



**REVISED REPORT ON THE  
APPOINTMENT/PROMOTION OF  
MEDICAL/DENTAL SPECIALISTS IN THE  
GHANA HEALTH SERVICE**

**Ghana Health Service Council  
Private Mail Bag  
Ministries  
Accra  
June 2018**



## EXECUTIVE SUMMARY

### 1. Introduction

The GHS Council, at its 6<sup>th</sup> meeting held in the Volta Region on May 14, 2018, directed its Human Resource Committee to streamline the criteria and the process for the appointment and upgrading of doctors into the positions of Specialist, Senior Specialist and Consultant in the Ghana Health Service.

The Human Resource Committee was to among other things

- i. Review the existing criteria for appointing doctors to the grades of Consultant, Senior Specialist and Specialist
- ii. Advise on the due process which should be used in appointing consultants and senior specialists with requisite establishment levels
- iii. Submit the report to the Ghana Health Service Council for its consideration

The Committee, after reviewing the criteria and the process for appointing Medical Officers to the consultant and senior specialist grades as outlined in its TOR, came out with the following recommendations:

### 2. Criteria for appointment into specialist/senior specialist/consultant grades

#### 2.1 Requirements for Specialist grade

The Committee merged the existing three separate criteria of appointing Specialists in the Service to only one criterion. It recommended that holders of MB.Ch.B., BDS / M.B.B.S or its equivalent plus a relevant postgraduate qualification to the level of Membership of the Ghana College of Physicians and Surgeons (GCPS) or any accredited/recognized Medical College outside the country or its equivalent, and proof of registration of the qualification with the Medical and Dental Council be made the essential educational qualification. It however proposed that existing essential educational qualifications as continuing professional development (CPD) in the relevant specialty area and consistent satisfactory performance evident in the last three years' appraisal reports be made desirable criteria and not essential criteria. The Committee also proposed that requirements of "experience of working in a multi-disciplinary team environment, supervisory/team leader experience, experience of managing and organizing own workload and that of the department etc." be made desirables and not essentials.

However, the Committee proposed that the additional requirements of evidence of logbook and course outline be expunged since these are some of the requirements the Medical and Dental Council would have examined before registering any specialist trained in either Ghana or outside Ghana.

#### 2.2 Requirements for Senior Specialist grade

Regarding the Senior Specialist grade, the Committee proposed that only specialists with fellowship qualifications can progress to this grade. Thus, those in this line of progression shall satisfy the key requirements of having MB Ch.B., BDS / M.B.B.S or its equivalent plus a relevant postgraduate qualification to the level of Fellowship of the Ghana College of Physicians and Surgeons or from any accredited and recognised Medical college in the world. In addition, Officers should possess evidence of registration of the qualification with the Medical and Dental Council and be able to pass an assessment interview.

Hitherto, the provision whereby promotion of Specialists or doctors without Fellowship but with at least 7-year working experience at specialist level could progress to the grade of Senior Specialist was recommended by the Committee to be abolished.

### **2.3 Requirements for Consultant grade**

It was agreed that:

- a. the provision which spelt out the type of Fellowship (i.e. Fellowship by examination or by election) be revised to just Fellowship no matter the mode it was acquired once it was from an accredited and recognized College for Physicians and Surgeons.
- b. the number of peer-reviewed publications to be reduced from the current ten (10) to five (05) and be made a desirable under minimum requirement and not essential.
- c. the alternative provision of enabling a Specialist who has practised for 10 years on the grade eligible for promotion to the Consultant grade, as captured under the first bullet of the 'Experience' criteria was to be deleted. In place of this provision, it was recommended that the bullet be revised to read "minimum of 5 years satisfactory service at the level of a Senior Specialist in line with current criteria that define who qualifies as a senior specialist. In addition, officer must pass an assessment interview with the employing facility".
- d. Again, the last-but-two bullet be rephrased from "active participation in relevant professional bodies and multi-disciplinary scientific and clinical meetings" to "membership in relevant professional bodies and multi-disciplinary scientific and clinical meetings". The last two bullets detailing "commitment to the development of a cohesive medical team and the provision of safe, quality health care" be moved to the job description of the Consultant grade. It was also proposed that "organizational and leadership skills" as well as "ability to train colleagues in defined areas" and "ability to educate and train relevant staff in the theory and practice of the discipline" be added to the Senior Specialist grade.

### **2. Process for appointment into specialist, senior specialist and consultant grades**

The Committee generally agreed that the process for the appointment into senior specialist and consultant grades should be in conformity with the existing GHS Policy and Guidelines on Appointments (GHS-HRD, 2007). In line with this, the following recommendations were made:

#### *i. Appointment into specialist grade:*

- a. Doctors who have been examined and certified after a postgraduate programme in Ghana (GCPS, WACP, WACS) and have further registered their additional qualification with the Medical and Dental Council would not need an assessment interview for appointment as specialist as contained in section 1.3 (page 14) of the GHS Policy and Guidelines on Appointments.
- b. However, per provisions in sections 2.2 (page 6) and 1.0 (page 11) of the GHS Policy and Guidelines on Appointments, the Director HRD should submit through the Appointment and Promotion Committee to the Council for vetting and approval the compiled list of the candidates for the upgrading as specialist including the justification for their distribution.
- c. The process for the appointment of doctors trained outside Ghana should follow the existing practice. That is, they should be assessed by a suitably constituted panel and their assessment reports forwarded through the Human Resource Committee to the Council for vetting and approval.

#### *ii. Appointment into senior specialist and consultant grades*

- a. For appointment into senior specialist and consultant grades (whether trained in or outside Ghana), candidates should be assessed by a suitably constituted panel and the assessment reports forwarded through the Human Resource Committee to the Council for vetting and approval.
- b. The appointment into these two grades should be tied to availability of vacancy based on an establishment level and should not be an automatic upgrading or promotion.

### **3. Conclusion**

The committee enjoined the secretary to submit the report to Council for approval and action during its next Council meeting.

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## **1. INTRODUCTION**

### **1.1 Background**

The Ministry of Health (MOH) established the senior specialist and consultant grades in 2006 to provide support to the training institutions for the training of house officers and residents. It was also to ensure harmonization of standards and equitable access to specialist services in the country.

The Service commenced the appointment and upgrading of qualified doctors into these two new top positions for medical practitioners in 2012. Though a sizeable number of doctors had since been appointed or promoted into these grades, the appointment and/or promotion process has been fraught with so many grievances and petitions from serving officers. In view of the numerous complaints and grievances, the GHS Council, at its meeting held in September 2016, directed its Appointments and Promotions Committee to streamline the criteria and the process for the appointment and upgrading of qualified officers into the two positions in the Service.

### **1.2 Terms of Reference (TOR)**

- i. To review the existing criteria for appointing doctors to the grades of consultant and senior specialist
- ii. To advise on the due process which should be used in appointing consultants and senior specialists
- iii. To submit the report to Ghana Health Service Council for its consideration

### **1.3 Expected Output**

A report indicating:

- Criteria for appointment of doctors to the grades of consultants and senior specialists
- Respective establishment levels for these positions.

### **1.4 Methodology**

- The Committee first defined the term ‘medical officer’ in the context of its TOR and then reviewed the following documents:
  - The job descriptions for specialists, senior specialists and consultants in the revised job descriptions for selected job categories in the Ghana Health Service (HRD, GHS, 2011)
  - Ghana Health Service Policy and Guidelines on Appointments (GHS- HRD, 2007)
  - Minister of Health (Hon. Dr. Gladys N. Ashitey; October 2, 2006):
  - A letter on qualifications of a Public Health Specialist and a Public Health Consultant from the Rector of the Ghana College of Physicians and Surgeons to the former Chairman of the Appointment and Promotion Committee of GHS Council (June 12, 2006)
  - The revised Staffing Norm for the Health Sector (2015).
- The Committee further co-opted two practising consultants (Dr. Samuel Kaba Akoriyea and Dr. John Koku Awoonor-Williams) to solicit first hand information on their practice as Consultants.

## **2. DEFINITION OF ‘MEDICAL OFFICERS’**

The term ‘medical officers’ as used in the TOR (i) was defined by the Committee as ‘doctors/ dentists or medical/dental practitioners in generic term’ and not medical officer as a grade.

## **3. CRITERIA FOR APPOINTMENT**

Regarding the criteria for appointment, the Committee first looked at the requirement for appointment into specialist grade before going ahead to review the senior specialist and consultant grades.

### **3.1 Requirements for Specialist Grade**

Table 1 indicates the educational qualification and experience requirements for the specialist grade as contained in the revised job descriptions document for selected job categories in the Ghana Health Service (GHS, HRD 2011, page 29).

**Table 1: Requirements for educational qualification and experience for Specialist Grade**

<b>Criteria</b>	<b>Essential</b>	<b>Desirable</b>
<b>Educational Qualifications</b>	<ul style="list-style-type: none"> <li>• MB. Ch.B., BDS / M.B.B.S or its equivalent plus a relevant postgraduate qualification to the level of Membership from any relevant Medical College</li> <li>• Registration of additional qualification as Specialist with the Medical and Dental Council</li> </ul>	<ul style="list-style-type: none"> <li>• Continuing Professional Development (CPD) in the field of relevant specialty.</li> <li>• Consistent satisfactory performance evident in the last three years' appraisal reports.</li> </ul>
<b>Experience</b>	<ul style="list-style-type: none"> <li>• Research experience and relevant publication in peer review journals</li> </ul>	<p>Experience of working in a multi-disciplinary team environment.</p> <p>Supervisory/team leader experience.</p> <p>Experience of managing and organizing own workload and that of the Department.</p> <p>Experience of working in a multi-disciplinary team environment.</p> <p>Supervisory/team leader experience</p> <p>Experience of managing and organizing own workload and that of the Department.</p>

The following sub sections in bold were recommended for deletion by the committee and condensed into one criterion for both locally-trained and foreign-trained with a proviso that it should be ensured that the College was accredited and recognised internationally.

- **Table 2 Proposed requirements for educational qualification and experience for locally-trained Specialists Grade),**
- **Table 3 Proposed requirements for educational qualification and experience for foreign-trained Specialists),**

- **3.1a (on requirements of educational qualification and experience for locally (Ghana) trained specialists),**
- **3.1b(on requirements of educational qualification and experience for foreign-trained specialists),**
- **3.1c Requirements of educational qualification and experience for foreign trained doctors who served as specialists but did not attain senior specialist prior moving to Ghana) and**
- **Table 4 Requirements of educational qualification and experience for foreign trained doctors who served as specialists but did not attain senior specialist prior to moving to Ghana.**

Regarding the criteria for the appointment of foreign trained doctors as Specialists, the Committee proposed maintaining the same criteria for the appointment of doctors trained in the GCPS except to stress that evidence of logbook and course outline be added as essential educational requirements as illustrated in Table 2 below. This, in the Committee's view was to enable the Medical and Dental Council satisfy itself with the curricular of the qualification(s).

### **3.2 Requirements for Senior Specialist Grade**

The Committee proposed that medical doctors with MB.Ch.B., BDS / M.B.B.S or its equivalent plus a relevant postgraduate qualification to the level of Fellowship of the Ghana College of Physicians and Surgeons, and proof of registration of the qualification with the Medical and Dental Council shall be the essential educational qualifications. In terms of experience, Members suggested retaining the proposed desirable experience indicators captured under the Specialist grade as essential, except to add that a doctor requiring appointment/promotion to the level of a Senior Specialist must pass an assessment interview whilst the showing proof of involvement in national health policy development be moved to desirable experience.

**Table 2: Requirements for educational qualification and experience for Senior Specialist grade**

<b>Criteria</b>	<b>Essential</b>	<b>Desirable</b>
<b>Educational Qualifications</b>	<ul style="list-style-type: none"> <li>• MB ChB (M.B.B.S.) or equivalent plus a relevant postgraduate qualification to the level of Fellowship from the Ghana College of Physicians and Surgeons <b>or its equivalent</b></li> <li>• Registration of additional qualification as Specialist with the Medical and Dental Council</li> </ul>	
<b>Experience</b>	<ul style="list-style-type: none"> <li>• Experience of working in a multi-disciplinary team environment</li> <li>• Supervisory/team leader experience</li> <li>• Experience of managing and organizing own workload and that of the Department</li> <li>• Experience in planning and implementation of service developments.</li> <li>• <b>Training of other health professionals</b></li> <li>• Working experience in a wide range of areas in health services.</li> <li>• <b>All specialists must pass an assessment interview to be appointed as senior specialist</b></li> </ul>	<p>Research experience.</p> <p>Relevant publications in peer review journals.</p> <p><b>Involvement in national health policy development</b></p>

**Table 2 which was Table 5 in the earlier document was maintained with some additions as bolded in the text.**

However, the case of doctors trained outside the country, they are to in addition to showing proof of registration of the postgraduate exit qualification of Fellowship with the Medical and Dental Council, s/he shall be required to show evidence of logbook and course outline, as well as pass an assessment interview to be eligible for appointment as a Senior Specialist. Senior Specialists who had served as such outside the country were to satisfy an additional requirement of consistent satisfactory performance evident in the last three years' appraisal reports.

On the issue of line of progression, the Committee proposed the review of the already existing provision that made room for specialists without fellowship qualification but with long service to progress to the grade of senior specialists without fellowship qualification. The Committee intimated that this practice was not in line with international best practice and standards for which reason such cadre(s) should terminate at the Grade of Specialist. Consequently, it was recommended that

- i. There should be only one line of progression from specialist to the senior specialist grade; and that
- ii. The only line of progression would be for specialists with fellowship qualification. Those in this line of progression shall satisfy all the aforementioned conditions indicated earlier and shall be appointed based on provision of evidence of registration of fellowship qualification with the Medical and Dental Council and having passed an assessment interview.
- iii. The provision hitherto, where promoting Specialists or doctors without Fellowship but with at least 7-year working experience as specialist level to the grade of Senior Specialist must be abolished.

### **3.3 Requirements for Consultant Grade**

The Committee looked at the existing person specification for the appointment of Consultants as indicated in Table 4.

**Table 3: Requirements for educational qualification and experience for Consultant grade**

<b>Criteria</b>	<b>Essential</b>	<b>Desirable</b>
<b><i>Educational Qualification</i></b>	MB. Ch.B or M.B.B.S or equivalent plus: <ul style="list-style-type: none"> <li>● A relevant postgraduate qualification to the level of a <u>Fellowship (i.e. Fellowship by exam)</u> from a medical professional discipline or its equivalent.</li> </ul>	
<b><i>Minimum Requirement</i></b>	<ul style="list-style-type: none"> <li>● Leadership and management training</li> <li>● Continuing Professional Training in the field of relevant specialty</li> </ul>	<ul style="list-style-type: none"> <li>● 5 Publications in Peer Review Journals</li> </ul>
<b><i>Experience</i></b>	<ul style="list-style-type: none"> <li>● A minimum of 5 years satisfactory service at the level of a Senior Specialist and must have passed promotion interview with the employing facility</li> <li>● Demonstrated leadership in team building and strategic direction</li> </ul>	

	<ul style="list-style-type: none"> <li>● Experience in managing and organizing own workload and that of the Department/Facility</li> <li>● Wide range of experience in all aspects of hospital services</li> <li>● Involvement in national health and hospital operational policy development</li> <li>● Experience in planning and implementation of service developments</li> <li>● Membership in relevant professional bodies and multi-disciplinary scientific and clinical meetings</li> <li>● <b>Commitment to the development of a cohesive medical team</b></li> <li>● <b>Commitment to the provision of safe, quality health care</b></li> </ul>	Recommended to be moved to JDs
<b>Knowledge</b>	<ul style="list-style-type: none"> <li>● A broad knowledge base and experience of GHS policies and operating procedures.</li> <li>● Understanding of range of tasks and skills necessary for the effective management of the Service</li> <li>● Understanding of the role and contribution the service in the wider clinical environment</li> <li>● Understanding of the principle of quality assurance, audit, accreditation relevant to the practice of the discipline</li> <li>● Understanding of basic aspects of financial management as they apply to the discipline</li> <li>● Understanding of the principles of risk management and the ability to assess risks associated with procedures</li> <li>● Knowledge of Patient Charter</li> <li>● Working knowledge in computer application</li> </ul>	
<b>Skills and Abilities</b>	<ul style="list-style-type: none"> <li>● Ability to communicate effectively with colleagues within the discipline and with users of the service</li> <li>● Ability to apply evidence based medicine, evaluate outcomes and key performance indicators and continually improve service delivery</li> <li>● Ability to offer expert clinical opinion on range of problems both emergency and elective within specialty</li> <li>● Ability to take full and independent responsibility for clinical care of patients</li> <li>● Ability to exercise a professional duty of care by understanding and respecting the needs of patients</li> <li>● Ability to maintain confidentiality and to understand the need for informed consent where appropriate</li> <li>● Ability to motivate and lead a team of staff within the discipline with sensitivity and direction</li> <li>● Ability to define the limits of practice of appropriate staffing working in the discipline.</li> <li>● Ability to educate and train relevant staff in the theory and practice of the discipline.</li> <li>● Organizational and leadership skills</li> <li>● Ability to advise on efficient and smooth running of specialist service</li> <li>● Ability to lead a group discussion, chair a meeting effectively</li> <li>● Ability to present findings in both written and spoken</li> </ul>	

	<p>media through reports, scientific papers, posters, lectures etc.</p> <ul style="list-style-type: none"> <li>• Ability to train colleagues in defined areas</li> <li>• Ability to manage health and safety issues related to the discipline</li> <li>• Ability to manage to personnel issues, including training, records keeping and code of conduct and disciplinary procedures</li> </ul>	
<b>Personal Attributes</b>	<ul style="list-style-type: none"> <li>• Adaptable, imaginative, innovative, enthusiastic and a sense of humour</li> <li>• Caring attitude to patients</li> <li>• Self Discipline</li> <li>• Commitment to continuing medical education</li> <li>• Willingness to undertake additional professional responsibilities at district levels</li> </ul>	
<b>Other requirement</b>	<p>Work to deadline Results Oriented</p>	

After thorough review of the person specification, the following amendments were proposed:

1. That under *Educational Qualification*, the clause “Fellowship by Examination” qualifying the type of qualification and “or an equivalent academic qualification (PhD) be expunged to now read as “MB ChB or M.B.B.S. or its equivalent plus a relevant postgraduate qualification to the level of Fellowship from a medical professional discipline or its equivalent”. It was the opinion of the Committee that all types of Fellowship, whether by examination, election and/or foundation, went through rigorous assessment processes before award. The Committee thus deemed the fellowship by examination provision as discriminatory and unfair.

- I. Still under Educational Qualification, that the essential provision of “5 publications in peer-reviewed journals” be made a desirable qualification and not an essential one.
- II. That the alternative provision of considering Specialists who have practised for 10 years on the grade eligible for promotion to the Consultant grade, as captured under the first bullet of the 'Experience' criteria be annulled. In its stead, it was recommended that the bullet be revised to “minimum of 5 years satisfactory service at the level of a Senior Specialist and must have passed promotion interview with the employing facility”.

Again, the last-but-two bullet was rephrased from “active participation in relevant professional bodies and multi-disciplinary scientific and clinical meetings” to “membership in relevant professional bodies and multi-disciplinary scientific and clinical meetings”. The last two bullets detailing “commitment to the development of a cohesive medical team and the provision of safe, quality health care” were recommended to be moved to the job description of the Consultant grade.

- III. Meanwhile under ‘Skills and Abilities’, it was proposed that “ability to educate and train relevant staff in the theory and practice of the discipline” as well as “ability to train colleagues in defined areas” be added to the Senior Specialist grade.

#### **4. REVIEW OF CONSULTANT JOB DESCRIPTION (JD)**

Unlike in the previous dispensation where separate Job Descriptions were developed for the two specialty areas of the medical practice i.e. clinical and public health, it was recommended that the Consultant job description be made a generic one.

#### **5. ESTABLISHMENT LEVELS**

The Committee appreciated the existing establishment levels in view of the recently adopted staffing norms by the Ministry of Health and its agencies as well as other operational policy shifts

such as efficiency in service delivery which had the preference of general specialists (i.e. Family Physicians). The committee however, recommended the need for the individual core specialties (General Surgery, Child Health, Obstetrics and Gynaecology and Internal Medicine) to be added to the staff of District Hospitals. It was therefore posited that instead of staffing district hospitals with only family medicine specialists, there was the need to do so in addition to the four core disciplines of Surgery, Internal Medicine, Obstetrics & Gynecology, and Child Health.

Additionally, the number of core specialists to be placed in the District Hospitals should largely be determined by the respective workloads. Again, dispensation for the placement of Public Health Physicians at the District Hospital and District Health Directorate levels respectively was proposed.

The existing establishment levels were eventually amended as follows:

SPECIALTY	SUB-SPECIALTY	SPECIALIST			SNR. SPECIALIST			CONSULTANT		
		DH	RH	HQTS	DH	RH	HQTS	DHD	RHD	HQTS
<b>SURGERY</b>	General Surgery	1	2	0		2			1	0
	Pediatric Surgery		0	0		1			1	0
	Plastic Surgery		0	0						
	Urology		0	0		1			1	0
	Traumatology & Orthopedics		0	0		2			1	0
	Ophthalmology		2	0		1			1	0
	Neurosurgery		1	0		1			1	0
	<b>SUB TOTAL</b>		<b>1</b>	<b>5</b>	<b>0</b>		<b>8</b>			<b>6</b>
<b>OBSTETRICS &amp; GYNAE</b>	Obstetrics & Gynae	1	2			2			1	
	<b>SUB TOTAL</b>	<b>1</b>	<b>2</b>		<b>0</b>	<b>2</b>		<b>0</b>	<b>1</b>	
<b>CHILD HEALTH</b>	Pediatrics	1	3			2			1	
	<b>SUB TOTAL</b>	<b>1</b>	<b>3</b>			<b>2</b>			<b>1</b>	
<b>MEDICINE</b>	Internal Medicine	1	2			2			1	
	Cardiology		1			1			1	
	Oncology		1			1			1	
	Endocrinology		1			1			1	
	Neurology		1			1			1	
	Nephrology		1			1			1	
	Gastroenterology		1			1			1	
	Intensive care and Emergency Medicine	1	4			2			1	
	Dermatology		1			1			1	
	Hematology		0			1			-	
	Geriatrics		0			1			1	
	<b>SUB TOTAL</b>		<b>2</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>10</b>
<b>LAB BASED MEDICINE*</b>	Pathology (Chemical, forensic, histopathology)		1			1			1	

	Radiology/Imaging		2			2			1	
	Hematology		1			1			1	
	<b>SUB TOTAL</b>	<b>0</b>	<b>4</b>			<b>4</b>			<b>3</b>	<b>0</b>
<b>ANAESTHESIA</b>	Anesthesia & Intensive Care		4			3			1	
	<b>SUB TOTAL</b>	<b>0</b>	<b>4</b>			<b>3</b>			<b>1</b>	
<b>ORAL HEALTH</b>	Oral/Maxillofacial Surgery		1			1			1	
	Dentist	1	1			1			1	
	<b>SUB TOTAL</b>	<b>1</b>	<b>2</b>	<b>0</b>		<b>2</b>			<b>2</b>	<b>0</b>
<b>PUBLIC HEALTH</b>	Public Health	2	1		1	2		0	1	0
	<b>SUB TOTAL</b>	<b>2</b>	<b>1</b>		<b>1</b>	<b>2</b>	<b>7</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>PSYCHIATRY*</b>		1	2			1			1	0
	<b>SUB TOTAL</b>	<b>1</b>	<b>2</b>			<b>1</b>			<b>1</b>	<b>0</b>
<b>EAR, NOSE &amp; THROAT</b>	ENT	1	1			1			1	
	<b>SUB TOTAL (ENT)</b>	<b>1</b>	<b>1</b>			<b>1</b>			<b>1</b>	
<b>FAMILY MEDICINE</b>	Family Health	1	0	0	1	0	0	0	1	
	<b>SUB TOTAL</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
	<b>GRAND TOTAL</b>	<b>11</b>	<b>37</b>	<b>0</b>	<b>2</b>	<b>38</b>	<b>7</b>	<b>0</b>	<b>28</b>	<b>0</b>

**DH:** District/Municipal/Metro Health Directorate includes the District Hospital (Clinicians are for the hospitals).

**RH:** Regional Health Directorate includes the Regional Hospital (Clinicians are for the hospitals).

**HQTS:** Headquarters comprise PH Physicians who are Directors, Deputy Directors, Programme Managers and Officers

In addition one (01) clinician be placed in each Regional Health Directorate who can be the substantive Deputy Director, Clinical Care (DDCC) or acting as such if there is no substantive DDCC which brings a total of ten clinicians in the ten Regions.

## 6. PROCESS FOR APPOINTMENT INTO SPECIALIST, SENIOR SPECIALIST AND CONSULTANT GRADES

The Committee generally agreed that appointment into Senior Specialist and Consultant grades should be done in line with the revised GHS Policy and Guidelines on Appointments (GHS-HRD, 2016).

Section 9.1.1 of the revised policy outlines the initiating and appointing authorities in the Service. This section provides that appointments in the Service shall be effected for and on behalf of President/Head of State of the Republic of Ghana by the respective authorities as outlined in revised GHS Policy and Guidelines on Appointments (GHS-HRD, 2016).

Relevant section of the Policy and Guidelines on Appointments defines specialist and senior specialist grades as Category 'B' grade while consultant grade is defined as Category 'A2' grade'. This implies that for specialist and senior specialist grades, the Director HRD is the initiating authority while the GHS Council is the appointing authority and for the consultant grade the Director-General is the initiating authority while the GHS Council is the appointing authority.

Section A (page 10) of the operational guidelines also stipulates inter alia that:

- Appointments shall be based on needs identified by the initiating authority and approved by the appointing authority;
- The initiating authority shall inform the appointing authority of vacancies that are likely to occur in its department/units during the ensuing year;

- The suitability of prospective employees will be determined by a combination of two or more of the assessment methods before a candidate is offered an appointment (NB: the assessment methods include written examination, practical examination and interview);
- An appointment is said to have been properly made if the appointee was assessed by a suitably constituted panel and the appointment approved by the appointing authority; and
- Staff who obtain additional qualification while in the Service shall be eligible for up-grading provided the qualification is a relevant requirement for a higher post in the Service.

The guideline for appointment by upgrading, which is one of the six types of appointments in the Service is in Section B (page 11) of the **Revised Policy. This section stipulates inter alia that:**

- Employees who obtain additional relevant qualification after an approved course of study, which is a requirement for appointment onto a higher grade, may apply to the Appointing Authority through the relevant communication channels.
- In forwarding such applications, the Initiating Authority shall ensure that copies of relevant certificates and other required documents have been attached.
- In the case of employees in the junior and middle level categories, the Initiating Authority shall constitute an assessment panel to assess the suitability of applicants for the higher post beyond the mere acquisition of higher qualification. A copy of the assessment report endorsed by all panel members shall be added to the other documents to be submitted to the Appointing Authority.
- Where qualification requires the completion of clinical rotation/internship and certification by a regulatory body, the Initiating Authority shall ensure that the conditions have been satisfied before forwarding the application to the appointing Authority.
- The Initiating Authority shall inform the applicant of action taken on the request through the Initiating Authority.

Based on the above provisions in the GHS Policy and Guidelines on Appointments, the Committee made the following recommendations for appointment or upgrading to specialist/senior specialist and consultant grade:

- i. **Appointment into specialist grade:**
  - a. Doctors who have been examined and certified after a postgraduate programme in Ghana (GCPS, WACP, WACS) and registered their additional qualification with the Medical and Dental Council would not need an assessment interview for appointment as specialist as contained in section B (page 11) of the revised GHS Policy and Guidelines on Appointments.
  - b. However, per provisions in sections B4 of the Policy and Guidelines on Appointments, the Director HRD should submit through the Human Resource Committee to the Council for vetting and approval of the compiled list of the candidates for upgrading as specialist including the justification for their distribution.
  - c. The process for the appointment of specialist trained outside Ghana should follow the existing practice. That is, a suitably constituted panel should assess them and their assessment reports forwarded through the Human Resource Committee to the Council for vetting and approval.
- ii. **Appointment into senior specialist and consultant grades:**
  - a. For appointment into senior specialist and consultant grades (whether trained in or outside Ghana), candidates should be assessed by a suitably constituted panel and the assessment reports forwarded through the Human Resource Committee to the Council for vetting and approval.
  - b. The appointment into these two grades should be tied to availability of vacancy based on an establishment level and should not be an automatic upgrading or promotion

## **7. CONCLUSION**

The Chair thanked members for their meaningful contributions and subsequently prayed that Council approved the report for its implementation.

## **8. MEMBERS OF THE COMMITTEE**

### Members Present

Ms. Haggar Hilda Ampadu - Chairperson

Dr. Anthony Nsiah-Asare - Member

Col. (Dr.) Gordon Alexis Obiri Appiah - Member

Alhaji Yar Ishaq Alhassan - Member

Dr. Emmanuel Tenkorang - Member

Dr. Sefah S. Bediakoh - Member

Dr. Margaret Chebere - Member

Mr. Francis Victor Ekey - Secretary

### **Apology**

Mrs. Ramana Omaboe

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Haggar Hilda Ampadu  
(Chairperson)

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Francis Victor Ekey  
(Secretary)