RWANDA MEDICAL COUNCIL

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RWANDA MEDICAL CAREER PATH

The back ground & introduction:

The main goal of the Ministry of Health is to provide and continually improve the health services of the Rwandan population through the provision of preventive, curative and rehabilitative health care thereby contributing to the reduction of poverty and enhancing the general well-being of the population.

In a bid to achieve its mission, the Ministry of Health has put forward seven major objectives that are to be achieved by the year 2015:

- Human Resources Development
- Availability of drugs, vaccines & consumables
- Geographical accessibility of health services
- Financial accessibility of health services
- Quality of and demand for health services in the control of diseases
- Strengthening national referral hospitals, treatment & research centers
- Institutional capacity building.

It is upon these strategic objectives that the Ministry of Health with its strategic partners in government, have decided to restructure,re organise and classify it's medical work force. The Ministry of Health requested the Rwanda Medical Council, Rwanda Medical Association, Faculty of Medicine of the National University of Rwanda and other professional Specialty societies to give a proposal on how the Medical Doctors can be classified and graded based on internationally acceptable norms and standards.
It is upon that request by the Ministries of Health and Labour, that a national Task Force was put in place representing the Rwanda Medical Council, Rwanda Medical Association, Faculty of Medicine of the NUR, and all registered Professional specialty Societies.
A series of meetings took place and a validation meeting involving all medical Doctors took place on 1st September, 2012 at La Parisse Nyandungu.
The meetings were chaired by the Chairman of the Rwanda Medical Council and Facilitated by Dr Anita Asiimwe, who represented the Hon. Minister of Health. Dr David Nzanira, an Independent Consultant from HQS was present in the first Meeting but was always given the minutes of the meetings that took place in his absence.
The following recommendations were made:

- The Nomenclature and grading of our Medical Doctors will be based on qualifications, research and publications and professional experience as is the case elsewhere.

The classification agreed upon is:

- Medical officers: meaning a medical Doctor that has a general medical degree
- Medical Officer with additional qualification: May mean somebody that has an additional medical training less than the prescribed duration of specialty training(less than Four years of post graduate training).
- Registrars: means a medical Doctor in specialty training from a recognizable University with an acceptable curriculum for post graduate Medical education.
- Consultant Medical Doctor: may mean a Medical Doctor that has followed a prescribed post graduate training from a recognizable university and has under gone appropriate examination(s) and passed it (them) and has a degree(s) that prove(s) it.

The following were agreed upon by all Medical Doctors on the categorization and what one requires to move from one category to another/promotional requirements:

Junior Medical officer

- MBCHB (General Medicine Degree) with internship completion certificate as required.

Medical officer

- MBCHB(General Medicine)
- 2 to 3 years with outstanding clinical practice.
- Involvement in quality improvement activities in the hospital such as clinical audits, membership to committees, policies& procedures.
- Additional Qualifications

Senior medical Officer

- 5 to 8 years of experience as a good medical officer
- The Duration shall be decreased to 1 year if the Doctor Pursues an additional clinical training according to the National Qualification Framework (with 120 Credits). In Case the Doctor has completed the MSc course in Paraclinical area ; the duration shall be decreased to 2 years once returned in Clinical Practice.
- Involvement quality improvement activities in the hospital, clinical audits, policies and procedure.
- Leadership
- Operational research

Chief Medical officer:

- Outstanding general medical practice
- Additional trainings
- 5 to 8 years as senior medical officer
- Operational Researches
- Training
- Leadership
- Very active in quality improvement projects in the hospital

Comment [T1]: Check ther relationship of the degree and practicice

Junior Registrar:

- Current registration with recognised University or registration with known post graduate training institution.

Senior Registrar

- Current registration with recognised post graduate training medical institution
- Must have been at least 2 years in the training
- Should have passed part I of the training Curriculum (Basic sciences in his/her specialty of training).

Junior Consultant:

- Mmed Degree or it's equivalent from recognizable university or post graduate medical training institution.

Junior Consultant to Consultant:

- Must have experience of 2-3years in the field: sine qua non/mandatory!
- May have evidence of advanced training defined as a sub specialty or equivalent (as judged by the RMC).Reference of sub specialization is two years!
- Must have portfolio of patients' outcomes: 50%.
  The reference is to those who have 2-3 years in a public hospital or any other Hospital with a recognised consultant.
- May be involved in Research & publication: could be: a peer reviewed 1 paper in the 24 months or leading in 2clinical audits or written 2case reports or 4 posters or made 2 presentations in international or national meetings:30%
- Must be involved in Teaching: 50%.
- Must be involved in CME/CPD & short courses: mandatory!
- Assessment Report from the supervisor/peers: mandatory.
- Professional ethics/Certificate of good standing: mandatory.
- Must have the ability to lead & manage teams:(Membership to committees, Professional Leadership):25%
- Pass mark: A+ (2YEARS) :> - 80%, <80 %(3YEARS), <70 %(No promotion). At least 40% of the pass mark should be obtained from the Patients' Portfolio.

Consultant to Senior Consultant:

- After being a consultant for 5-8years:mandatory
- Development of new services in the respective areas of specialization: 40%.
- Sub specialty training/equivalent as judged by the RMC, one gets automatic promotion to senior consultant after 5 years.
- Patients' Portfolio: 30 %(complex cases as defined by the respective societies).

- Professional Leadership and management: 30%.
- Supervision/teaching of both under & post graduate students and his/her junior colleagues: 60%.
- Research & publication: At least 3 peer reviewed papers as 1st authors: Any other kind of publication may be considered: 40%.
- Leadership and management.
- PHD :(Research & publication). With Relevance to the specialty (basic sciences or public health related issues, answering pertinent questions in clinical practice).It's not mandatory, but may fast track one's promotion.
- Professional ethics/certificate of good standing: mandatory.
- Pass mark: A+ (5YEARS) :>= 80%, <80 %(8YEARS), <70 %(No promotion). At least 40% of the pass mark should be obtained from the patients' portfolio.

Senior consultant to chief consultant:

- Leadership and management: 60%.
- Must have experience of 5-8 years as a senior consultant: mandatory.
- May have evidence of advanced training defined as a sub specialty or equivalent (as judged by the RMC).
- Must have portfolio/patients' outcomes: 20%.
- Research & publication: 5 peer reviewed publications in 5years as last authors: 50%.
- Must be involved in Teaching: 60%.
- Must be involved in CME/CPD: mandatory.
- Professional ethics/Certificate of Good standing: mandatory.
- Pass mark: A+ (5YEARS) :> = 80%, <80 %(8YEARS), <70 %(No promotion). At least 40% of the pass mark should be obtained from the patients' portfolio.

Issues regarding, Pre internship registration with the council, given the fact that they do clinical work especially in the district Hospitals. Members agreed that the Rwanda Medical Council look into the matter and address it within the frame work of the law. Other administrative responsibilities that go hand in hand with limited registration will be dealt with by the Ministry of Health and their respective Hospitals, there are posted in.
The non clinical Doctors grading and classification will be done as possible.
Handling of the current work force was discussed at length and members agreed that there be a broad based ad hock commission comprised of: RMC, RMA, MOH, PSC, MIFOTRA, professional societies, representatives of the referral Hospitals and district Hospitals. This local commission was preferred from possibility of hiring a credentialing

& privileging agency because, it will be: Faster, cost effective, and should be composed of inyangamugayo.There will be no complacence and negative solidarity. This commission's responsibility will be to place Doctors into respective categories according to the already set criteria.
The ad hock Multidisciplinary Commission will be presided over by the RMC at both National and provincial levels. A permanent commission may later be instituted by a ministerial/Prime ministerial order, if deemed necessary.
National and provincial commissions will handle the credentialing and privileging responsibilities. In case of any grievances, individuals will have rights to appeal and the appeals responsibilities shall be handled by the national commission.
The commission will require some support documents and the following will be among the requirements:

- Proof of MMED/General Medicine degree qualification.
- Request for grading, in writing.
- Proof of publications.
- Proof of Involvement in education and training
- Clinical Port folio/patient outcomes; members are required to prepare what they did and what they are doing now.
- The professional societies must prepare a template log book/portfolio on which to capture the data that will be used as a proof of what its members are doing/have done.

Conclusion & recommendation:

-The meeting achieved its set objectives and recommended for away forward.

Way forward:

- Urgent placement of Doctors in different categories based on the set criteria.
- Constitute both National & provincial commissions to start placing the Doctors in their respective grades.
- Request members to forward their files requesting for credentialing, privileging and promotion/categorization.
- Urgent preparation of the template for patients'portifolio and this will be done by the professional Societies as soon as possible.

Chairman of the meeting:

Professor Emile Rwamasirabo

Secretary Of the meeting:

Dr Emmanuel Rudakemwa