the above questions health institutions might consider:

- Common curriculum
- FUCHS could implement but recommends M&E

Agreed that: All member institutions will work towards taking on board students with 3.8 and above recognizing that some talents might be left behind when training health workers. It was further agreed that this is a unique group. It was observed that ignorance of medical education as an education could undermine the medical profession.
Discussion 3  
Moving toward a common curriculum: Prof Kaaya

Questions that guided the discussion

Problems with the current medical education

- Learning outcomes
- Teaching staff-numbers
- Variable competence
- Variable assessment methods

All agreed that there is need to address the outcome

On Teaching staff, it was agreed that the numbers need to be discussed further for better dialogues. Observed: Teaching staff in clinical areas would be fewer, and lesser qualifications than those in basic sciences.

Thus:

- There is need to address the balance and getting right people to teach right competencies. E.g. the health educational professional group
- Need to continue teaching medical professional education
- Rotation with inter university council – re visit teaching skills
- Recognize that medical education should be taught as a profession
- Consider sharing of staff especially on areas where there is shortage in clinical competencies. However, all agreed that there is need for a memorandum of understanding (MoU) for teachers to be allowed to move across institutions to teach transparently.

On Variable competencies

- It was unanimously agreed that the current training does not directly address competence and teaching is ‘teacher centered’. This cannot align the assessment with teaching and there is a need to come up with mechanism to address this problem

Is common curriculum the way to go?

- All greed that a harmonized curriculum is the way to go for teaching in medical institutions. However, this should Comply with the joint East African Medical and Dental Council recommendation
- Agreed that a common exit for the graduate examination for medical universities need to be prepared

What is competence?

- Agreed that competence will be based on observable ability that can demonstrate that health workers have acquired the ability to do what they are trained do, and will be outcome based
- Further agreed that in order to have a system that addresses competence, a competence based curriculum is required. There is also a need to understand and
define what competencies are required. However it was agreed that whether traditional methods of teaching are used, clearly defined outcomes is a must.

Prof. Kaaya presented the model of building curricula to train more competent graduates which aims to:
- Identify gaps
- Develop competencies consult stakeholders
- Review courses
- Create committees
- Develop guideline
- Revised programs

Based on the above model, participants agreed that changes are inevitable and health sciences have been teaching competences. However, it was further agreed that there is need for a clear structure, and the future for health professions education must be collaborative to transform and extend pre service education and continuing education in Tanzania.

While all agreed that the institutions are moving in the right direction in terms of working together, it was proposed that an monitoring and evaluation component would be important because TCU could also use it for evaluation.

Questions arising from the model
- TCU ratifies curriculum and approves the curriculum. Is it possible that competence based learning be carried to suit individual institution subject to of available resources?
- Examination for everyone – will students do University exam in addition to the common exam?

Agreed: Harmonized curriculum is for FUCHS. However, the institutions need to come up with the basic minimum (to be shared with TCU), and then each institution designs their own curriculum.

**Discussion 4: Locally relevant research: Prof. Moshi Ntabaye**

Guiding question for discussion: How do we align locally relevant research to research findings?
Prof Ntabaye’s considerations were:

1. National priorities – NIMR
2. Individual university agenda
3. Agenda by funding agency

Participants revisited the questions on why research is being done and agreed that there is need to fine tune especially on the locally relevant research. Neglected diseases should be taken on board.

Agreed: Research is an ongoing process and universities should not only depend on the government and international funds, but there should be a collaborative strategy across institutions

All agreed that:

- There is need to understand our own needs
- Be selective
- Equip with skills to do it
- Interuniversity collaborative research programs – for sustainability
- Get the appropriate research infrastructure for students and faculty
- University budgets should have amounts set aside for the university research – start small
- Encourage publication of locally available research
- Research should contribute to academic promotion
- Collaboration with other universities: Research must not be done because of the monetary allowance, but because of the scientific outcome. Institutions should also make sure that students also do research for scientific merit.

Agreed that research should be made as part of the three pillars of an academic faculty.

On Publish or Perish, participants agreed that

- Universities should reward researchers based on scholarly work and not on the number of publications
- Each University should have clear criteria for promotion of academic staff that is based on the three pillars of an academic faculty.
Prof. Bartlett highlighted MEPI-1 as a competitive grant won by 13 medical schools in Sub Sahara Africa (SSA) who got 10 million dollars each over 5 years. The PEPFAR investment was to scale up the physician workforce with 3 Goals:

1. Increase the numbers and quality
2. Increase retention in underserved areas
3. Improve research capacity

Presenting the MEPI-2 Junior Faculty (JF), Prof. Bartlett reported that the JF is currently in 11 sites in 8 countries including Tanzania, where the focus is on HIV/AIDS, Non Communicable Diseases (NCDs) and women’s health research.

The JF is lead by:

- Principal Investigator: Kien Mteta
- Co-Principal Investigators: Egbert Kessi, Paschalis Rugarabamu, Dan Fitzgerald, John Bartlett
- Project Leaders: Ahaz Kulanga, Charles Muiruri, Humphrey Shoo

The Junior investigators were identified through a national search for training candidates:

- MSc or MPH 36 months (all mentored research time)
- 50% protected time for 24 months
- $10,000/year in research support for 3 years
- Must publish at least 1 manuscript

The progress of MEPI-JF to date was presented:

- 12 ARTp candidates have participated in multiple workshops and are engaged in research projects
- CRTP program in development
- Videoconferencing facilities in use
- Office of Research Management Innovation (ORMI) established at CUHAS
- First Annual Research Symposium held at CUHAS
- Clear need to boost rigor of research training

Additional benefits for participating institutions include:

- Annual conference
- Office of Research Management and Innovation
- Workshops on grantsmanship, compliance, leadership, research ethics
• Creation of videoconferencing facility in Mwanza
• Personal development plans
• Creating and sustaining a culture which fosters research

Discussion 5
Healthcare manpower in Tanzania: Prof. Ephata Kaaya

It was observed that Tanzania is making significant investments in the training of physicians. Without linking these health workers to employment and ensuring their retention, the majority of this investment in medical education will be jeopardized.

Chatting the way forward, participants observed that:

□ Problem is not training but absorption of health workers
□ In the wake of the current small numbers of health workers there is need to address misdistribution
□ The role of graduate tracking need to be re visited

Agreed that FUCHS should send a very strong message to the MoHSW and request a remedial measure.

The role of graduate tracking was revisited:

Agreed that:

□ The health institutions need to track graduates to come up with realistic information and evident –based message. Only then can the member institutions talk to the government
□ Big question: how do we track the graduates if they are unemployed? Tracking graduates will get the interest of the government once it is clear that this is happening within the medical institutions

Take home message for Day one

‘As universities of health, we are the think tanks and should come up with resolutions that will advise the policy makers”

FUCHS Day 2

Enhancing nursing education: Rogathe Machange

□ Participants observed that the absence of physicians, nurses are forced to perform beyond their scope task shifting, and the gap between required and available. It was noted that nurses practitioners’ is an emerging concept in Tanzania in efforts to equip nurses with knowledge and skills.

Way forward

□ Nursing practitioner at degree level should be considered
□ Reported that there are ongoing meetings with NACTE and TCU and a curriculum is in progress.

Participants agreed that:

□ There is need to Propose a resolution about the policy for nurse practitioners
Core competencies of the nurse practitioner should be clearly understood and also be clear how they differ from the MD curriculum.

Presentations from KCMUCo

Rose Mwangi: Graduate tracking
Imani Israel: MRTP
Glory Ibrahim: Implementation of LMS at KCMUCo
Gabriel Msuka: ICT

FUCHS 2017 Resolutions

Resolution (1)

➢ Make FUCHS a legal entity

Resolution (2): How will the deliberations trickle down to TCU?

➢ Agreed to go through TCU for the legal recognition
➢ May require a draft constitution for future action plan

Resolution (3)

KCMUCo to write the concept and share with other institutions which will be shared. Prof Rugarabamu to draft the terms of reference for Prof. Kessi and other institutions

Timeline: Draft be ready by end of March 2017

Resolution (4) Subscriptions

➢ Proposed Subscription fee for member institutions.
➢ Agreed to the proposal of 5 Million Tsh. annually
➢ Custodian to be entrusted to KCMUCO

Resolution (5)

➢ Committee of Vice Chancellors and Principals in Tanzania (CVCPT) meeting will be soon. FUCHS agenda to be discussed in this meeting (Usually done twice a year). Venue to be decided.
➢ How do other (14) institutions access?
  o Prof Rugarabamu to circulate the information to the rest of the members for their input. Legal officers at the institutions to also get copies of the draft.
Resolution (6)
➢ Review/uplift admission criteria for health sciences to pick up professionally competent health professionals.

Resolution (7)
➢ Important issues discussed in the FUCHS - 2017 two days to be followed up:

  o Massification/class sizes vs quality
  o Deployment
  o Harmonized curriculum
  o Retention/policy and mechanisms
  o Criteria for promotion
  o Common exit assessment/examination
  o Faculty sharing
  o Nursing practitioner policy
  o Graduate tracking
  o FUCHS to inform policy on medical education
  o Quality assurance and quality evaluation mechanisms
  o Concerns raised by the students

Concluding message
➢ Participatory mechanism will be adopted
➢ KCMUCo to host the next FUCHS meeting.
➢ Closing remarks by Prof Mteta (Appendix-2)

Institutional Leaders chat out the Future for FUCHS

Prof Sizame, (Extreme right) represented IMTU attending FUCHS for the first time.
Appendix -1

Annual FUCHS 2017 Meeting Participants’ Feedback

Feedback from the participants was sought using the evaluation forms distributed to the participants at the end of the meeting. The feedback forms inquired information on participants’ satisfaction on the purpose and objective of the meeting, duration and venue, presenters’, sharing in decision making, handling questions asked and discussion, time allocation to all agendas and being generally satisfied with the meeting. Lastly participants were asked to list interested/uninterested aspects, objectives met/not met and suggestions or additional comments for improvements during the meeting.

About participants
A total of 29 out of 51 Annual FUCHS 2017 Meeting participants (57%) gave feedback concerning the meeting. Of these 16 (55.2%) were male and female constituted 13 (44.8%). The participants who completed the evaluation came from Kilimanjaro Christian Medical University College (KCMUCo), Kilimanjaro Christian Medical Centre (KCMC), Catholic University of Health and Allied Sciences (CUHAS), Muhimbili University of Health and Allied Sciences (MUHAS), Duke University (USA), Benjamin Mkapa Foundation, Hurbert Kairuki Memorial university (HKMU) and International medical and Technological university (IMTU).

Strength of consensus measure (sCns) on the rating aspects of the FUCHS meeting ranged from 79.7% to 89.9%. Only one the aspect “the meeting met my expectations” portrayed a borderline measure of consensus (sCns=79.9%), all the other aspects had a strong measure of consensus (sCns≥82.3%) as indicated in Table 1.
Table 1: Strength of consensus measure on aspects related to the conduct of the FUCHS meeting

<table>
<thead>
<tr>
<th>Statement about the proceedings of FUCHS 2015 Symposium</th>
<th>n</th>
<th>SA n (%)</th>
<th>A n (%)</th>
<th>N n (%)</th>
<th>Dis n (%)</th>
<th>SD n (%)</th>
<th>Mean (SDev)</th>
<th>sCns (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose and objectives were clearly communicated and understood</td>
<td>27</td>
<td>17 (63.0)</td>
<td>10 (37.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>4.6 (0.5)</td>
<td>92</td>
</tr>
<tr>
<td>Meeting was conducted in an appropriate manner</td>
<td>29</td>
<td>19 (65.5)</td>
<td>10 (34.5)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>4.7 (0.5)</td>
<td>93</td>
</tr>
<tr>
<td>The meeting was well organized</td>
<td>28</td>
<td>15 (53.6)</td>
<td>13 (46.4)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>4.5 (0.5)</td>
<td>91</td>
</tr>
<tr>
<td>Speakers/presenters were informative, prepared and understandable</td>
<td>29</td>
<td>17 (58.6)</td>
<td>12 (41.4)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>4.6 (0.5)</td>
<td>92</td>
</tr>
<tr>
<td>The questions and discussions were handled to my satisfaction</td>
<td>29</td>
<td>8 (28.6)</td>
<td>15 (53.6)</td>
<td>5 (17.9)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>4.1 (0.7)</td>
<td>82</td>
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<td>Participants were actively involved</td>
<td>29</td>
<td>14 (48.3)</td>
<td>11 (37.9)</td>
<td>3 (10.3)</td>
<td>1 (3.4)</td>
<td>0 (0.0)</td>
<td>4.3 (0.8)</td>
<td>86</td>
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<tr>
<td>We shared decision-making at this meeting</td>
<td>29</td>
<td>10 (34.5)</td>
<td>13 (50.0)</td>
<td>3 (11.5)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>4.3 (0.7)</td>
<td>85</td>
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<td>The environment and venue was conducive for the meeting</td>
<td>29</td>
<td>16 (55.2)</td>
<td>12 (41.4)</td>
<td>1 (3.4)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>4.5 (0.6)</td>
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<td>The time given for agenda items was appropriate</td>
<td>29</td>
<td>9 (31.0)</td>
<td>17 (58.6)</td>
<td>2 (6.9)</td>
<td>1 (3.4)</td>
<td>0 (0.0)</td>
<td>4.2 (0.7)</td>
<td>83</td>
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<tr>
<td>Timing of the meeting was appropriate</td>
<td>29</td>
<td>11 (37.9)</td>
<td>14 (48.3)</td>
<td>4 (13.8)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>4.2 (0.8)</td>
<td>85</td>
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<tr>
<td>The meeting met my expectations</td>
<td>28</td>
<td>8 (28.6)</td>
<td>13 (46.4)</td>
<td>6 (21.4)</td>
<td>1 (3.6)</td>
<td>0 (0.0)</td>
<td>4.0 (0.8)</td>
<td>79</td>
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<td>I am generally satisfied with the meeting</td>
<td>29</td>
<td>10 (34.5)</td>
<td>16 (55.2)</td>
<td>2 (6.9)</td>
<td>1 (3.4)</td>
<td>0 (0.0)</td>
<td>4.2 (0.7)</td>
<td>84</td>
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Interesting agenda

Interesting agenda as stated by FUCHS participants included panel discussion and presented agendas, discussion and about moving towards a harmonized curriculum for all medical schools, evaluating the quality of medical education and graduates, competence based education, team based learning pedagogy, graduate tracking, health manpower in Tanzania, addressing increasing class size as a challenge, power of Information Communication technology (ICT) and Learning Content Management System (LCMS) infrastructure at KCMUco and FUCHS sustainability.

Uninteresting agenda

Only three participants indicated the agenda that were not interesting to them. The agenda that were not interesting were: enhancing nursing education and moving towards common curriculum

Main strengths of the meeting

Twenty-three participants indicated the main strengths of the meeting. The strengths mentioned included collaboration of health sciences schools in Tanzania, actionable recommendations, informative presentations, sharing ideas on how to improve and evaluate the quality medical education in Tanzania, ability to portray ICT infrastructure at KCMUco and its usage, active participation of FUCHS meeting participants, students involvement and good organization of the meeting.

Shortfalls of the meeting

Shortfalls mentioned by 24 of the 29 respondents to the survey included, absence of some key people from government and other medical schools within Tanzania, Failure to incorporate agenda about other courses under medical schools apart from Medicine, absence of faculty and students representatives from other medical schools, inadequate response towards the questions asked, key personnel were not involved i.e. Human resource and legal officer and also time management.

Objectives that were met

Discussion related to FUCHS sustainability and way forward, sharing teaching and learning methods within Tanzanian Medical schools, gaining the willingness of other institutions to collaborate and commitment to legalize FUCHS by going through TCU, discussion
regarding the increasing class size were some of the objectives mentioned by participants that were met at this meeting.

Objectives least met
Only 20 participants mentioned objectives that were least met. These included inadequate resolution concerning nursing education and practitioner track and competence based education in medical schools, bringing together all medical schools and delegates from the government sectors.

Suggestions for improvement of the conduct of FUCHS meeting in future
Legalize FUCHS through TCU, invite other medical schools, faulty, students and health workers, and government officials (MOH, Utumishi, TCU) to know what have been discussed for their attention and action forward, lastly, clear communication with key speakers prior the meeting.

Appendix – 2 Closing Remarks by Prof. Kien Mteta
Forum For Universities And Colleges Of Health Science Moshi, Tanzania Prof Kien Alfred Mteta Mepi Pi
Vote Of Thanks 28th February 2017
Vice Chancellors, HKMU DVCA Prof Moshi Ntabaye, CUHAS, Prof Paschalis Rugarabamu, MUHAS Prof Ephata Kaaya, IMTU DVCA Prof Siyame, Exe VC TUMA Prof John Shao, Ms. Kwayu Benjamin Mkapa Foundation, DGHI Prof John Bartlett, DPA KCMUCo Ahaz Kulanga
All other Directors/Deans, Heads of Department KCMUCo/KCMC Workshop participants

Ladies and gentlemen,
I am indeed deeply honored and profound humbled by this privilege to stand in front of you to give the vote of thanks to you and close this year’s FUCHS meting which is coming to an end today after fruitful deliberations in these past two days. To the student group from KCMUCo present, we really appreciate your active participation, the Forum is indeed for you. Without students there is no university, thanks very much!

Dear Prof Siyame, we are indeed very thank full and active participation in this forum of which you are personally attending for the first time representing IMTU. Dear Prof Rugarabamu, we thank you very much for attending and indeed ably joining the facilitator's bench. In addition we thank you for bringing Ms. Thandiwe Peter to join the KCMUCo secretariat.

Prof Ntabaye, you are also attending for the first time in your capacity as DVCA of HKMU, you came in with rich experience from your past having been a MEPI PI.
Ms. Kwayu from Benjamin Mkapa Foundation, you responded to our invitation even though you are not from a training institution, but you brought in significant experience from your institution regarding rural placement and retention of health workers.

Prof Ergbert Kessi, of KCMUCo, this is the fourth time your College is hosting FUCHS meetings. You served as a very able host indeed. The Forum is very delighted to hear that you have yet again agreed to host the 2018 FUCHS meeting here in Moshi.

Prof Ephata Kaaya from MUHAS, we are very grateful to your able facilitation during this forum. You brought in rich institutional experience from MUHAS and shared with the forum the experience of a leading public university.

Prof John Shao Ex VC TUMA, to you again we express appreciation, you served as the institutional memory bank with respect to the history of FUCHS together with Prof Kessi.

KCMUCo staff present including the MEPI team, you worked diligently behind the scene to make sure the forum is successful. To you special group I say thank you!

To the El Salnero Hotel staff and management, let me say, thank you very much for the excellent hospitality you showed us!

Prof Bartlett from Duke, to you I say thanks very much for your tireless efforts in fostering and harnessing important KCM/DUKE collaboration activities which over the years have long term positive impact in the development of KCMUCo.

In this forum, among other things we have deliberated and charted the way forward for FUCHS. We have agreed that terms of reference and the MOU will be ready in a weeks’ time from now so that the secretariat in KCMUCo will craft a draft legal document for the existence of FUCHS under the tutelage of the TCU act. The legal document is expected to be ready by the end of March 2017.

In addition to charting the future of FUCHS, the forum also deliberated on other important academic matters and came up with resolutions on: massification of medical education, deployment of medical doctors/loitering of unemployed MDs, inviting MOH to FUCHS, harmonization of curriculum, rural retention, criteria for staff promotion, uniform entry criteria, common exit assessment/examination, student unit cost issues which is yet to be approved by the government, graduate tracking and faculty sharing among FUCHS member institutions.

To you all let me say thank you to your keen interest in the deliberations and coming up with tangible resolutions to be presented to our partners in TCU, MOH and the MOE.

Ladies and gentlemen allow me to conclude by wishing you all safe travel back to your institutions where we expect that you will all serve as a catalyst to a rejuvenated FUCHS! With this few words, let me declare that the two day 2017 FUCHS forum is now officially closed!
# Appendix -3 : List of participants

<table>
<thead>
<tr>
<th>SN</th>
<th>Names</th>
<th>Designation</th>
<th>Institution/Organization</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Abel Julius</td>
<td>Transport unit</td>
<td>KCMUCo</td>
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<tr>
<td>2.</td>
<td>Ahaz Kulanga</td>
<td>Deputy provost for administration</td>
<td>KCMUCo</td>
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<td>3.</td>
<td>Ahimbisibwe Joan</td>
<td>Student</td>
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<td>4.</td>
<td>Amani Minja</td>
<td>LCMS Specialist</td>
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<td>5.</td>
<td>Aminiel Barabara</td>
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<td>6.</td>
<td>Baltazari Nyombi</td>
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<td>7.</td>
<td>Chrispina Narcis</td>
<td>Monitoring and Evaluation Officer</td>
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<td>8.</td>
<td>Christina Sopeet</td>
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<td>9.</td>
<td>Daniel Swai</td>
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<td>10.</td>
<td>David Munuo</td>
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<tr>
<td>11.</td>
<td>Declare Mushi</td>
<td>Director of Postgraduate Studies</td>
<td>KCMUCo</td>
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<td>12.</td>
<td>Deodatus Mogella</td>
<td>ICT Specialist</td>
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<tr>
<td>13.</td>
<td>Dr. Luka Siyame</td>
<td>Deputy Vice Chancellor</td>
<td>IMTU</td>
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<td>14.</td>
<td>Dr. Reginal kavishe</td>
<td>Senior Lecturer</td>
<td>KCMUCo</td>
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<td>15.</td>
<td>Frank Dubi</td>
<td>ICT specialist</td>
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<td>16.</td>
<td>Gabriel Msuka</td>
<td>ICT specialist</td>
<td>KCMUCo</td>
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<td>Gibson kapanda</td>
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<td>Glory Ibrahim</td>
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<td>Imani Israel</td>
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<td>Manka Kway</td>
<td>Policy maker</td>
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<td>25</td>
<td>Michael Mahande</td>
<td>Head of department Epidemiology and Biostatistics</td>
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<td>31</td>
<td>Prof. Augustine Mallya</td>
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<td>Prof. Blandina Mmbaga</td>
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<td>35</td>
<td>Prof. Ephata Kaaya</td>
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<td>MUHAS</td>
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<td>36</td>
<td>Prof. John Bartlett</td>
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<td>Prof. Moshi Ntabaye</td>
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