

MEDICAL AND DENTAL COUNCIL

“Guiding the Profession, Protecting the public”

GUIDELINES FOR HOUSEMANSHIP IN GHANA

REVISED, 2015

ACRONYMS

CME	Continuing Professional Development
CPD	Continuing Professional Development
HO	House Officer
HPRBA	Health Professions Regulatory Bodies Act
MDC	Medical and Dental Council
MO	Medical Officer
MOH	Ministry of Health
NHIS	National Health Insurance Scheme
SHO	Senior House Officer

TABLE OF CONTENT

ACRONYMS	1
INTRODUCTION	3
1.0 POLICY AND ACCREDITATION	5
1.1 PERIOD OF HOUSEMANSHIP.....	5
1.2 ROTATION	5
1.3 LEAVE.....	5
1.4 EXTENSION OF ROTATION PERIODS.....	6
1.5 LOCATION FOR TRAINING.....	6
1.6 ACCREDITATION	6
1.7 MONITORING AND EVALUATION	6
2.0 TRAINING PROGRAMMES, SUPERVISION AND COORDINATION	8
2.1 THE TRAINEE.....	8
2.2 GENERAL APPEARANCE OF THE TRAINEE.....	8
2.3 THE TRAINERS	8
2.4 SUPERVISION.....	8
2.5 COORDINATION AT THE LEVEL OF THE MDC.....	8
3.0 RECRUITMENT, DEPLOYMENT, CONDITIONS OF SERVICE, FINANCIAL RESPONSIBILITIES, DISCIPLINARY PROCEDURES AND FUTURE PLANS	9
3.1 RECRUITMENT AND DEPLOYMENT	9
3.2 CONDITIONS OF SERVICE	9
3.3 DISCIPLINARY PROCEDURE.....	9
APPENDIX I	10
APPENDIX II	11
APPENDIX III	12
APPENDIX IV	14

INTRODUCTION

Training is one of the core businesses of the Council. It assures the public that a doctor whose name appears on the Council's 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 has been for one year. In October, 2004, the Medical and Dental Council (MDC) in consultation with the Ministry of Health (MOH) undertook a policy change to make Housemanship 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 sufficiently equipped to practice on his/her own. Unfortunately, with the decreasing numbers of Specialists in the regions when the new two-year programme was been introduced coupled with the need for the services of doctors in the rural areas, House Officers were deployed to these areas, having had practical experiences only in the disciplines covered during the one year Housemanship in the Teaching Hospitals.

Housemanship 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 increasing awareness of the public of their human rights and the era of the 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 is, therefore, a subject that requires repeated consultations between institutions and Governmental agencies responsible for health and representatives of the public to be served by the House Officer.

The Medical and Dental Council, which is required to ensure that the training meets the required standard, 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”, therefore, is considered a very essential landmark towards effective, result-oriented Housemanship 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: issues of decent dressing by Doctors, care for the terminally ill, Continuous Professional Development (CPD)/Continuous Medical Education (CME) programmes and academic programmes in Health Care institutions.

The Medical and Dental Council, therefore, considers the development of the document appropriate.

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 both an interesting and professionally satisfying period for the trainee to enhance the overall health care delivery system in Ghana.

.....
BOARD CHAIRMAN

1.0 POLICY AND ACCREDITATION

1.1 Period of Housemanship

The Housemanship shall be for a period of **Two Years**.

1.2 Rotation

- a. Each house officer (Medical) shall do four (4) rotations in all the major specialties; Internal Medicine, Obstetrics and Gynaecology, Paediatrics and Surgery [*including Ophthalmology and ENT*],
- b. Psychiatry may be done as an alternative to any of the medical rotations [*Internal Medicine or Paediatrics*]. Anaesthesia may be done as an alternative to any of the surgical rotations [*Obstetrics and Gynaecology or Surgery*]ⁱ,
- c. House Officers who opt for Anaesthesia shall do *Ophthalmology and ENT during the Anaesthesia rotation*.
- d. Each rotation should last for six (6) months inclusive of proportionate leave,
- e. Once rotations have been decided at the beginning of the Housemanship, they shall **NOT** be changed, and
- f. Each Dental House Officer shall do all 3 major specialties namely; Oral and Maxillofacial Surgery, Orthodontics and Paedodontics, Restorative Dentistry and Preventive Dentistry.

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

1.3 Leave

- a. Each House Officer is entitled to eighteen (18) working days leave per each 6 month rotation, which **MUST** be taken during the rotation,
- b. No House Officer can apply for more than 18 working days' leave at each point in time,
- c. Each Dental House Officer is entitled to 12 working days leave per each 4 month rotation, which must be taken during the rotation, and

d. Maternity leave period shall be as per the provisions in the Labour Actⁱⁱ.

1.4 Extension of Rotation Periods

- a. In case of non-performing House Officers, female House Officers taking maternity leave and other mitigating situations, 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, *and*
- b. Any further extension after the initial extension period should be referred to Medical and Dental Council.

1.5 Location for Training

- a. Two rotations (and not more) preferably the first two **MAY** be done in Teaching Hospitals, 37 Military Hospital or Regional Hospitals, and
- b. The other rotations shall be done in any other accredited institution.

1.6 Accreditation

Council shall accredit institutions for Housemanship and Housemanship can be done only in accredited institutions. Housemanship means a period of training in an approved hospital or institution by a practitioner who has completed basic medical or dental training in a recognized institution or university.

1.7 Monitoring and Evaluation

Following accreditation:

- a. Institutions shall submit bi-annual reports on Housemanship activities to Medical and Dental Council covering:
 - i. Number of trainers available per accredited discipline
 - ii. Number of House Officers admitted per each accredited specialty
 - iii. Equipment available
 - iv. Any concerns regarding Housemanship
- b. An accredited institution shall duly inform Council of any movement of Specialist to/from the institution within two (2) weeks of the movement.

- c. Council shall review an accredited institution/discipline every two (2) years for possible renewal or otherwise except in the case of movement of a Specialist for an accredited discipline from an institution.
- d. House Officers shall conduct a **Compulsory Evaluation** of their training mid-way during the rotation using the appropriate MDC evaluation form and submit to Council. (*Sample attached as Appendix I*)

2.0 TRAINING PROGRAMMES, SUPERVISION AND COORDINATION

2.1 The Trainee

- a. Institutions shall organize orientation programmes for House Officers.
- b. 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.

2.2 General Appearance of the Trainee

A House Officer shall be neatly and decently dressed at all times.

2.3 The Trainers

The Trainer shall be a practitioner with any of the following qualifications:

- i. Membership of a recognized postgraduate medical institution,
- ii. Fellowship of any recognized College,
- iii. Principal Medical Officer and above.

2.4 Supervision

The role of the Supervisor and Coordinator is the day to day monitoring of the trainees and trainers to ensure effective training, viz-a-viz the specific job description and logbook evaluation. [*Levels of supervisory responsibilities and job description attached as appendix II and III*]

2.5 Coordination at the Level of the MDC

- a. The MDC shall hold yearly Coordinators' forum for assessment and facilitation of their activities in the various institutions, and
- b. The MDC's Training and Education Unit shall undertake yearly visits to accredited institutions to interact and assess the supervision of the Housemanship programme.

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

3.1 Recruitment and Deployment

- a. 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,
- b. The accredited institutions whose trainers leave the institutions in the middle of rotations shall ensure that these trainers are replaced and the MDC notified accordingly,
- c. In the case where no replacement of trainer is possible the trainee shall be reposted to another accredited facility to continue his/her rotation, and
- d. In such situations the accredited institution shall within two weeks duly notify the Medical and Dental Council for reposting.

3.2 Conditions of Service

Conditions of Service are subject to general conditions of service of the relevant employer.

3.3 Disciplinary Procedure

Trainees shall be subject primarily to the provisions of the code of discipline existing at their respective institutions. Copies of the code of conduct for the facilities should be made available to the House Officers at their orientation. They should also familiarise themselves with the provisions in the Health Professions Regulatory Bodies Act, 2013 (Act 857) and its regulations.

MEDICAL AND DENTAL COUNCIL OF GHANA

“Guiding the Profession, Protecting the Public”

HOUSEMANSHIP EVALUATION FORM

Name: _____ Age: _____ Sex: _____

Year of Graduation: _____ Provisional Reg. No.: _____

Inst. of Med. Training: _____

Date and Place of Rotation: _____

Discipline: _____ 1st 2nd 3rd 4th

	<u>Excellent</u>	<u>Very Good</u>	<u>Good</u>	<u>Satisfactory</u>	<u>Poor</u>
Practical experience acquired	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Academic/Teaching Programmes	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>

Level of Job Satisfaction/Confidence

Any Other Comment/Suggestion:

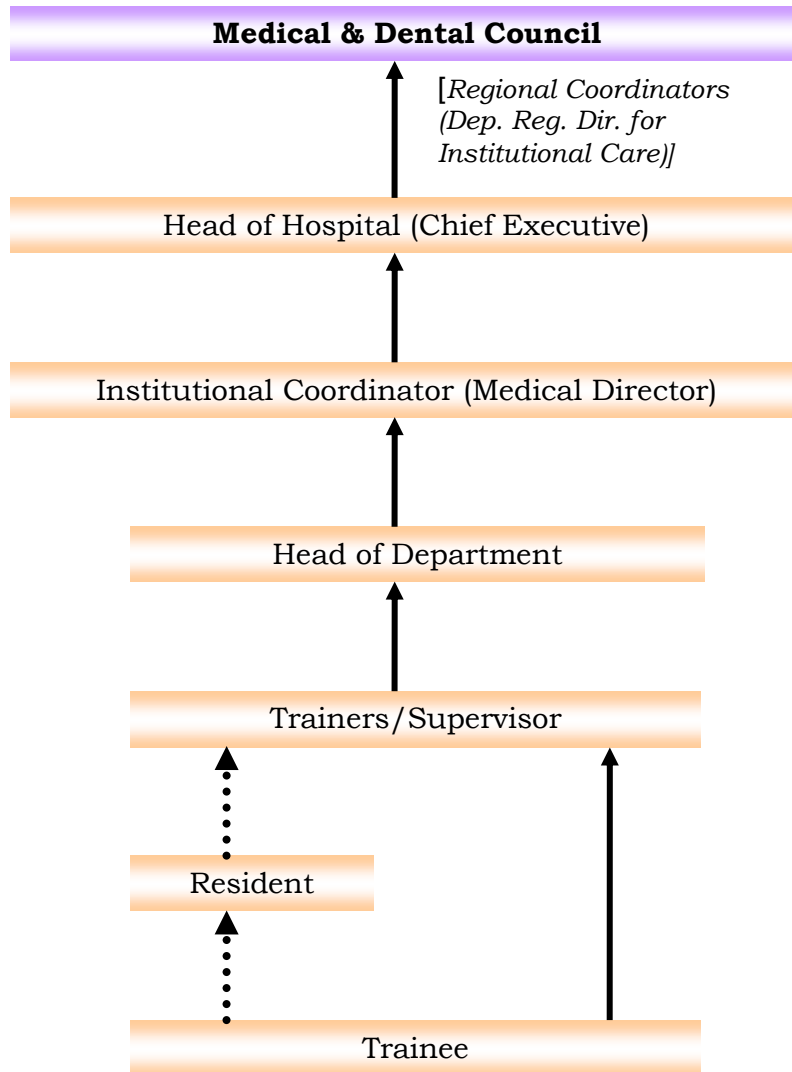
.....

.....

.....

SUPERVISION

Levels of supervisory responsibilities shall be thus:



JOB DESCRIPTION

1. Definition of House Officer

A practitioner who is doing Housemanshipⁱⁱⁱ.

2. Team relationship

The House Officer is eventually responsible to the Consultant/Specialist and shall be under the direct supervision of the trainer.

3. Duties

The House Officer's duties will include but not be limited to all professional duties assigned to him or her by the Consultant/Specialist or the Resident/Medical Officer (MO) of the team.

4. Continuing Professional Development (CPD)

- a. A House Officer should view the two year Housemanship as a period of continuing education that finally will turn him or her into an independent practitioner and also prepare him or her towards higher specialization and hence must take advantage of all the educational programmes at the Hospital of training.
- b. A House Officer shall attend educational programmes in his or her unit, department and the hospital where training is taking place as may be determined by the Supervisor.
- c. A Senior House Officer is to fulfil the requirements for recertification for retention as specified in the Policy on Continuing Professional Development (CPD).

7. Provisional Registration with Council

- a. Registration with Council as per Section 34(1) (3) and (4) of the Health Professions Regulatory Bodies Act, 2013 (Act 857) state:
 - (1) A provisional registration is valid for the period determined by the Board,

- (3) A person on a provisional register shall practise only in a hospital or an institution approved by the Board,
- (4) Any person on a provisional register who contravenes subsection (3) commits an offence and is liable on summary conviction to a fine of not less than five hundred penalty units and not more than five thousand penalty units or to a term of imprisonment of not more than ten years.

[Refer also to Appendix IV]

- b. The House Officer cannot sign a certificate or document required by law to be signed by a practitioner. The House Officer, therefore, is not expected to sign papers for insurance claims/police forms/cremations/death certificate etc. or other legal documents.

RULES AND REGULATIONS FOR INDUCTION AND COMMENCEMENT OF HOUSEMANSHIP

- a. It is mandatory for all doctors who qualify from the Medical and Dental Schools in Ghana to commence their Housemanship within two months after the release of the results of the final examination unless otherwise determined by Council,
- b. Foreign trained medical and dental graduates who pass Council's registration examination are to commence their Housemanship within two months after the release of the results unless otherwise determined by Council,
- c. Any doctor who does not start the Housemanship within the mandatory period (two months) may be required to take the registration examination before he or she is provisionally registered,
- d. Any foreign trained doctor who does not start the Housemanship within the mandatory period (two months) may be required to retake the Council's registration examination unless otherwise determined by Council,
- e. All newly qualified doctors are to be inducted by the Medical and Dental Council and provisionally registered before they commence their Housemanship,
- f. The period of Housemanship starts after the induction and provisional registration with the Council. The duration of Housemanship is two years,
- g. Practitioners are expected to submit their Provisional Registration Applications within a month of qualifying, and
- h. Any practitioner who does not submit his/her provisional registration application would not be inducted and provisionally registered.

ⁱ *The Policy on Anaesthesia and Psychiatry is to stimulate interest of young practitioners in the said deprived disciplines.*

ⁱⁱ *Section 57 of the Labour Act, 2003 (Act 651)*

ⁱⁱⁱ *Section 50 of the Health Professions Regulatory Bodies Act, 2013 (Act, 857)*