

## **Caribbean Association of Medical Councils (CAMC) begins accreditation of Hospitals for Internship**

The Caucus of Ministers of Health of Caricom at their meeting in September 2010 charged the CAMC with the responsibility of accrediting hospitals for internship periods in Caricom member states. This mandate would help the desire of the Ministers to achieve the mechanism to promote regional registration of physicians so as enhance the public's access to quality health care services.

Hospitals for internship presently exist in Jamaica, Trinidad and Tobago, Barbados, Guyana and the Bahamas and these gained their accreditation in the past by visits from Committees with representation from the Faculties of Medical Sciences of the University of the West Indies, University of Guyana and the Ministries of Health. This has limited the process over the years and resulted in hospitals in some Caricom member states which now meet the criteria for the internship period not being recognized.

The Executive under the leadership of Dr Trevor McCartney, Chairman at the time selected members of an Accreditation Committee and armed with requirements (**Enclosure 1**) for meeting the criteria visited Antigua and Barbuda and St. Lucia **at the invitation of the respective Medical Councils**. Hospitals visited were Mount Saint John Medical Center in Antigua and Victoria Hospital in St. Lucia.

**Mount Saint John Medical Centre, Antigua & Barbuda was accredited as set out below:**

Twelve (12) Internship Places, three (3) in each specialty of:

- General Surgery
- General Medicine
- Obstetrics & Gynaecology
- Child Health/Paediatrics

**Victoria Hospital, St. Lucia accredited for:**

Four (4) Internship Places, one (1) each specialty of:

- General Surgery
- General Medicine
- Obstetrics & Gynaecology
- Child Health/Paediatrics

It should be noted that:

- i) The internship period will be twelve (12) weeks in each specialty
- ii) Graduate doctors can be provisionally registered for the 1 year period by local Medical Council.
- iii) An internship assessment form (**Enclosure 2**) must be completed to ensure accurate monitoring of the internship period.
- iv) An intern's assessment of each rotation (**Enclosure 3**) must be completed for ensuring quality exposure for the period.
- v) Interns should ensure that the Consultant/Head of the Firm completes a certificate of the Period spent, this may be satisfactory or unsatisfactory, **unsatisfactory rotations must be repeated.(Enclosure 4)**
- vi) At the end of the four (4) satisfactory rotations, interns will be eligible for full registration by the Medical Council of the Country subject to any additional local Council requirements.

- vii) Doctors must have graduated from a medical programme acceptable to the local Medical Council for acceptance into the internship programme.
  
- viii) Member Councils of CAMC will be requested to accept these internship periods in hospitals accredited by CAMC.

(Enclosure 1)

**CARIBBEAN ASSOCIATION OF MEDICAL COUNCILS (CAMC)**  
**GUIDELINES FOR ACCREDITATION OF HEALTH CARE FACILITIES**  
**Provisional Registration (Internship)**

**Introduction**

**Hospital**

The Hospital must provide a good all-round service suitably supervised experience in the major disciplines.

The pre-registration year is intended to be an extension in a hospital of the training of a new graduate, under supervision.

Facilities for undertaking laboratory investigations, especially pathological and microbiological, as well as for common but important radiological evaluations, are essential and must be available for 24 hours, seven days per week.

Far from being a period set aside for the development of scientific knowledge and clinical experience, the graduate develops the skills of the profession and understanding of the social problems of his community and the ability to communicate with colleagues, etc. The intern learns to be a good doctor from his seniors, and their conduct and example are invaluable.

## **Staff**

The consultant staffs provide a good supervision and ensure that only the highest standards of practice are maintained. A sufficient complement of junior staff posts should be in place to maintain a minimum ratio of one consultant to two residents and one intern for the care of 10 to 12 patients.

### **CONSULTANT RESPONSIBILITY TO THE PROVISIONALLY REGISTERED OFFICER**

- (i) To assign duties and supervise training.

At all times the provisionally registered officer must be able to tap expert opinion available to him. He should never be expected to take responsibility which he is not legally qualified to carry. Naturally a junior may be expected from time to time in an emergency to undertake duties in addition to the normal ones, but this should be regarded as temporary expediency and does not dispense with the need for supervision in the areas concerned.

- (ii) To establish and maintain high ethical standards to practice
- (iii) To conduct regular ward rounds each week, and to ensure that they do not assume only a service, but a teaching function.
- (iv) To certify as satisfactory the period of assignment only when this has been achieved. It is to be expected that an unsatisfactory performance will be cautioned.
- (v) To arrange educational programmes, e.g. clinico-pathological and death conferences, seminars, journal clubs etc.

- (vi) The Consultant must inform the Interns, in writing, the areas of non-compliance early in the rotation stating clearly the area of concern with an opportunity for the Intern to improve before the end of the rotation.
- (vii) The Interns Assessment Form is to be completed at the end of these rotations.

The Committee suggests that all provisional registration appointments should be held in posts affording general experience in the specialties. The duration of the pre-registration period (internship) as per faculty regulations is 12 months. The Hospitals and the number of posts should be subjected to accreditation in each instance by the CAMC Accreditation Committee. Approval of suitable posts should also be kept under constant review by the Accreditation Committee.

All posts should be regularly supervised, and the holders of the posts should also receive regular supervision of an educational nature, as indicated in (i) – (v) above.

The Committee suggests the following criteria for the approval of provisional registration posts:

- (a) Posts should be in general hospitals with adequate laboratories for clinical investigation, radiological departments, and a working library.
- (b) Each provisional registration post should be the responsibility of a Consultant who should have not less than two Consultant sessions per week in the Hospital and should be directly responsible for the training of the holders of provisionally registered posts.
- (c) Provisionally registered doctors who are interns should be assigned a number of patients which allows them adequate time for self-learning and leisure. The number should normally not exceed 15 beds, some of which should be for acute cases. An average of 10 - 12 beds should be seen as the expected standard.

- (d) The educational nature of the posts should be fully understood and accepted by all concerned, and the intern should be allowed time for wider educational purposes, apart from extra-curricular activities.
- (e) The Intern should be on emergency (24 hours) call no more frequently than one in three (1-3) with a maximum of 10 nights per month.
- (f) The Intern should be allowed one half day off per week when not on emergency call.

## **GUIDELINES OF RESPONSIBILITIES – PROVISIONAL REGISTRATION PROGRAMME**

The policy is that the provisional registration period should be regarded as a time of continued medical training with increased responsibilities under supervision.

### **Accreditation Committee Responsibility**

- (i) Approval of Hospitals and Departments in the area  
This approval is based on such factors as the level of supervision, which will be provided by supervisors, the teaching programme and facilities of the hospital as a good service institution.
- (ii) The accrediting authority should carry out periodic reviews at least every three years of all Hospitals and institutions in which interns are trained.

### **Government Responsibility**

- (i) Provision of adequate posts with suitable remuneration for younger graduate of professional status.

- (ii) Provision of suitable accommodation conveniently situated in relation to the work carried out by the graduate. The standard of the accommodation provided is an important factor in recruitment of junior medical staff, also bearing in mind the fact that these officers are usually older than graduates of other Universities Faculties, and often married.
- (iii) Provision of Hospital facilities as previously outlined.

### **Junior Doctor's Responsibility**

**("his" = "his"/"her")**

**("she" = "he/she")**

- (i) His duties are assigned to him by his supervisor (Consultant). He may well wish to discuss these with his Chief but until they are altered they must be carried out.
- (ii) Patient Care  
One cannot stress enough the responsibility of a doctor for the patients coming under his care. At times this may involve working when he should be free. The working hours of a doctor can never be clearly delineated as for an office worker. Refusal to attend to a patient in time of need (even when off duty) is irresponsible. If the administrative machinery has fallen down this may be discussed later (after the patient has received proper attention).
- (iii) The Teaching Programme  
(as arranged within the department or between departments) is a mandatory part of training.
- (iii) He is expected to conduct himself in a manner appropriate to a young professional. This cannot easily be defined, as it involves matters of ethics, human relations, behaviour, social attributes, etc. He must always remember that his a member of a health team which consists of senior



doctors, nursing staff, administrative staff, technical staff, porters, maids, etc. to each of whom he must accord the proper respect he would expect in return. Equally important is the kindness and respect the patient has a right to expect. When conflicts arise the intern should seek the aid of the Consultant.

(Enclosure 2)

**ASSESSMENT OF INTERNSHIP FOTATION**

NAME OF INTERN:.....

PERIOD UNDER REVIEW:.....

HOSPITAL:.....

SPECIALTY:.....

NAME OF CONSULTANT:.....

**QUALITY OF JOB PERFORMANCE**

- 5 Consistently accurate based on sound medical principles
- 4 Usually efficient
- 3 Consistently produces high quality of work
- 2 Occasionally produces high quality of work
- 1 Work requires constant checking. (Requires supervision)

### **QUALITY OF WORK**

- 5 Consistently exceeds what is expected.
- 4 Above average output.
- 3 Average of what is expected.
- 2 Below average output.  
(just enough to complete assigned tasks)
- 1 Lack initiative / Not focused / Does not have a grasp of expectations / Not capable

### **ORGANIZATION OF WORK**

- 5 Consistently performs efficiently under stress and is able to establish priorities
- 4 Usually performs efficiently under stress and is able to establish priorities
- 3 Meets minimum standards under stress, requires help.
- 2 Not able to set priorities and meet objectives.
- 1 Avoids dealing with problems, does not adjust to work pressures.

## RELATIONSHIPS

- 5 Outstanding ability to get the maximum out of other members of team and of available resources.
- 4 Obtains good results from personnel.
- 3 Is in control of ward problems and has no serious conflicts with other team members.
- 2 Unable to motivate personnel and control work.
- 1 Has serious conflicts with one or more team member.  
Disrupts team functions.
- 3 Understands and interprets to others the importance of standard policies and procedures.
- 2 Conforms to hospital and department policies in carrying out responsibilities.
- 1 Views policies and procedures as restrictive and binding.

## ATTITUDES

- 5 Consistently arrives on or before time expected and promptly proceeds with responsibilities
- 4 Usually arrives on duty promptly.
- 3 Usually arrives on duty promptly but awaits instructions to commence work.
- 2 Arrives late up to 30% of the time.
- 1 Persistently arrives late.
  
- 3 Accepts constructive criticism and shows marked improvement.
- 2 Seems to accept constructive criticism but does not improve.
- 1 Resents constructive criticism.

**RESPONSIBILITY**

- 5 a) Assumes full responsibility of position.
- 4 b) Actively seeks out added responsibility.
- 3 c) Accepts but does not seeks to take on additional and assignments.
- 2 d) Requires constant supervision.
- 1 e) Fails to accepts responsibilities assigned.

**PERSONAL APPEARANCE**

- 4 Exceptional in all aspects.
- 3 Appropriate dress; adequate hygiene
- 2 Inappropriate in some respects.
- 1 Inappropriate in dress, deportment.

SCORE (40) MAXIMUM

STRENGTHS:.....  
.....

WEAKNESSES:.....  
.....

GENERAL COMMENTS:

.....  
.....  
.....

SUPERVISOR'S COMMENTS / RECOMMENDATIONS:

.....  
.....  
.....  
.....

.....  
Interns's Signature

.....  
Date

.....  
Supervisor's Signature

.....  
Date

.....  
SMO's Signature

.....  
Date

**ENCLOSURE 3**

**EVALUATION BY INTERNS OF THEIR ROTATIONS**

PLEASE COMPLETE IN DUPLICATE FOR EACH ROTATION PERIOD

PERIOD: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_

HEAD OF FIRM: \_\_\_\_\_ SPECIALTY: \_\_\_\_\_

NAMES OF REGISTRARS: \_\_\_\_\_

CRITERIA	QUANTITY	QUALITY			
		POOR	FAIR	GOOD	EXCELLENT
Number of teaching ward/sessions per week by the Consultant					
Number of rounds/sessions with Registrar/week					
Approximate hours of teaching/week					
Number of teaching clinics/per week (where applicable)					
Other teaching sessions per week (CPU, Death Conference, Journal Club, etc.)					



Did the Registrar come when called?	<input type="checkbox"/> Yes <input type="checkbox"/> No	COMMENTS
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CRITERIA	QUANTITY	COMMENTS
How long does the consultant spend on the wards?		
How often were you on duty per week?		
Approximate time off per week.		

Was an orientation conducted prior to starting your internship period? Yes  No

Would you be happy to work in this service in the future? Yes  No

Would you recommend this service as suitable for internship training? Yes  No

On the whole, would you say that the teaching and learning experience during this period has been  
 Poor  Satisfactory   
 Good  Excellent

RECOMMENDATIONS/COMMENTS

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 -----  
 -----

DATE: \_\_\_\_\_

**(Enclosure 4)**

**PRE-REGISTRATION CERTIFICATE**

This certificate must be brought to the Chairman/Registrar of the Medical Council at the end of the Pre-Registration Appointment.

It is hereby certified that.....

Graduate of.....

Has been employed as shown in pre-registration post (s) in the under mentioned approved hospital for the period specified and that his/her service while so employed has been approved as **satisfactory/unsatisfactory**\* by the consultant (s) responsible for his/her supervision and postgraduate education.

HOSPITAL.....

Description of Post (s).....from.....to.....

.....from.....to.....

.....from.....to.....

.....from.....to.....

NOTE: The signatures below should be that of an Officer of a Board of Management, Hospital Management Committee or other employing Body authorized to act on his/her behalf and of the Consultants responsible for his/her supervision.

Signature.....

Official.....

.....Consultant.....

.....Consultant.....

.....Consultant.....

.....Consultant.....

\* Please underline the appropriate (satisfactory/unsatisfactory)

\* Please submit a confidential report to the Official of the employing authority if unsatisfactory