

Medical and Dental council

Ghana

Housemanship Training

Policy

FOREWORD

Training is a core business of the Council. It assures the public that a doctor whose name appears on the medical register has met appropriate training standards for medical practice in Ghana. It protects both the public and the profession by ensuring that entry and continuing registration are granted only after the necessary training standards have been reached.

Hitherto, Housemanship training has been for one year. In October, 2004, the Ministry of Health (MOH) in consultation with the medical and Dental Council (MDC) undertook a policy change to make Housemanship training two years. This was not new in that years gone by one finished two rotations in the Teaching Hospital and continued with the other two in a Regional Hospital, under the supervision of a Specialist. It was after this period that one was considered safe to practice on his own. Unfortunately, with the decreasing numbers of Specialists in the regions coupled with the need for doctors in the rural areas, House officers were deployed to these areas, having had practical experiences only in the disciplines covered in the Teaching Hospitals.

Factors such as economic and manpower resources, socio-cultural and political considerations influence health planning and medical education policy in a variety of ways. The increasing awareness of the public and their human rights and the era of National Health Insurance Scheme (NHIS) both increase the demands for professional conduct on the House Officer who also is faced with an apparent overwhelming number of clients to care for. The formulation of the objectives of Housemanship training is, therefore, a subject that requires repeated consultations between institutions and Governmental agencies responsible for health, the political authority and representatives of the public to be served by the house officer.

Housemanship training is a very important aspect of medical and dental training, a period during which the trainee acquires the most basic but rather crucial clinical skills to lay the foundation on which to build his/her professional medical/dental career. The training should, therefore, adequately equip the House Officer both with the scientific background and the professional skills through which to apply this scientific medical/dental knowledge to the solution of health problems.

The Medical and Dental Council which is the major implementing agency of the programme found it expedient to subject the programme to major scrutiny, with the aim of finding ways and means of improving the system.

The development of this “Guidelines for Housemanship Training”, therefore, is considered a very essential landmark towards effective, result-oriented housemanship training in Ghana. The review among other things has:

- ➔ Lauded the 2 year duration of the training.
- ➔ Brought to the fore, practical challenges confronting the training in general
- ➔ Stimulated debate on very critical issues not only pertaining to the House Officer but practitioners in general notably: issue of decent dressing by Doctors, care for the terminally ill, Continuous Professional Development/Continuous Medical Education programmes and academic programmes in Health Care institutions

The Medical & Dental Council, therefore, considers the development of the document appropriate on the occasion of Ghana @ 50 where issues of effective health care delivery dominate discussions aimed at seeing Ghana attain the Millennium Development Goals and achieve a middle income status.

The major hurdle, however, is its implementation. The Medical and Dental Council with the shared value of ‘Guiding the Profession, Protecting the Public’ counts on all stakeholders to make Housemanship Training both an interesting and professionally impacting period for the trainee to enhance the overall health care delivery system in Ghana.

DR. K. O. ADADEY

CHAIRMAN OF COUNCIL

JANUARY, 2008

ACKNOWLEDGEMENT

The Medical and Dental Council wishes to express her profound gratitude to ALL who in diverse ways have contributed time, material, human and professional resource to the review and eventual development of this document.

Your contributions are most invaluable and so deeply appreciated.

Council counts on the continued support of various stakeholders involved in the Housemanship Training in Ghana for effective implementation.

Indeed the Ministry of Health and the good people of Ghana are indebted to you.

Thank you ALL.

ACRONYMS

C H A G	-Christian Health Association of Ghana
C M E	-Continuing Medical Education
G C P S	-Ghana College of Physicians and Surgeons
G H S	-Ghana Health Service
G H S – H R D	-Ghana Health Service – Human Resource Division
H O	-House Officer
I G F	-Internally Generated Fund
K A T H	-Komfo Anokye Teaching Hospital
K B T H	-Korle Bu Teaching Hospital
M D C	-Medical and Dental Council
N H I S	National Health Insurance Scheme
M O	-Medical Officer
M O F	-Ministry of Finance
M O H	-Ministry of Health
M O H – H	-Ministry of Health – Human Resource Division

R D

N R C

-National Redemption Council

D

Decree

S H O

-Senior House Officer

T O R

-Terms of Reference

U G D

-University of Health Dental School

S

W A

-West African College of Physicians

C P

W A

-West African College of Physicians

C P S

and Surgeons

W A

-West African College of Surgeons

C S

TABLE OF CONTENT

FOREWORD	1
ACKNOWLEDGEMENT	4
ACRONYMS	5
TABLE OF CONTENT	7
PART ONE	9
THE PROCESS	9
1.1.....	THE RATIONALE 9
1.2.....	METHODOLOGY 9
PART TWO	11
POLICY AND ACCREDITATION	11
2.0.....	THE POLICY 11
2.1.....	PREAMBLE 11
2.2.....	ROTATION 11
2.3.....	LEAVE 11
2.4.....	EXTENSION OF ROTATION PERIODS 11
2.5.....	LOCATION FOR TRAINING 11
2.6.....	ACCREDITATION 12
2.6.1.....	GUIDELINES FOR ACCREDITATION 12
2.6.2.....	INTRODUCTION 12
2.6.3.....	ACCREDITATION PROCEDURE 12
2.6.4.....	DEPARTMENTAL CHECK LIST FOR DISCIPLINE TO BE ACCREDITED 12
2.6.5.....	MINIMUM MANNING LEVEL 12
2.6.6.....	MONITORING AND EVALUATION 13
PART THREE	14
TRAINING PROGRAMMES, SUPERVISION AND COORDINATION	14
3.1.....	PREAMBLE 14
3.2.....	OBSERVATIONS/ANALYSIS 14
3.3.....	THE TRAINEE 14
3.3.1.....	JOB DESCRIPTION 14
3.3.2.....	ATTITUDES OF TRAINEES 14
3.3.3.....	GENERAL APPEARANCE 15
3.4.....	THE TRAINERS 15
3.4.1.....	ASSIGNMENT OF SPECIALIST 15
3.4.2.....	TEAM WORK 16
3.4.3.....	INCENTIVES 16
3.4.4.....	CONTINUING MEDIAL EDUCATION 16
3.4.5.....	THE COST OF HOUSEMANSHIP TRAINING 17
3.5.....	SUPERVISION 17

3.6.....	COORDINATION AT THE LEVEL OF THE MDC	17
PART FOUR.....		18
RECRUITMENT, DEPLOYMENT, CONDITIONS OF SERVICE, FINANCIAL RESPONSIBILITIES, DISCIPLINARY PROCEDURES AND FUTURE PLANS.....		18
4.1.....	INTRODUCTION	18
4.2.....	RECRUITMENT AND DEPLOYMENT	18
4.3.....	CONDITIONS OF SERVICE	19
4.3.1.....	TRAINERS	19
4.3.2.....	TRAINEES	19
4.4.....	FINANCIAL RESPONSIBILITIES	21
4.5.....	DISCIPLINARY PROCEDURE	21
4.5.1.....	OFFENCES	21
4.5.2.....	PENALTIES	22
4.5.3.....	HOW CULPRITS CAN SEEK REDRESS	22
4.5.4.....	PETITION AGAINST DISCIPLINARY ACTIONS	22
4.5.5.....	PROVISIONS FOR DISCIPLINARY PROCEDURES	22
4.6.....	FUTURE PLANS	23
APPENDIX I.....		24
SUMMARY REPORT ON THE GROUP DISCUSSIONS.....		24
APPENDIX II.....		30
IMPLEMENTATION COMMITTEES.....		30
<i>Policy and Accreditation.....</i>		<i>30</i>
<i>Training Programmes, Supervision and Coordination.....</i>		<i>30</i>
<i>Recruitment, Deployment, Conditions of Service, Financial Responsibilities, Disciplinary Procedures and Future Plans.....</i>		<i>31</i>
APPENDIX III.....		32
APPENDIX IV.....		34
SUPERVISION.....		34
APPENDIX V.....		35
APPENDIX VI.....		38
APPENDIX VII.....		39
APPENDIX VIII.....		40
APPENDIX IX.....	ERROR! BOOKMARK NOT DEFINED.	

PART ONE

THE PROCESS

1.1 THE RATIONALE

The Ministry of Health in 2004 in collaboration with the Medical and Dental Council reviewed its housemanship training programme and decided to extend it from one to two years. This was to ensure a more comprehensive coverage of the basic clinical disciplines during internship. This is in line with current practice in many countries.

The Council after a due process of planning and sensitization of stakeholders commenced the programme in October, 2004. The sensitization programme included a workshop for heads of accredited institutions and other stakeholder.

Two years have elapsed since the new programme began. The Council decided to review the programme, noting the peculiar experiences and to evaluate emerging challenges with the view of making recommendations to improve the programme.

1.2 METHODOLOGY

Two review workshops were organised on the experiences, challenges and the way forward for heads of accredited institutions and other stakeholders. One for the Southern sector on 1st June, 2007 in Accra and one for the Northern Sector on 15th June, 2007 in Sunyani.

The workshops were opened and chaired by the Chairman of Medical and Dental Council.

Presentations were made by:

- Registrar, Medical and Dental Council
- Representatives from Teaching Hospitals
- Representative from CHAG
- Representative from 37 Military Hospital, Accra
- The Director, Human Resource, Ghana Health Service
- Representative of the Pioneering Group of the two-year Housemanship Training Programme.

- Representative from Ghana Health Service (GHS) – Head of an Accredited Institution under GHS.

The presentations were followed by group discussions on various aspects of the 2 year Housemanship Training Programme. These were:

- The Policy
- Accreditation
- Training Programmes
- Supervision and Coordination
- Recruitment and Deployment
- Conditions of Service
- Financial responsibilities
- Disciplinary Procedures
- Future Plans

Recommendations were made on the way forward towards improving the programme.

A Core Committee was constituted to compile a report on the experiences, challenges and recommendations on the way forward. The Committee comprised:

1. Dr. K. O. Adadey, Medical & Dental Council
2. Dr. E. K. Atikpui, Medical & Dental Council
3. Dr. Ken Sagoe, Ghana Health Service, (HRD)
4. Dr. Promise Sefogah, KBTH

PART TWO

POLICY AND ACCREDITATION

2.0 THE POLICY

2.1 PREAMBLE

The urgent need for medical manpower has forced Agencies under the Ministry of Health to post some doctors to stations in the districts soon after completing their housemanship. The house job has usually been in Internal Medicine with Obstetrics and Gynaecology or Surgery with Paediatrics.

In an increasingly litigious society, it has become necessary to broaden the preparation of the physicians before they are fully registered as practitioners, ready for district posting.

2.2 ROTATION

- Each house officer (Medical) shall do four (4) rotations in all the major specialties – namely Internal Medicine, Surgery, Paediatrics, and Obstetrics and Gynaecology.
- Each rotation should last for six (6) months including proportionate leave
- Each House Officer (Dental Discipline) shall do all 3 major specialties namely Oral and Maxillofacial Surgery, Restorative Dentistry and Preventive Dentistry.

The House Officer during the 2nd year shall for convenience be referred to as Senior House Officer and also to ensure there is no financial loss to him/her as he or she shall receive the remuneration of 'medical officer' during the second year.

2.3 LEAVE

- Each House Officer is entitled to eighteen (18) working days leave per each 6 month rotation which must be taken during the rotation.
- Each House Officer (Dental) is entitled to 12 working days leave per each 4 month rotation which must be taken during the rotation.
- Maternity leave period shall be as per the provisions in the labour law

2.4 EXTENSION OF ROTATION PERIODS

- In case of non-performing House Officers, female House Officers taking maternity leave, etc. an extension in the period of Housemanship should be at the discretion of hospital management in consultation with the institutional coordinator and the Medical & Dental Council duly notified.
- Any further extension after the initial extension period should be referred to Medical and Dental Council.

2.5 LOCATION FOR TRAINING

- Two rotations (and not more), preferably the first two **MUST** be done in the Teaching Hospital or 37 Military Hospital.

- The other rotations shall be done in any other accredited institution.

2.6 ACCREDITATION

2.6.1 Guidelines for Accreditation

2.6.2 Introduction

The Medical and Dental Council is the statutory governmental agency that regulates the standards of training and practice of medicine and dentistry in Ghana. It was established under the Medical and Dental Decree, 1972 (NRCD 91), specifically Section 4(2) (a) states:

“ensure that courses of study and training in medicine or dentistry at any Medical School or University in Ghana are such as can sufficiently guarantee possession of the knowledge and skill needed for the efficient practice of medicine or dentistry”.

There is general acceptance that some external process of evaluation of training programmes and the quality of practitioners of training institutions is required to ensure that the professional standards of any one training institution do not fall below acceptable standards and that practitioners are suitable for the full registration as interns under supervision.

2.6.3 Accreditation Procedure

The process of accreditation shall be as follows:

1. Council Identifies an institution or an institution applies for inspection and accreditation.
2. Questionnaire is forwarded to the institution for filling (*as attached for the various disciplines, Appendix VIII*).
3. Questionnaire is completed and returned to Council.
4. Team of Inspectors identified, informed and commissioned.
5. Date is set for the inspection and communicated to team and the institution
6. Inspection conducted and report submitted to Education Committee
7. Report discussed by the Education Committee
8. Recommendations submitted to Council for consideration
9. Council approves accreditation or otherwise
10. Council's decision is communicated to the institution.

2.6.4 Departmental Check List for Discipline to be accredited

Departmental check list for each discipline to be accredited shall be as per the attached appendix.

2.6.5 Minimum Manning Level

For each discipline, the number of trainees allowed shall be based on the number of specialists, junior specialists and medical officers

available. The appropriate numbers shall be determined by Council during its consideration of the accreditation.

2.6.6 Monitoring and Evaluation

Following accreditation:

1. Institutions shall submit bi-annual Reports on housemanship training activities to Medical and Dental Council covering:
 - Number of trainers available per accredited discipline
 - Number of House Officers admitted per each accredited specialty
 - Equipment available.
 - Any concerns regarding housemanship training.
 - Recommendations

2. An accredited institution shall duly inform Council of any movement of specialist to/from the institution within two (2) weeks of the transfer.

3. Barring any transfer of a specialist for an accredited discipline from an accredited institution, Council shall normally review an accredited institution/discipline every two (2) years for possible renewal or otherwise.

4. House officers shall conduct a **Compulsory Evaluation** of their training through a designed evaluation form to be submitted together with logbooks before full registration. (Sample *attached as appendix III*)

PART THREE

TRAINING PROGRAMMES, SUPERVISION AND COORDINATION

3.1 PREAMBLE

Various observations were considered, critically analysed to arrive at workable guidelines on the way forward.

3.2 OBSERVATIONS/ANALYSIS

3.3 THE TRAINEE

3.3.1 Job Description

Observations / Analysis and Guidelines

- Indifferent performance was prevalent among the recent batches of house officers.
- It was felt that this could derive from a lack of appreciation of what is expected of them.
- Generally, the logbooks did not carry a clearly defined job description for the house officers
- The job description of the House Officer is clearly defined (*Appendix V*).
- The rules and regulations for induction, provisional registration and commencement of housemanship training are explicitly stated (*Appendix VI*).

3.3.2 Attitudes of Trainees

Observations / Analysis and Guidelines

- The trainees took the Housemanship training as a routine but not as an essential professional training period.
- Many house officers do not put up essential professional behaviour.
- Logbooks do not meet specific requirements e.g. knowledge, skills and attitude.
- Effective evaluation of log books shall be done at least weekly basis, to ensure that planned programmes are achieved.
- Mid Rotation assessment of the House Officer during each rotation is recommended to ensure that the requisite knowledge and skills are acquired.
- Logbooks should be certified on completion of each rotation by the trainer before inception of the next rotation.
- At the Institutional level, regular periodic lectures on ethics shall be held for House officers who should attend compulsorily.

- Consultants and Specialists shall during general ward rounds discuss ethical issues peculiar to clinical cases e.g. “care for the terminally ill patient”
- The Medical and Dental Council shall hold at least one yearly seminar on professional ethics for House officers using reported cases at the Penal Cases and Disciplinary Committees as case studies. These seminars shall be compulsory and held for Southern and Northern sectors.

3.3.3 General Appearance

Observation / Analysis and Guidelines

- Current presentation of some House Officers in public sometimes compromises their dignity and status in the community.
- A House Officer shall be neatly and decently dressed at all times.
- White Coats and Name Tags are mandatory at all times in the Institution.
- Wearing of Jeans and short skirts shall not be allowed at the work place.
- Medical/Dental Schools shall emphasize and enforce acceptable decent dressing for Trainees.

3.4 THE TRAINERS

Definition

The Trainer shall be a Practitioner with any of the following Qualifications:

- Membership of a recognized College duly cleared by the Medical and Dental Council’s Credentials Committee.
- A Part One of the West African College of Surgeons
- Fellowship of any Recognized College

3.4.1 Assignment of Specialist

Observations / Analysis and Guidelines

- Deficient mechanism of transferring specialists without adequate consultation before transferring.
- Problem of poor interpersonal relationship between newly transferred specialists and Medical Superintendents of Accredited Institutions.
- Lack of decent accommodation for Specialists at the periphery.
- Following accreditation, MDC shall have a preparatory meeting with the heads of the accredited institutions to psych them up and orient them towards a mutual working relation with their specialists

- Specialists on transfer shall have an orientation session to enhance mutual, cordial and productive working relations with their respective heads of institutions.
- MDC shall undertake intense advocacy with the MOH and the GHS for mandatory provision of accommodation for Specialists at the peripheral institutions

3.4.2 Team Work Observation / Analysis and Guidelines

- Many Specialists posted to the peripheral institutions are left alone and miss the privilege of working together as a team with other specialists. This phenomenon also occurs at all levels.
- Specialist should be posted with complimentary staff as much as possible e.g. a surgical specialist shall be posted together with an Anaesthetist as much as possible by the GHS.
- Specialists in bigger institutions at the periphery should be given oversight roles in other smaller institutions within the catchment area. i.e. one specialist could be put in charge of a group of peripheral facilities.

3.4.3 Incentives Observations / Analysis and Guidelines

- The current level of incentives for rural posting is unrealistic.
- Postings to the rural areas deny the specialists the opportunity of making extra income compared to counterparts in the cities.
- Salaries of Trainers in rural areas need to be sufficiently augmented possibly from IGF obtained from specialist services.

3.4.4 Continuing Medical Education Observations / Analysis and Guidelines

- There is inadequate continuing medical education for trainers
- Inadequate educational resource e.g. library space, journals, internet facilities, etc.
- Accredited institutions shall hold at least weekly or monthly academic, morbidity/mortality meetings.
- Accredited institutions shall sponsor their Specialists to CME programmes at least once a year. Programmes by the GCPS, WACPS, Ghana Medical Association, and the Colleges of Health Sciences are recommended.
- Sponsorship of Trainers to Annual Scientific Conferences of the GCPS, WACS and WACP.

- All accredited institutions shall have adequate library space, journals, internet facilities, as part of requirement for accreditation.

3.4.5 The Cost of Housemanship Training Observations / Analysis and Guidelines

- The two year housemanship training evidently has cost areas which need to be explored. Most of these **would** appear to fall to the departments or the institutions accredited to engage in the programme e.g. providing educational resource materials, equipment and funds for particular teaching sessions, courses, sponsorship of Continuing Medical Education programmes etc. Some aspects of cost may fall to Council or the mother agency.

Council's responsibilities regarding costs are:

- Cost of coordination of the programme with the Education Directorate of Council (site visits).
- Annual workshops on ethics (Northern and Southern Sectors).
- Annual meeting of Coordinators with Council.

3.5 SUPERVISION

The role of the Supervisor and Coordinator is the day to day monitoring of the trainees and trainers to ensure effective training, viz the specific job description and logbook evaluation. (Levels of Supervision and Check List for Supervision of Trainers *Appendix IV & VII*)

3.6 COORDINATION AT THE LEVEL OF THE MDC

- The MDC shall hold yearly Coordinators' forum for assessment and facilitation of their activities in the various institutions.
- The MDC's Training and Education Unit shall undertake yearly visits to accredited institutions to interact and assess the Supervision of the Housemanship training programme.
- A Council member, precisely a member of the Education Committee, shall be in charge of the Housemanship training Coordinators, assisted by the Training and Education Director at the Secretariat.

PART FOUR

RECRUITMENT, DEPLOYMENT, CONDITIONS OF SERVICE, FINANCIAL RESPONSIBILITIES, DISCIPLINARY PROCEDURES AND FUTURE PLANS

4.1 INTRODUCTION

The 2 year housemanship training programme has been confronted with numerous challenges in the areas of recruitment, deployment, conditions of service, financial responsibilities, disciplinary procedures and future plans.

4.2 RECRUITMENT AND DEPLOYMENT

There is an office at Ministry of Health in charge of placement of Healthcare professionals. Recruitment and deployment of House Officers needs a separate department for effective coordination thus:

A Central Committee is needed at the Ministry of Health to be composed of representatives from:

- Ministry of Health
- Ghana Health Service
- The Teaching Hospitals
- CHAG
- Medical and Dental Council
- The 37 Military Hospital

This Committee shall be chaired by an officer appointed by the Minister of Health to be in charge of effective recruitment and deployment with the following functions:

- ❖ To compile and have an up-to-date list of vacancies available in various accredited disciplines in all accredited institutions.
- ❖ To coordinate the dissemination of these vacancies to prospective House Officers e.g. final year medical/dental students through adverts or at specific fora organised for this purpose.
- ❖ Prospective House Officers would apply through this Central Body choosing their preferred institutions for various disciplines.
- ❖ The central body shall have at least two (2) major sittings in a year:
 - To do placement for all four rotations provisionally.
 - To confirm the 2nd year rotations and effect any changes where necessary.
- ❖ Interviews remain mandatory in the Civil Service.

House Officers shall, therefore, be interviewed by a centrally constituted panel with representatives from:

- Teaching Hospitals
- Ghana Health Service
- CHAG, and
- 37 Military Hospital

The interviews shall be held in the major training centres (Accra and Kumasi).

- ❖ House Officers shall be placed in their various chosen facilities as much as possible. However, changes shall be made where necessary to ensure that all House Officers have posting to accredited hospitals for their training. The House Officers shall be informed of changes effected in their chosen facilities.
- ❖ The Medical and Dental Council shall ensure that accredited institutions whose trainers leave the institutions in the middle of rotations would have other trainers sent on “Relieving Duties” as and when the need arises.

In the case where no replacement of trainer is possible the trainee shall be reposted to another accredited facility to continue his/her rotation.

- ❖ In such situations the accredited institution shall within two weeks duly notify the Medical and Dental Council and inform the Central Body for Recruitment and Deployment.

4.3 CONDITIONS OF SERVICE

4.3.1 Trainers

- The Medical and Dental Council shall advocate for the introduction of sustainable incentive package that shall attract trainers to deprived areas; The appointment condition/roles of specialists/consultants appointed by the Ministry of Health and Ghana Health Service of service provisions, teaching and research notwithstanding.
- Accredited Institutions shall evolve innovative strategies that will help them to attract and retain trainers.

4.3.2 Trainees

Accommodation

Trainees must be provided with accommodation of a decent standard, properly serviced and maintained.

- Adequate accommodation that ensures that the House Officer will be able to relax and study in the comfort of his or her room.
- In cases of hired property or bungalows, each House Officer shall have his/her own bedroom, with not more than two trainees sharing toilet, and bath facilities.

- Basic furnishing shall be provided for trainees such as bed and mattress, writing table and chair, living area furniture, kitchen/kitchenette – cooker, refrigerator, etc.
- Adequate security shall be provided by the institution.
- In the case of trainees being housed outside the hospital premises, the institution shall provide transportation to and from the hospital.
- Trainees shall be fed at least twice a day by the institution.

Minimum Housing Standard for House Officers

Accommodation must (be):

- Stable structurally, free from leakages and cracks
- Have adequate ventilation
- Have adequate lighting system.
- Have supply of electricity and piped wholesome water
- Good drainage system and
- Have good security locks

Bed Rooms

- Bed, mattress and wardrobe
- Good floor
- Chair
- Curtains

Living Room

- Sofa (at least 3 in 1 and a single unit)
- Table with at least one chair per occupant (study area) and reading lamp
- Curtains

Kitchen

- Gas cooker and cylinder
- Wash basin/sink
- Refrigerator
- Facilities for preparation and cooking of food (basic cooking utensils)

Bathroom and Lavatory

Toilet bath and shower to be shared by not more than 2 trainees.

Security

- Building should have at least burglar proofing.
- Secure parking lot within easy reach (½ kilometre) from residential accommodation.

4.4 FINANCIAL RESPONSIBILITIES

Adequate budgetary allocation shall be made by the Ministry of Health earmarked for the effective recruitment, deployment and training of house officers.

Ministry of Health shall seek financial clearance for all prospective house officers in final year medical/dental schools and foreign trained practitioners through the central placement body.

This body shall in turn distribute the individual financial clearance together with the appointment letters of the House Officers to the various institutions.

Seeking financial clearance shall be done early enough to avoid delays in payment of salaries of the House Officers with its resultant burden on the institutions.

4.5 DISCIPLINARY PROCEDURE

Trainees shall be subject primarily to the provisions of the code of discipline existing at their respective institutions.

Prescribed punishment shall be aimed at reformation of the trainee.

4.5.1 Offences

- Negligence of Duty
 - Failure to report for duty without permission
 - Leaving post without informing supervisor or trainer
 - Overstayed leave

- Misconduct
 - Dishonesty, bribery and corruption, extortion of money from clients, engaging in private practice or gross insubordination
 - Illicit sexual relationship with clients and other members of staff
 - Indecent dressing
 - Fighting or physical/verbal assault
 - Revealing matters of a confidential nature of patients and the hospital.

- **Substance Use**

- Being under the influence of alcoholic drinks while on duty after certification by a registered medical practitioner.
- Smoking in the hospital premises
- Drug addictions and substance abuse shall be referred for the necessary specialist support.

- Wilful damage to institution's property

4.5.2 Penalties

- 1st Offence – warning. This shall be both verbally and in writing. A copy shall be placed on trainee's record.
- 2nd Offence or Subsequent Offence- The culprit shall be given extra clinical duties depending on the weight of the offence, (appropriate duration to be determined by institution).
- 3rd Offence – Extension of rotation or repetition of rotation. The Medical & Dental Council shall be informed duly.
- Final level – Termination of appointment of trainee in consultation with Medical and Dental Council.
- Wilful damage to property – Any wilful damaged to the institution's property shall be duly repaired or replaced where necessary. Final clearing of house officer by head of institution shall be conditioned by prior clearance by the appropriate units; Estate, Accounts, etc.

4.5.3 How Culprits can seek redress

Because the House Officer is under training:

- Each reported offence shall be well investigated by a committee
- If found liable; the necessary punishment shall be meted out
- Issues of misconduct shall be considered a major offence.

4.5.4 Petition against Disciplinary Actions

- Where it is intended to petition against a decision, the trainee shall within two (2) weeks of the decision submit his petition to the Board/Management Committee through the Head of Institution indicating the grounds on which the petitions is made and forwarding to his Head of Department and the secretary of the Institution Management a copy of the petition.
- After the Management has reviewed the decision, the trainee shall be informed in writing as to whether the petition has been allowed, or dismissed as the case may be.

4.5.5 Provisions for Disciplinary Procedures

- Major offences including the extortion of money shall be handled by the Institutional Disciplinary Committee.

- Trainees with offences needing extension or repetition of rotation may be referred to the Institution's Board/Management Committee and the Medical and Dental Council informed appropriately.

4.6 FUTURE PLANS

- There is the need for an urgent implementation plan for the recommendations.
- The Medical & Dental Council needs to make projections for the numbers of practitioners who will graduate from the medical and dental schools in Ghana and those in training outside so as to get more institutions accredited in order to meet the need. These will require necessary budgetary allocation
- The Medical & Dental Council shall actively identify institutions and encourage them to apply for accreditation for housemanship training.
- The Medical & Dental Council shall work closely in collaboration with the key employers (MOH, GHS, CHAG etc.).

APPENDIX I

SUMMARY REPORT ON THE GROUP DISCUSSIONS

The Policy

EXPERIENCES	CHALLENGES	WAY FORWARD
<ul style="list-style-type: none"> • The policy appeared to be a rushed policy. • Ill-defined roles for institutions responsible for supervision. • Low numbers in laboratory services • Content of rotations done by foreign trained doctors differ • There was a perceived delay by the trainees for post graduate training as a result of the two years policy. <p>ACHIEVEMENTS:</p> <ul style="list-style-type: none"> • A Brilliant concept • Practitioner becomes a more complete professional • Gives practitioner good career direction. • Gives confidence • Skills acquired in all 4 major disciplines • Improved Post Graduate perspective • Increase donor support for infrastructural development to support programme in some institutions • Increased availability of practitioners in some institutions resulting in increase IGF. 	<ul style="list-style-type: none"> • No proper implementation plan at all levels as well as inadequate time between policy formulation and implementation. • Non involvement of all stakeholders in Policy formulation and implementation at all levels • No definite decision on rotations to be done and duration by foreign trained practitioners. • Inadequate accredited health facilities • Teaching hospitals are reluctant to release their specialists. Specialists are also not prepared to move to the regions and districts. • Dangers inherent in the implementation of the policy, e.g. excessive traveling for interviews resulting in accidents. • Confusion over the SHO nomenclature. Perceived delay by trainees to postgraduate training as a result of the 2 year Housemanship training policy 	<ul style="list-style-type: none"> • Policy should be specific on number of leave days for house officers, and the timing of leave should be within the rotation. • Full registration should be pre-requisite for the entry into post graduate programme. • 6 months should be the minimum duration for each discipline. • Policy must give room for possible extension of the 2 years in certain circumstance e.g. non performing house officers, female house officers taking maternity leave. • Housemanship training done by foreign trained practitioners must be cleared by the Credentials Committee of Council.

Accreditation

EXPERIENCES	CHALLENGES	WAY FORWARD
--------------------	-------------------	--------------------

<ul style="list-style-type: none"> • Inadequate facilities in accredited institutions. • Low numbers of House Officers in laboratory services • Accommodation was not available in most institutions especially outside the teaching hospitals which led to pressure on the teaching hospitals to take more than they could manage. • Accreditation enhanced image of hospital as a training site. 	<ul style="list-style-type: none"> • No advocacy or plans by MDC towards improving facilities of identified centres for accreditation. • Inadequate training plans to produce more trainers. • Accommodation was not considered/inspected before accreditation. • Increasing numbers of House Officers. 	<ul style="list-style-type: none"> • Council should develop and disseminate guidelines for Accreditation • Advocacy for improved facilities in identified institutions for accreditation. • Group/Regional accreditation should be considered. • GHS/HR to make a case for contracting retired specialists (Retired but not tired). • MoH to facilitate the training of more trainers.
--	---	---

Recruitment and Deployment

EXPERIENCES	CHALLENGES	WAY FORWARD
<ul style="list-style-type: none"> • Unfair distribution of House Officers in disciplines accredited • Congestions in wards in some institutions especially teaching hospitals. • Many applicants but vacancies were limited in certain institutions. • General increase in practitioners available • Imbalance-More doctors in Teaching hospitals, periphery deprived. 	<ul style="list-style-type: none"> • System is very open to abuse • Increasing numbers of House officers 	<ul style="list-style-type: none"> • Central placement body should be constituted (consisting of MOH, GHS, Armed Forces, CHAG, etc.) to coordinate, placement and posting/transfer of trainees.

Training Programmes

EXPERIENCES	CHALLENGES	WAY FORWARD

<ul style="list-style-type: none"> • Signing of certificates for rotation by HOD and Commandant. In some institutions practitioners were completely signed off from one department before moving to another whilst in others practitioners were not signed off. • Extra months are spent for non performing H.O. • Content of rotations done by foreign trained doctors differ. • Accreditation enhances Quality Assurance of the accredited institutions. 	<ul style="list-style-type: none"> • Inadequate training plans to produce more trainers. (few specialists available) • Duration for non performing house officers in a department was not defined by the policy. • Inadequate infrastructure for training. • The relationship between programmes run by the Ghana College & West Africa College needs clarification. 	<ul style="list-style-type: none"> • Equitable distribution of trainers by MoH. • Regular updating of the knowledge and skills of trainers; structured workshops for trainers. • Review log books to meet specific standards (stating specific requirements). • Council should develop a comprehensive set of guidelines on housemanship training to cover the trainer, the trainee, the coordinator and the head of institution.
--	--	---

Supervision

EXPERIENCES	CHALLENGES	WAY FORWARD
<ul style="list-style-type: none"> • Inadequate supervision of house officers. • Ill-defined roles for institutions responsible for supervision. 	<ul style="list-style-type: none"> • No clear supervisory role in Housemanship training at all levels. • Supervision is very difficult – motivation is needed. • Difficulty in controlling competitive life style of some house officers. 	<ul style="list-style-type: none"> • Medical and Dental Council as the external supervisor should: <ul style="list-style-type: none"> a) Develop supervisory, monitoring and evaluation mechanisms at all levels. b) Develop and institutionalize guidelines for supervision of trainers. • Council should develop a system of evaluation e.g. forms or questionnaires for house officers to also evaluate their trainers.

Conditions of Service

EXPERIENCES	CHALLENGES	WAY FORWARD
<ul style="list-style-type: none"> • Accommodation was not available in most institutions especially outside the teaching hospitals which led to 	<ul style="list-style-type: none"> • No coordination in the provision of housing, catering, recreational, fuel, transport and inducement. This lead to institutions providing different incentive packages for house 	<ul style="list-style-type: none"> • Develop Conditions of Service for House Officers • Motivational package for the trainers. • Employers must abide by the

<p>pressure on the teaching hospitals to take more house officers than they could manage.</p> <ul style="list-style-type: none"> Increased donor support for infrastructural development to support programme in some institutions; Techiman example 	<p>officers.</p> <ul style="list-style-type: none"> Varying leave days between institutions for house officers. Inadequate infrastructure/equipment for training. Inadequate accommodation in most institutions - accommodation was not taken into consideration before the programme took off. Demand for additional incentives by some trainers on account of their perceived additional duties. 	<p>provisions in the Labour Law on maternity leave.</p> <ul style="list-style-type: none"> The need for accommodation: <ul style="list-style-type: none"> a) Council to intensify advocacy b) The GHS Capital Plan must be followed. HRD of GHS to provide/advocate for basic infrastructure and equipment for research MoH to revisit "Hospitals Strategy" document on modernizing equipment in Hospitals.
---	--	---

Financial Responsibilities

EXPERIENCES	CHALLENGES	WAY FORWARD
<ul style="list-style-type: none"> Increase in revenue – (IGF) due to increase patients attendance (e.g. Techiman , Koforidua Experience) House officers receive their salaries at different times though they may have started their housejob at the same time. 	<ul style="list-style-type: none"> Government does not process remuneration of house officers early enough. Demand for additional incentives by some trainers on account of their perceived additional duties. Limited support for the stakeholders for the implementation of the 2-year Housemanship training 	<ul style="list-style-type: none"> Group negotiations for financial clearance for the house-officers(b/n MoH & MoF) MDC should clearly define the cost areas of policy and determine source of funding e.g. Who is responsible for Catering, Housing, Utilities etc. GHS/HR should clearly define roles of appointed Consultants/Trainers (Service provision, teaching and research) viz their salary package.

Disciplinary Procedures

EXPERIENCES	CHALLENGES	WAY FORWARD
-------------	------------	-------------

<ul style="list-style-type: none"> House Officers avoid disciplinary procedures by relocating to other institutions. 	<ul style="list-style-type: none"> Some housemen proceeding on leave without approval. Unethical practices of some house officers. 	<ul style="list-style-type: none"> MDC to ensure that ethics is given adequate coverage in medical school curriculum. Council to Develop Code of Ethics for House Officers to be signed at swearing-in and ensure that practitioners abide by it. Sanctions should be meted out to those who breach the Code of Ethics.
---	--	--

Coordinating Mechanism

EXPERIENCES	CHALLENGES	WAY FORWARD
<ul style="list-style-type: none"> No effective coordinating mechanism put in place at the Start of the Program No structured movement of House Officers between rotations 	<ul style="list-style-type: none"> Inadequate coordination at all levels among stakeholders. Excessive traveling by House officers to attend interviews resulting in road traffic accidents. 	<ul style="list-style-type: none"> Develop guidelines for coordinators and appoint coordinators at all levels.

The Role of MOH/GHS/CHAG/TH'S/ Council/House Officers/DA

EXPERIENCES	CHALLENGES	WAY FORWARD
<ul style="list-style-type: none"> Ill-defined roles for institutions responsible for supervision. 	<ul style="list-style-type: none"> Limited support for the stakeholders for the implementation of the 2-year Housemanship training No clear defined roles for all stakeholders. 	<ul style="list-style-type: none"> Council should clearly define the specific roles of all stakeholders. (refer to suggestions/way forward).

Future Plans - (for ever increasing numbers of House Officers)

EXPERIENCES	CHALLENGES	WAY FORWARD
	<ul style="list-style-type: none">• How to manage the ever increasing numbers of house officers.	<ul style="list-style-type: none">• MDC should develop a Strategic Plan to manage the increasing numbers of house officers effectively.

APPENDIX II

IMPLEMENTATION COMMITTEES

Following the compilation of the report by the Core Committee, the Core Committee was converted into an Implementation Committee with the following membership:

1. Dr. K. O. Adadey, Medical & Dental Council
2. Dr. E. K. Atikpui, Medical & Dental Council
3. Dr. Ken Sagoe, Ghana Health Service, (HRD)
4. Dr. Promise Sefogah, KBTH

The Implementation Committee subsequently constituted three (3) Sub-Committees tasked to workout and develop implementation plan/guidelines on various aspects of the programme. The Sub Committees were:

Policy and Accreditation

Membership

1. Dr. Ken Sagoe, Ghana Health Service, (HRD) Chairman
2. Dr. K. O. Adadey, Medical & Dental Council Member
3. Dr. Grace Parkins, UGDS Member
4. Dr. Promise Sefogah, KBTH Member/Coordinator
5. Dr. E. K. Atikpui Registrar

Terms of Reference (TOR)

To develop a comprehensive set of guidelines for the continuous effective implementation of the 2 years Housemanship Training programme to cover:

Policy and Accreditation.

Training Programmes, Supervision and Coordination

Membership

1. Prof. E. Q. Archampong, Korle Bu Teaching Hospital Chairman
2. Dr. H. Aduful, Korle Bu Teaching Hospital Member
3. Dr. Obeng Apori, Eastern Regional Hospital, Koforidua Member
4. Dr. J. B. Wilson, Ghana College of Physicians & Surgeons Member
5. Dr. Edward Asumanu, 37 Military Hospital Member

Terms of Reference (TOR)

To develop a comprehensive set of guidelines for the effective implementation of the Two years Housemanship training with regards to: **Training Programmes, Supervision and Coordination** to cover:

- The Trainee
- The Trainer
- The role of Coordinators at all levels

Recruitment, Deployment, Conditions of Service, Financial Responsibilities, Disciplinary Procedures and Future Plans

Membership

1. Dr. P. Karikari, KATH	Chairman
2. Dr. M. Dawson, CHAG, Akwatia	Member
3. Dr. Francis Adu-Ababio, Council Member	Member
4. Dr. James Duah, KBTH	Member
5. Dr. Promise Sefogah, KBTH	Member/Coordinator
6. Lt. Col. (Dr.) Doodo Mantey, 37 Military Hospital	Member
7. Mr. Kwasi Asabre MOH – HRHD	Member
8. Mr. Obiri Yeboah, GHS (HRD)	Member
9. Mrs. Adelaide Ansah Ofei, GHS (HRD)	Member

Terms of Reference (TOR)

To develop a comprehensive set of guidelines for the continuous effective implementation of the 2 years Housemanship Training programme to cover: Recruitment, Deployment, Conditions of Service, Financial Responsibilities, Disciplinary Procedures and Future Plans.

MEDICAL AND DENTAL COUNCIL OF GHANA

“Guiding the Profession, Protecting the Public”

HOUSEMANSHIP TRAINING EVALUATION FORM

Name: _____ Age: _____

Sex: _____

Year of Graduation: _____

Provisional Reg. No.: _____

No.: _____

Inst. of Medical Training: _____

Date and Place of Rotation: _____

Discipline: _____

3rd 4th

1st

2nd

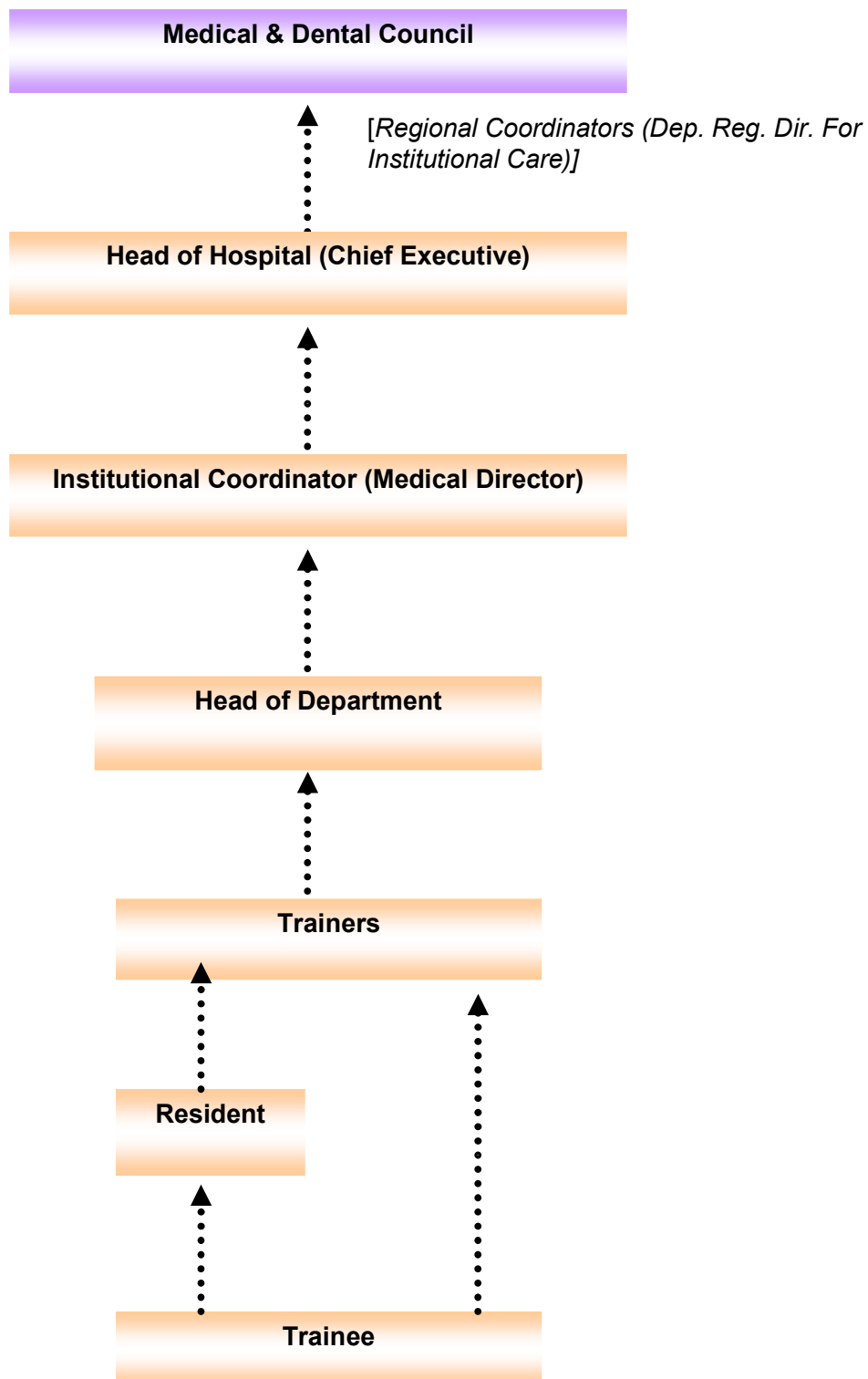
	<u>Excellent</u>	<u>Very Good</u>	<u>Good</u>	<u>Poor</u>
Practical experience acquired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic/Teaching Programmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of interaction with trainers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of Support Clinical/ Para clinical Services e.g. laboratory, radiological etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of Job Satisfaction/confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any Other Comment/Suggestion:

APPENDIX IV

SUPERVISION

Levels of supervisory responsibilities shall be thus:



Job Description

Definition of Houseofficer

1. A doctor in his/her first or second year post the basic medical/dental qualification.
2. Any doctor the Medical and Dental Council Credentials Committee certifies as a houseofficer.

Team relationship

The houseofficer is eventually responsible to the Consultant/Specialist but shall take instructions directly from the Resident/Medical Officer who is also responsible to the Consultant/specialist.

Hours of Work

The Houseofficer's day's work should normally start from 8 am to 8 pm but may vary from one training centre to another.

An 8 hour period of sleep should be guaranteed during the week day except when he/she is on call and this period of sleep cannot be guaranteed on account of low numbers of other housemen or other grades of junior doctors.

Duties

The Houseofficer's duties will include but not limited to the following:

Clinical

1. All duties assigned to him/her by the Consultant/Specialist or the Resident/Medical Officer of the team
2. Provide cover round the clock with other Housemen for the Consultant/Specialist's patients or patients of the Hospital where housemanship training is being undertaken
3. The Houseofficer cannot therefore have his/her own patients since his/her work is always under the supervision of the Consultant/Specialist.

4. Clerk and examine all patients admitted to his/her ward
5. Order investigations with guidance and document all the results in the patient's folder.
6. Initiate treatment based on protocols, guidelines or standard textbook treatment or in consultation with the Consultant/Specialist or his/her Resident or other postregistration doctors who are working under the Consultant/Specialist
7. Should prepare a list of seriously ill patients under his/her care and hand this list over to fellow housemen who are on duty if he/she goes off duty.
8. He must perform a ward round at least once daily independent of Resident/Medical Officer or Consultant/Specialist to identify patient problems and initiate treatment either independently or in consultation with the Resident/Medical Officer or the Consultant/Specialist depending on the severity of the patient's condition.
9. He/she must attend ward rounds with the Consultant/Specialist and the Resident/Medical Officer at all time during which time all results of investigations are made available for the necessary action to be taken.
10. On discharge of patients under his care a clear discharge summary detailing the diagnosis, the investigations, and treatment given and the time for the next follow-up should be written by the houseofficer.
11. All discharged patients must have their front index sheets filled fully
12. Should attend clinics with Consultant/Specialist, see and discuss patients assigned to him/her by the trainer.

Continuing Professional Development (CPD)

1. Housemen should view the two year housemanship as a period of continuing education that finally will turn him/her into an independent practitioner and also prepare him towards higher specialization and hence must take advantage of all the educational programmes at the Hospital of training.
2. It is mandatory for a houseofficer to attend all educational programmes on his/her unit, Department and the Hospital where training is taking place.
3. Housemen should endeavour to give presentations at some of these meetings.

Clinical skills

1. Setting up drips is mandatory
2. The houseofficer should be able to perform such procedures as
 - Passing urethral catheters.
 - Passing nasogastric tubes
 - Inserting chest tubes
 - Simple wound care
 - Learn basic life support
3. Learn simple and some intermediate surgical, obstetric and gynaecological procedures prescribed in the Logbook of Housemanship training.

Don'ts

1. The House Officer should not under the period of training undertake any other paid job as a locum in any hospital which has not been accredited for housemanship training. Such locum jobs are against the law.
2. The House Officer is not expected to prepare or sign papers for insurance claims/police forms/cremations/death certificate etc or other legal documents except in consultation with the Consultant/Specialist. Note that under these circumstances the one answerable in law is the Consultant/Specialist.
3. The House Officer should not leave patients who are in the middle of a treatment procedure without a proper handing over to other personnel who will continue with treatment, and go off duty or go to sleep. For example the House Officer is not expected to abandon the setting up of a drip in a patient who needs it and walk away for the simple reason that he has difficulties in finding a vein.

APPENDIX VI

Rules and Regulations for Induction, Provisional Registration and Commencement of Housemanship Training

- It is mandatory for all doctors who qualify from the Medical and Dental Schools in Ghana to commence their housejob within two months after the release of the results of the final examination.
- Any doctor who does not start the housejob within the mandatory period (two months) would be required to take the registration examination before he/she is provisionally registered.
- All newly qualified doctors are to be inducted by the Medical and Dental Council and provisionally registered before they commence their housejob.
- The period of housemanship training starts after the induction and provisional registration with the Council. Housemanship Training done before induction and provisional registration would be considered null and void. The duration of Housemanship Training is two years.
- Practitioners are expected to submit their Provisional Registration Applications within a month of qualifying. Applications submitted after the stipulated time will not be considered.
- Any practitioner who does not submit his/her provisional registration application would not be inducted and provisionally registered.

APPENDIX VII

Check List for Supervision of Trainers

1. Number of teaching ward rounds conducted
2. Number of clinical procedures supervised
3. Number of Departmental meetings held
4. Number of assigned literature journal – reviewed
5. Clinico-pathological topics assigned
6. Evidence of daily night ward rounds
7. Log book audited and signed
8. Number of ethical issues discussed
9. Number of Continuing Medical Educations attended
10. Number of specialist clinics conducted

APPENDIX VIII

Basic Minimum Criteria for Accreditation for Housemanship Training

Check List

- i. **Bed State**
The Houseman should have responsibility for a minimum of 10 beds in each discipline including beds for the critically ill patients and emergencies.

- ii. **Medical Staff**
There should be at least one Specialist resident at all time in the particular discipline in which the houseman is training, one Senior Medical Officer with sufficient experience in the specialty together with adequate supporting staff.

- iii. **Nursing Staff**
At least 25% of the total nursing staff should be State Registered Nurses.

- iv. **Ancillary Services**
There should be adequate facilities for Pathological, Radiological and other Laboratory service including Post Mortem Services.

- v. **Theatre Facilities**
There should be adequate theatre facilities for carrying out surgical operations in accredited surgical disciplines.

- vi. **Medical Library**
There should be adequate Medical Library i.e.
 - Medicine-Davidson, BNF
 - Obs/Gynae-Ten Teachers, College Journal
 - Paediatrics-Jollies
 - Surgery-Bada

- Dentistry, Dental update
- Comprehensive Obstetrics in the tropics
- Comprehensive Gynaecology in the tropics
- Handbook of Obstetrics
- Handbook of Gynaecology

vii. Internet Facilities

viii. Pharmacy Department

There should be a Pharmacy Department with qualified Pharmacists in charge.

ix. Blood Bank

There should be a Blood Bank which should operate 24 hours a day.

x. Records Department

Well managed Records Department with adequate facilities for record keeping (Computers where possible)

xi. Communication

Telephone, Paging System

Areas of Concern during Inspection

(i.e. X-ray, Physiotherapy, Laboratory, Pharmacy, Records, Library depts.)

X-RAY
Radiologist at post
Radiographers at post
X-ray Technicians
No. of X-ray Machines present
No. of X-ray Machines functioning

Availability of Films
Availability of Chemicals
Ultra-Sound
PHYSIOTHERAPY
Physiotherapists at post
Equipment available
Degree of utilization
LABORATORY
Pathologists
Technologists
Technicians
Laboratory Capability: Heamatology, Cytology Bacteriokogy, Histopathology, etc.
Space
BLOOD BANK
Storage Facilities
Capacity
Coverage
Organizer
Incentives for voluntary donors
Compounding Capabilities
PHARMACY DEPT
Pharmacists
Dispensing Assistants/Technicians
LIBRARY
Textbooks – (reasonable editions)
Journals – (Current)
ACCOMMODATION

Living in
Rest Room
Catering Services
TRANSPORT AND COMMUNICATIONS
Ambulances and Telephones
Paging Systems
OPERATING FACILITIES
Physician Anesthetists
Trained Theatre Nurses
Theatre Technicians
Other Supporting Theatre Staff
Number of Theatres
Equipment (a) Lighting (b) Operating Table

Department of Obstetrics and Gynaecology

PERSONNEL
Specialists Obst/Gynae
Junior Specialists
SMO
Midwives
Combined Gynae, Prenatal. Labour and post natal wards
RANGE OF SPECIALIST ACTIVITY
Types of Investigations and operations
a. Routine Lab.
b. Adequate Investigations Including Ultra-Sound
c. Obstetrics
d. Gynaecology
e. Diagnostic Laparoscopy

f. Clinico Pathological Conference
g. Clinical Meetings
h. Morbidity
i. Mortality
Number of deliveries / Month
RELEVANT FACILITIES
Number of Gynae Beds
Occupancy Rate
Specialist Equipment or other instruments

Department of Dentistry

PERSONNEL
Senior Nurses
Dental Nurses
Dental Surgery Assistants (DSA)
RANGE OF SPECIALIST ACTIVITY & OUTPUT
Restoration
Dentures
Care of Medical Compromise
Clinical Meeting
CPC
RELEVANT FACILITIES
Dental Chairs
Dental X-Rays

Department of Paediatrics

PERSONNEL
Specialist Paediatrician

Junior Specialists
SMO
PMO
Specialist Trained Nursing Staff
Other Nursing Staff
a. SRN/CMB
b. QRN

RANGE OF SPECIALIST ACTIVITY
Exam of Newborns
Exchange of Transfusion, Phototherapy
Premature Baby Care
Clinical Meetings
Clinico Pathological Conferences
Paediatrician Resuscitation
Mother and Baby Facility
RELEVANT FACILITIES
Number of Beds and Cots
Infectious Fevers
Occupancy Rate
Specialist Equipment and other instruments
a. Incubators facilities for Paediatrics care
Special Resuscitation Equipment

Department of Medicine

ITEM
PERSONNEL
Physician Specialists
Junior Specialists
SMO
Specialist Trained Nursing Staff
RANGE OF SPECIALIST ACTIVITY
Type of Investigations including E.C.G.'s and Specialist Activity for e.g. <ul style="list-style-type: none"> ○ Diabetic ○ Hypertension ○ Sickle Cell

RELEVANT FACILITIES
Number of beds
Occupancy Rate
Other Facilities
Specialist Equipment or other Instruments
CPR training

Department of Surgery

PERSONNEL
Specialists Surgeons
Junior Specialists-Holder of part 1
SMO
Specialist Trained Nursing Staff
Other Nursing Staff
Medical Officer
RANGE OF SPECIALIST ACTIVITY AND OUTPUT
Types of Investigations and operations performed
a. Trauma
b. Major Operations
c. Minor Operations
d. Specialist Clinics
e. Ward Rounds
f. Clinical Meetings
Clinico Pathological Conference (CPC)
RELEVANT FACILITIES
Number of Beds
Occupancy Rate
Specialist Equipment or other instruments
a. ENT
b. Ophthalmology

