

NUHS RESIDENCY PROGRAM

CONTENTS

TABLE OF CONTENTS	i-ii
SECTION I: INTRODUCTION	1
A. Purpose of Graduate Medical Education	1
B. Sponsoring Institution	1
C. Compliance with ACGME-I Requirements, Policies and Procedures	1
SECTION II: INSTITUTIONAL RESPONSIBILITIES	2
A. Statement of Commitment to Graduate Medical Education	2
B. Administration of Graduate Medical Education	3
1. National University of Singapore School of Medicine	3
2. National University Hospital	3
3. Designated Institutional Official	3
4. Graduate Medical Education Office	4
5. Graduate Medical Education Committee	5
6. Resident Welfare Committee	5
C. Institutional Agreements and Participating Institutions	6
D. Accreditation for Patient Care	6
E. Quality Assurance	6
SECTION III: INSTITUTIONAL RESPONSIBILITIES FOR RESIDENTS	7
A. Resident Eligibility and Selection of Residents	7
B. Resident Agreement of Appointment	8
C. Resident Re-appointment and Promotion	8
D. Disaster Preparedness Policy and Procedures	9
E. Supervision Policy	14
F. Closures and Reductions	15
G. Transfer of Residents	15
H. Vendor Interaction	15
SECTION IV: FINANCIAL SUPPORT AND BENEFITS	19
A. Remuneration	19
B. Insurance Coverage	20
C. Medical Benefits	20
D. Leave Benefits	20
E. Effect of Leave of Absence on Completion of Residency	22
F. Provision for Returning Pre-Selected Residents	22
G. Other Benefits	22
SECTION V: RESIDENT RESPONSIBILITIES AND CONDITIONS OF APPOINTMENT	23
A. Resident Responsibilities	23
B. Hospital Orientation for New Residents	23
C. On-call Activities	25
D. Moonlighting	25
E. Physician Impairment and Substance Abuse	26
F. Role of Chief Resident	27
G. Resident Involvement in GMED	27

NUHS RESIDENCY PROGRAM

CONTENTS

SECTION VI: ANCILLARY AND SUPPORT SERVICES	28
A. Food Services	28
B. Counseling, Medical and Psychological Services	28
C. Workstations & Pantry	29
D. Call Rooms	29
E. Parking	29
F. Security and Safety	29
G. Resident with Disabilities	29
H. Patient Support Services	29
I. Laboratory/Pathology/Radiology Services	30
J. Medical Records	30
SECTION VII: EDUCATIONAL PROGRAM	31
A. Program Director Responsibility	31
B. Core Faculty Responsibility	32
C. ACGME-I Competencies	33
SECTION VIII: RESIDENT WORK ENVIRONMENT	34
A. Duty Hours	34
B. Oversight and Monitoring of Duty Hours	35
C. Evaluation	35
D. Harassment	36
SECTION IX: GRIEVANCE PROCEDURES	37
A. Personal Grievance Procedure	37
B. Educational/Clinical Performance Disciplinary Action and Grievance Procedures	38
1. Disciplinary Action Procedure for Educational and Clinical Performance	38
2. Resident Grievance Procedure for Disciplinary Action in Educational and Clinical Performance	38
C. Dismissal of Resident	39
SECTION X: HR MATTERS ..	40
A. Rubber-stamps	40
B. Email	40
C. Mobile Phones	40
D. Medical Malpractice Insurance	40
E. Dress Code	40
F. Conditions of Separation	41
Annex A: MOH RESIDENCY TRAINING - 2011	42
Annex A-1: MOH OFFER OF RESIDENCY POSITION – 2011	44
Annex A-2: NUHS TERMS & CONDITIONS	47
Annex B: GUIDELINES FOR RESIDENT TRANSFERS / SWITCHES	52
Annex C: DECLARATON FORM FOR GIFTS RECEIVED	56
Annex D: MOHH LETTER OF EMPLOYMENT - PERQUISITES	57
Annex E: MOHH PERSONAL TRAINING FUND	61
Annex F: NUHS DRESS CODE FOR DOCTORS	66

Section I: INTRODUCTION

A. Purpose of Graduate Medical Education (GME)

Graduate Medical Education prepares physicians for practice in a medical specialty. GME focuses on the development of professional skills and clinical competencies as well as on the acquisition of detailed factual knowledge in a specialty. The GME process is intended to prepare the physician for the independent practice of medicine and to assist in the development of a commitment to the lifelong learning process that is critical for maintaining professional growth and competency.

The purpose of GME is to provide an organized educational program with guidance and supervision of the resident, facilitating the resident's ethical, professional and personal development while ensuring safe and appropriate care for patients. Fundamental to the GME process is the tenet that residents/fellows must be supervised in such a manner that allows them to assume progressively increasing responsibility and autonomy commensurate with their individual levels of education, ability, and expertise.

All residency programs maintain departmental policies specific to their requirements. Where applicable, please refer to your departmental policy for further guidance.

B. Sponsoring Institution

Graduate medical education programs (residency and subspecialty programs) must operate under the authority and control of one sponsoring institution. The sponsoring institution must be appropriately organized for the conduct of graduate medical education in a scholarly environment and must be committed to excellence in both medical education and patient care.

C. Compliance with ACGME-I Requirements, Policies and Procedures

The National University Health System (NUHS), as a sponsoring institution, must be in substantial compliance with the Accreditation Council for Graduate Medical Education International (ACGME-I) Institutional Requirements and must ensure that its ACGME-I-accredited programs are in substantial compliance with the Institutional Requirements, Common Program Requirements, and specialty-specific Program Requirements. A sponsoring institution's failure to comply substantially with the Institutional Requirements and maintain accreditation will jeopardize the accreditation of all of its sponsored ACGME-I-accredited programs.

SECTION II: INSTITUTIONAL RESPONSIBILITIES

A. Statement of Commitment to Graduate Medical Education



Statement of Commitment to Graduate Medical Education- NUHS Residency Program

The National University Health System (NUHS)'s mission is **Advancing Health by Integrating Excellent Clinical Care, Research and Education.**

As part of our mission, we are fully committed to providing Graduate Medical Education of the highest quality through the NUHS Residency Program. The Vision and Mission of the Program are as follows:-

Our Vision

Educating future medical leaders who are patient-centred, in an environment where relevant research and education drive best clinical practice.

Our Mission

Providing holistic medical training to develop evidence-based and compassionate clinicians, in a vibrant academic environment and a culture of continual improvement.

Through close supervision and evaluation, our residents will take on progressive graded responsibility consistent with their demonstrated clinical experience, knowledge and skill. This will ensure that we continue to provide **best care for our patient that is safe and appropriate.**

The leadership also supports an organized administrative system and **provides appropriate level of resources** necessary for the NUHS Residency Program to achieve its Vision and Mission. This includes but is not limited to support in the provision of faculty time, administrative manpower, conducive education environment, information technology and other resources where required.

The leadership of NUHS, teaching faculty and staff fully support this Statement of Commitment.

A/Prof Benjamin Ong
Chief Executive
National University Health System

Mr Joe Sim
Chief Executive Officer
National University Hospital

A/Prof Aymeric Lim
Chairman, Medical Board
National University Hospital

A/Prof Shirley Ooi
Designated Institutional Official
Chair, Graduate Medical Education
Committee
National University Hospital

Dated 1 January 2010

B. Administration of Graduate Medical Education (GME)

Established in January 2008, the National University Health System (NUHS), a joint venture between National University of Singapore (NUS) and the Ministry of Health Holdings (MOHH), groups the National University Hospital (NUH) and the National University of Singapore's Yong Loo Lin School of Medicine and Faculty of Dentistry under a common governance structure to create synergies to advance its tripartite mission of excellence in clinical care, translational clinical research and education. Its mission is Advancing Health by Integrating Excellent Clinical Care, Research and Education

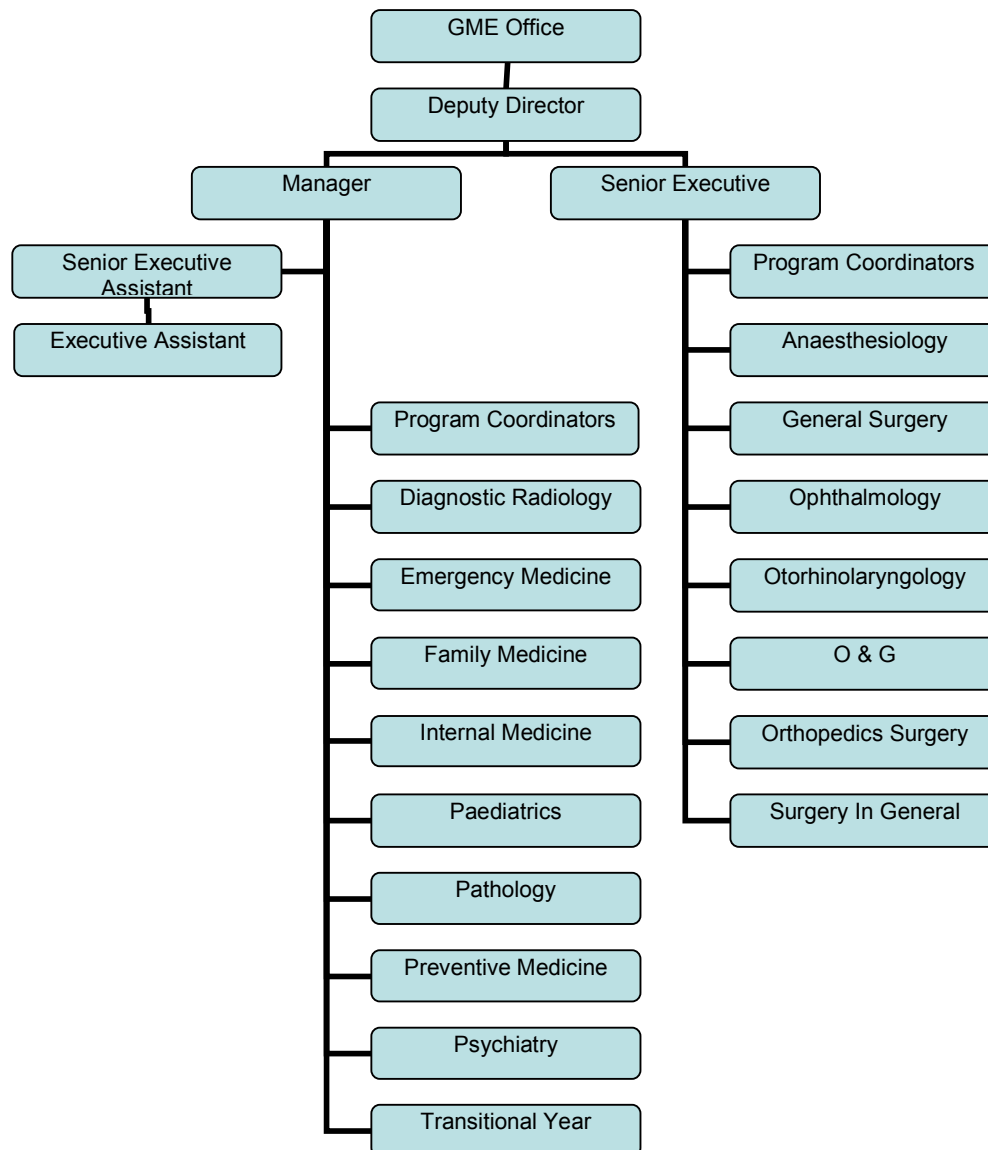
The institution's system for administration of GME provides the necessary resources to allow for effective oversight of all ACGME-I programs. The primary institutional components of this administrative structure are the National University of Singapore School of Medicine and the National University Hospital and include a Designated Institutional Official, Graduate Medical Education Office and Graduate Medical Education Committee (GMEC). This administrative system ensures institutional officials, administrators, program directors, faculty and residents are provided with the necessary institutional support, ancillary services, and access to adequate communication technologies and technological support. Residents are provided with administrative support and a mechanism for voice in affairs affecting the residents and graduate medical education programs.

1. **National University of Singapore School of Medicine:** The Yong Loo Lin School of Medicine (YLL SoM), set up in 1905, is an integral part of the National University Health System (NUHS), and offers one of the finest undergraduate medical programmes in the Asia Pacific region. It trains about 250 undergraduate medical students in each graduating class.
2. **National University Hospital:** The National University Hospital (NUH), set up in June 1985, is a 997-bed Academic Medical Centre that provides advanced, leading-edge medical care. Equipped with state-of-the-art facilities as well as dedicated and well-trained staff, NUH is a major referral centre that delivers tertiary care for a wide range of medical specialties including Cardiology, Gastroenterology & Hepatology, Obstetrics & Gynaecology, Oncology, Ophthalmology, Paediatrics and Orthopaedic Surgery.
3. **Designated Institutional Official:** The Chairman, Medical Board (CMB) of NUH appoints the Designated Institutional Official (DIO), who has the authority and responsibility for the oversight and administration of the NUHS residency programs. The responsibilities of the DIO include, but are not limited to:
 - a) Establish and implement policies and procedures (decisions of GMEC) regarding the quality of education and the work environment for the residents in all programs
 - b) Ensure quality of all training programs
 - c) Implement institutional requirements
 - d) Oversee institutional agreements
 - e) Ensure consistent resident contracts
 - f) Develop, implement, and oversee an internal review process
 - g) Establish and implement procedures to ensure that he/she, or a designee in his/her absence, reviews and co-signs all program information forms and any

documents or correspondence submitted to ACGME-I and Ministry of Health (MOH) by Program Directors (PDs)

- h) Present an annual report (includes GMEC's activities during the past year with attention to, at a minimum, resident supervision, resident responsibilities, resident evaluation, compliance with duty-hour standards, and resident participation in patient safety and quality of care education) to key leadership in NUHS and major participating sites

- 4. Graduate Medical Education Office:** The GME Office is an administrative support unit for the Sponsoring Institution, residency programs, residents affiliated institutions in the administration and oversight of all activities related to graduate medical education. It is headed by the DIO and supported by a Senior Administrator. The Deputy Director oversees the administrators that serve functions in operations and coordination, as well as planning and development of the residency programs. The program coordinators individually support the respective program directors, whilst sharing a common role in graduate medical education events as directed by the GME Office.



- 5. Graduate Medical Education Committee:** The GMEC is chaired by the DIO, under the direction of the Vice Chairman, Medical Board (VCMB) for Education. The DIO and VCMB together, sit on the NUH Medical Board. The membership of GMEC includes the program directors (PDs), faculty members, medical school representatives, peer-selected residents as well as hospital administrators. There are 7 standing sub-committees within the GMEC, namely curriculum sub-committee, evaluation sub-committee, faculty development sub-committee, resident welfare sub-committee, internal review sub-committee, human resources sub-committee and resident research sub-committee. Each sub-committee has its roles and responsibilities in ensuring the residency programs fulfill their training requirements. All sub-committees report to the GMEC, which will hear their findings, discuss the issues, and is the ultimate decision maker on any issues requiring a vote or approval. The GMEC meets as a whole on a monthly basis to discuss and convene on any issues pertaining to residency training.
- 6. Resident Welfare Committee:** Peer-selected residents will form the resident welfare sub-committee, which is part of the GMEC. This sub-committee will be chaired by a “Resident Mentor” who is a senior resident appointed by the GMEC. This committee provides a forum for resident discussion and input into all matters pertaining to GMEC activities. It also works to ensure effective communication among residents and provide a forum for addressing concerns in a confidential manner.

C. Institutional Agreements and Participating Institutions

NUHS retains responsibility for the quality of GME, including when resident education occurs in other institutions. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives, and should provide resources not otherwise available to the program. All participating institutions must demonstrate the ability to promote the program's goals and objectives and peer activities.

NUHS will ensure that each of its programs has established program letters of agreement with its participating sites in compliance with the ACGME-I Foundational Program Requirements.

D. Accreditation for Patient Care

NUHS and/or participating sites must be organizations accredited by The Joint Commission International; accredited by another entity with reasonably equivalent standards as determined by the ACGME International Review Committee (ACGME-I RC); or recognized by another entity with reasonably equivalent standards as determined by the ACGME-I RC.

When NUHS or its participating site is not accredited or recognized, NUHS will provide an explanation satisfactory to the ACGME-I RC on why neither has been sought or granted.

When NUHS or its participating site loses its accreditation or recognition, NUHS will notify the ACGME-I RC and provide a plan of response within 30 days of such loss. Based on the particular circumstances, the ACGME-I RC may request the ACGME-I to invoke its "egregious or catastrophic" policy.

E. Quality Assurance (QA)

NUHS conducts extensive quality assurance, process improvement and clinical effectiveness programs. This includes Lean Rapid Improvement Events (RIE) that aims to reduce "waste" in the system as well as Patient Safety briefings. Responsibility for the education and inclusion of residents in the QA activities specific to the department and/or clinical service is delegated to the program director.

Section III: INSTITUTIONAL RESPONSIBILITIES FOR RESIDENTS

A. Resident Eligibility and Selection of Residents

Residents in accredited programs at NUHS are firstly selected based on qualifications that meet or exceed the standards as stipulated by Ministry of Health Holdings (MOHH) Pte Ltd.

Residents must also qualify for licensure or exemption for licensure under the Singapore Medical Council (SMC) requirements. Graduates from medical colleges outside of Singapore will need to refer to a list of accredited schools, which is acceptable by Singapore:

http://www.physician.mohh.com.sg/registrable_basic_medical_degrees.html

MOHH administers the National Resident Matching Program (NRMP) which serves as an independent party to match candidates' and sponsoring institutions' preferences.

NUHS participates in the NRMP as a Sponsoring Institution. All participating programs and specialties can be found on the NRMP website at <http://www.physician.mohh.com.sg/residency>. Applicants are to submit their interview portfolio together with the application. Composition of the Interview Portfolio are:

1. Personal Particulars (Photograph, contact info, etc)
2. Academic Records (Copies of all available grades)
3. Listing of Awards (if any) (Examples: Academy of Medicine Medals, CSFC Book Prize, Robert Lin Memorial Medal, Jane Prize in Paediatrics, etc)
4. 1 page personal statement
5. In addition to the above, House Officers / Medical Officers are to also include a listing of all completed postings along with the relevant supervisors' reports.

After submission of the portfolio, candidates go through a national interview panel conducted by MOHH. Our Program Directors and/or Core Faculty are part of the panel of interviewers. The national panel determines the number of eligible applicants for each program based on the national criteria and needs..

Thereafter, for NUHS, we conduct our NUHS Open House cum Tea Sessions wherein residents who have opted for NUHS are invited for a one-to-one session with our Program Directors and Faculty Staff. Thereafter, programs will select from among the pool of eligible applicants, evaluating each applicant on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and qualities that meet the NUHS TRICE values, i.e. Teamwork, Respect, Integrity, Compassion and Excellence. Programs will not discriminate with regard to sex, race, age, religion, color, national origin, disability, or any other applicable legally protected status.

After the Open House cum Tea session, both the NUHS Program Directors and the students will rank the programs at the NRMP system administered by MOHH.

The algorithm was designed to be impartial to both hospitals/healthcare institutions and the candidates. The candidate will be appointed based on his preference within the quota boundary of the sponsoring institution during the matching exercise. Both the

sponsoring institution as well as resident will rank their preferences. A match is then made through the NRMP.

Calls for candidates to apply for Residency Program will be announced on MOHH website (<http://www.physician.mohh.com.sg/residency/index.html>) and all sponsoring institutions' sites.

Candidates are encouraged to apply early to the programs that interest them and travel for interviews if invited. New graduates who are unsuccessful with their applications with Residency will have to apply for their preferred postings in Transitional Year.

All Sponsoring Institutions in Singapore must use the MOHH NRMP system for matching.

B. Resident Agreement of Appointment

Being a Sponsoring Institution, NUHS will ensure that its residents are provided with a written or electronic agreement of appointment/contract outlining the terms and conditions of their appointment upon entry into the program. This agreement is jointly issued by NUHS and MOH. A generic template of these terms and conditions can be found in **ANNEX A-1 (OFFER OF RESIDENCY POSITION) & ANNEX A-2 (NUHS RESIDENCY TERMS & CONDITIONS)**.

NUHS will monitor the implementation of terms and conditions of appointment by program directors and assure that these conditions of appointment are responsive to the health and well-being of residents.

NUHS will also ensure that program directors and site directors inform their residents of and adhere to established practices, policies, and procedures in all institutions to which residents are assigned.

Appointment as a resident is as per the period stated in your respective "Offer of Residency Position – 2011", as issued by MOH.

A resident's appointment may be terminated on the recommendation of the Program Director, the Head of the Department or appropriate Hospital Administrator. In such event, the resident must be given at least 3 month's written notice. Please refer to below "C. Resident Re-appointment and Promotion" for more details.

C. Resident Re-appointment and Promotion

Re-appointment for resident position for subsequent years is neither automatic nor guaranteed.

Re-appointment is based upon meeting the NUHS and ACGME-I graduate medical education standards and clinical competencies required to advance to the next level of training. Re-appointment will be recommended by the Program Director and approved by the DIO.

Notification of re-appointment will be provided annually to residents who are expected to successfully complete the preceding year of residency and who meet the qualifications and are being recommended for continuation to the next year. Residents will be asked to acknowledge their acceptance of the re-appointment. Successful completion of the current year is a prerequisite prior to the commencement of the next year. Failure to complete all requirements by the end of the academic year will void the re-appointment offer.

The decision whether to promote a resident is the responsibility of the Program Director with the advice of the faculty of the program. Each program will develop written criteria for promotion based on the specialty and subspecialty requirements of the ACGME-I.

The method of evaluation shall consist of direct observation of the resident as well as by indirect observation through rotation, evaluations, and correspondence between programs and written examination (National Board, In-training Exams). It is expected that residents will participate in all aspects of the curriculum, as well as in the periodic evaluation of educational experiences with teachers. It is further expected that residents will complete all administrative responsibilities of a resident.

If an evaluation indicates unsatisfactory performance, the resident will be provided with a remedial plan for correcting any deficiencies. At the end of the remedial period, should the remediation be unsatisfactory, this may be cause for probation or termination from the residency program. For Post-Graduate Year One residents, remediation will be referred to HOTC for their necessary actions.

If a resident will not be promoted to the next level of training or if a resident's agreement will not be renewed, a written notice of intent will be provided no later than 3 months prior to the end of the resident's current agreement, if possible. However, if the primary reason(s) for the nonrenewal or non-promotion occur(s) within the 3 months prior to the end of the agreement, the program will provide resident with as much written notice of the intent not to renew or not to promote as the circumstances will reasonably allow, prior to the end of the agreement.

Residents are allowed to implement the institution grievance procedure if they have received a written notice of intent not to renew their contract as outlined in the Grievance Procedures herewith.

D. Disaster Preparedness Policy and Procedures

Purpose

To provide guidelines for administrative continuity and maintenance of the teaching mission of the NUHS Graduate Medical Education (GME) programs in the event of a disaster or significant interruption in patient care. This will include reconstituting and restructuring GME educational experiences as quickly as possible after a disaster.

Also to provide course of action for communication with and assignment/allocation of resident/fellow manpower in the event of a disaster and/or determining need for transfer or closure in the event of being unable to reconstitute normal program activity.

Definitions

A disaster is defined as an event or set of events causing significant alteration to the residency educational experience at one or more residency programs.

This policy and procedure document acknowledges that there are multiple strata or types of disaster: ranging from acute disaster with little or no warning (e.g., bombing), to those with some lead-time and warning (e.g., infectious strain of flu). This document will address disaster and disruption in the broadest terms.

Policy**1) NUHS GMEC's Responsibilities**

The NUHS GMEC is responsible for maintaining the currency of this document by yearly review, for making this document available to all stakeholders at the onset of disaster, and for assuring that all graduate medical education programs and directors are aware of and comply with this policy.

The NUHS GMEC is also responsible for the annual review, provision and monitoring of the program-specific contingency plans. An example is shown in Annex 1 and 2 below.

2) NUHS Affiliated Institution's Responsibilities

All NUHS affiliated institutions' sponsored graduate medical education Directors are responsible for implementing this policy and to communication with residents and clinical fellows regarding temporary and/or permanent transfers.

3) DIO /ADIO Responsibilities

The Designated Institutional Official (DIO) / Associate DIO (ADIO) is responsible for working with disaster affected program group(s) to reconstitute or reconfigure the educational experience for residents and clinical fellows. Wherever possible, DIO/ADIO or their designate should be a member of the institution's Disaster's Ops Group.

The DIO/ADIO presents the educational needs and safety concerns of the residents and fellows under his charge. It is the responsibility of the DIO/ADIO to inform, discuss with, and seek approval from MOH/ACGME-I of the residents' and fellows' involvement with disaster response, restructuring, reconfiguration and/or re-constitution of the curriculum, including temporary or permanent resident transfer. In the case of the latter, it is the responsibility of the DIO/ADIO to obtain, to the best of his ability, placement of the affected resident or fellow, in another program.

4) Program Director (PD/APD) Responsibilities

Each PD/APD will conduct internal manpower management with head of department (HOD), including designation of medical staff to response teams, consistent with the prevailing policy and procedure for disaster response of the hospital and the department. Wherever possible, the PD/APD should be a member of the department's Disaster Ops Group.

The program director and associate program director present the education need of the residents and fellows, while the HOD is responsible for the disaster response plan.

It is the responsibility of the PD/APD to inform his DIO and Associate DIO (ADIO) of substantial deviation from curriculum plan and potential non-compliance to program

requirement, and his recommendation in the re-structuring, re-constitution or reconfiguration of the curriculum.

It is the responsibility of the PD/APD to keep his residents and fellows informed of the development of the disaster, the overall disaster response plan, the changes in the educational schedule, and possible temporary or permanent resident transfer.

5) Overview of Other Stakeholders

All medical staff (faculty, residents, and fellows) are ultimately responsible to the Medical Board of their institution under the leadership of the respective Chairperson, Medical Board (CMB), through the respective HOD.

As determined to be necessary by the CMB, medical staff reassignment or redistribution to other areas of need will be made, superseding departmental team plans for manpower management.

Procedures

1. **Safety:** Immediately after a disaster or interruption in patient care occurs, each GME program affected by the disaster or interruption, under the direction of its Program Director, Head of Department and appropriate Institute leadership (Chairman of the Medical Board), and in collaboration with the DIO, will undertake all reasonable measures to ascertain the whereabouts of its trainees and ensure their safety. If trainees are in immediate danger, the Program Director, in consultation with the DIO/ GMEC, will coordinate all reasonable measures available to the relevant institutions to remove trainees from harm and return them to safety.

2. **Communication:** As soon as possible after the disaster or interruption in patient care occurs, the DIO will notify MOH/ACGME-I of the nature and details of the disaster or the interruption. The DIO will monitor this information and maintain ongoing communications with the MOH/ACGME-I.

The DIO will also be the primary institutional contact with the MOH Institutional Review Committee (IRC) Executive Director (ED) and the regarding disaster plan implementation and communication regarding specific graduate medical education needs within NUHS.

3. **Check-list for Each Program Group:** At the announcement of the disaster, each PD/APD, together with his program group, will take responsibility for reviewing contingency plans and procedures to address continuation of program leadership, evacuation planning, relocation, program recovery, maintenance of communication and working with affiliates in the event of a disaster or interruption in patient care.

4. **Reconfigure:** Following declaration of a disaster or an interruption in patient care, the GMEC DIO, Head of Department, Program Director and Chairman of Medical Board or designee will work to restructure, reconfigure or reconstitute the educational experience for trainees enrolled in the graduate medical education programs affected by the disaster or interruption, as quickly as possible.

5. **Submission:** After a declaration of disaster is issued the DIO or his/her designee will contact the MOH/ACGME-I to:

- submit proposed program reconfigurations for review by the ACGME
- inform each resident/clinical fellow of a transfer decision

The due dates for submission shall be no later than 30 days after the disaster unless other due dates are approved by MOH/ACGME-I.

6. **Monitor:** The DIO / ADIO will monitor progress of both healthcare delivery and functional status of GME programs for their educational mission during and following a disaster. They (or their designees) will work with the MOH/ACGME-I to determine the appropriate timing and action of the options for disaster impacted institution and/or programs—1) maintain functionality and integrity of program(s), 2) temporary resident transfer until program(s) reinstated, or 3) permanent resident transfer, as necessitated by program or institution closure. Information and decision communications will be maintained with Program Directors and residents and fellows, as appropriate to circumstances of the individual disaster event.

7. **Transfer:**

a) If the DIO determines that the Institutions' sponsored graduate medical education program(s) affected by the disaster or interruption in patient care cannot be restructured or reconstituted to provide an adequate educational experience for resident or clinical fellows, or if the program cannot be restructured or reconstituted within an appropriate time frame to allow residents or fellows to complete their training program requirements within the standard time required for certification within their specialty, then the DIO working in collaboration with the PD/APD, HOD, CMB, through GMEC, will

- Arrange temporary transfers to other programs/institutions until such time as the residency/fellowship program can provide an adequate educational experience for each of its residents/fellow
- Cooperate in and facilitate permanent transfers to other programs/institutions. Programs/institutions will make the keep/transfer decision expeditiously so as to maximize the likelihood that each resident will timely complete the resident year.

b) DIO, through its executive office of the GMEC, informs each transferred resident of the minimum duration of his/her temporary transfer, and continue to keep each resident informed of the minimum duration. If and when a program decides that a temporary transfer will continue to and/or through the end of a residency year, it must so inform each such transferred resident.

c) During the period of time that NUHS trainees spend in **temporary transfer** at the host program, NUHS will continue to provide salary, travel, and benefits to the trainee, consistent with applicable law.

8. **Data Protection:** The GMEC will, to the extent permitted by available resources and program personnel, protect the academic and training files of residents or clinical fellows from loss or destruction by disaster.

9. **Maintaining the Recall Roster:** It is the responsibility of the GMEC Executive Office to update and maintain contact information (Recall Roster) for all residents and fellows, and to provide this information to the CMB or his designated authority, for the purpose of manpower recall. The Recall Roster information will contain, at a minimum, the address, handphone number, and home numbers, and all available email addresses,

and emergency contact individual(s) and their contact information. This information will be updated at least annually before July 31, and as appropriate to maintain optimal accuracy and completeness. The programs will maintain this information with internal backup and maintenance as determined appropriate. As backup, this information will be shared with the medical Human Resource Department (or its equivalent), and saved in the resident information folder lodged with the Human Resource Dept.

10. **Finance:** During and/or immediately after a disaster, residents will be allowed and encouraged to continue their roles where/as possible, and to participate in disaster recovery efforts. Residents will continue to receive their salary and fringe benefits during any (disaster) event recovery period, and/or accumulate salary and benefits until such time as utility restoration allows for fund transfer.

Annex 1

CONTINGENCY FRAMEWORK FOR INTERNAL MEDICINE RESIDENCY PROGRAM IN CRISIS

TIME	RESIDENTS	INSTITUTION
First 3 months	1. 3rd year residents going for summative assessment. 2. 3rd year residents who have not fulfilled core posting requirements.	AH2/JGH/TTSH for GM and GRM TTSH for the other Subspecialties.
Second 3 months	1. Remaining 3rd year residents 2. 2nd year residents who have completed < 4 core postings.	AH2/JGH/TTSH for GM and GRM TTSH for the other Subspecialties
Third 3 months	Remaining 2nd year residents	AH2/JGH/TTSH for GM and GRM TTSH for the other Subspecialties
Fourth 3 months	1st year resident	AH2/JGH/TTSH for GM and GRM TTSH for the other subspecialties

Annex 2
CONTINGENCY FRAMEWORK FOR
PATHOLOGY RESIDENCY PROGRAM IN CRISIS

TIME	RESIDENTS	INSTITUTION
First 3 months	Residents who have not had rotations in these units will have priority.	Dept of Pathology, TTSH Laboratory Services, KKWCH Center for Forensic Medicine, Health Sciences Authority
Second 3 months and beyond	Temporary transfer to Pathology Residency Program, NUHS, subjected to confirmation by PD, Pathology, TTSH, and approval by DIO, NHG. Residents nearer their completion residency program will have priority	Dept of Pathology, TTSH

E. Supervision Policy

As an Academic Medical Centre and also a Sponsoring Institution for Residency Program in Singapore, residents are important role models for current medical students, potential residents and also junior residents. All residents are expected to actively participate in teaching and evaluation of attached medical students as well as other residents and trainees.

To facilitate the provision of appropriate level of care for patients and safety for residents/trainees in the clinical setting, medical students and less experienced residents will not be required to perform a first time procedure on patients who are Hepatitis C positive, HIV positive or have other known diagnoses that would put the medical student or resident at risk. Faculty and hospital staff should be informed that in clinical situation, considerations should first be safety, and educational benefits are secondary.

In the event that a medical student and/or less experienced resident/trainee has done a procedure only once or twice and is uncomfortable performing the procedure on a patient \who is sero-positive, that discomfort should be respected.

In a similar manner, medical students and residents/trainees should be advised to follow all patient safety & radiation safety guidelines. Should there be any questions regarding health and safety, the medical student or resident is to be referred to the NUH Staff Clinic.

F. Closures and Reductions

NUHS, working with the Heads of Departments, Program Directors and participating institutions, will make appropriate efforts to avoid the reduction in size or closure of any ACGME-I accredited programs. In the event a decision is made that a training program must decrease its size or be closed, the appropriate Head of Department and Program Director will inform the DIO, the GMEC, and residents as soon as appropriate. Plans to reduce the complement of residents in the program will be made, where reasonable, by first reducing the number of positions available to incoming residents. If the reduction needs to include residents currently in the training program at advanced training levels, the GME Office will make every effort to aid affected residents by attempting to help them identify training position opportunities in other ACGME-I accredited programs. Additionally, the Program Director will inform applicants to the program of the reduced number of positions that will be available in the upcoming year.

G. Transfer of Residents

Please refer to [ANNEX B](#) for MOH training circular “[GUIDELINES FOR RESIDENT TRANSFERS/ SWITCHES IN ENHANCED POSTGRADUATE MEDICAL EDUCATION \(RESIDENCY\) PROGRAMME](#)” and the [ADDENDUM](#) dated 16 March 2011.

H. Vendor Interactions

Objectives

To set out a policy to guide Resident on the proper discipline, manner and procedure to process, approve or reject offers of gifts, sponsorships and entertainment from external parties, to ensure that NUHS’s corporate integrity and image are not compromised.

Scope

Offers of gifts, sponsorships and entertainment can be from any external party, (such as vendors/suppliers or professional bodies) who engage or intend to engage in a commercial transaction with NUHS.

This policy is most pertinent to Residents who are perceived to be in a position to influence the hospital’s decision on selection/procurement of materials and assets (such as drugs, medical, surgical supplies, equipment, etc)

This policy does not cover the provision of entertainment hosted by NUHS Residents for external parties.

The guidelines laid down in this policy is intended to reinforce the over-arching principle that all Residents must maintain the highest standard of integrity and must always uphold transparency in their professional conduct and must not let their objectivity be compromised in any way by any form of personal vested interest or personal obligation to any external party. The examples/scenarios given in this policy are intended to illustrate the spirit of the principle and are by no means an exhaustive list.

Policy

All NUHS Residents must maintain the highest standard of integrity and must not let their professional judgment and decision-making in the course of work be compromised in any way by any form of personal vested interest or personal obligation to any external party. Personal vested interest and personal obligations may arise from the receipt of gifts, sponsorships or entertainment from external parties, hence Residents must exercise the highest degree of discretion in their conduct of such affairs.

Acceptance of gifts, sponsorships and entertainment should not be of substantial value such that they obligate NUHS in any way. As a “litmus test”, the public disclosure of receipts of such gifts, sponsorships and entertainment should not cause any embarrassment for NUHS.

Guidelines**1. Definition of Gifts**

Gifts can be a benefit in any tangible or intangible form, including, but not limited to:

- (a) physical goods;
- (b) benefits in kind such as discounts on purchases, special perks/services accorded etc;
- (c) extraordinary privileges or personal favours done for the Residents;
- (d) any other form of benefit in favour of the Residents.

2. Promotional Gifts/Souvenirs

Residents may accept promotional items of insignificant commercial value (such as diaries, desktop organizers, notepads, stickers, bookmarks, coffee mugs, PC mouse pads, etc) bearing the name/logo of a vendor/supplier. Such gifts need not be declared. Residents may retain such gifts for their own use.

3. Perishable Gifts

If a perishable gift is received, the Residents must declare to the Head of Department and HR Department, using the declaration form in the Annex. The Head of Department shall arrange for the perishable gift (eg. foodstuff – liquor is an exception, treated as non-perishable) to be shared amongst Staff/Residents in the department or displayed in the office area (eg. flowers).

4. Non-Perishable Gifts

If a non-perishable gift (including liquor) is received, the Residents must declare to the Head of Department, using the declaration form in the Annex. All cash gifts must be declared and surrendered. The Head of Department shall then forward the gift to HR Department for safekeeping and record. The gifts shall be used as prizes for hospital's functions (eg. Annual Dinner & Dance, Family Day etc).

5. Personalized Gifts

Personalized gifts are gifts that have been inscribed with the Resident's name. For such personalized gifts, the Residents may be given the option to retain the gift.

HR Department or Materials Management Department (or any other department as designated by the hospital) shall estimate the market value of the gift. If the Resident wishes to retain the gift, the Resident must pay as follows :

<u>Estimated Market Value of Gift</u>	<u>Payment needed from Residents</u>
S\$100 or below	No payment needed. Residents may retain gift.
Above S\$100	Residents to pay 25% of estimated market value.

Payment shall go to the hospital and recorded by Finance.

If the Resident does not wish to retain the gift, the gift shall be surrendered to HR Department and may be used by the hospital as prizes for the hospital's functions (if the gift can be suitably modified to remove the Resident's name).

Approving authorities to allow Residents to retain gifts are:

<u>Estimated Market Value of Gift</u>	<u>Approving Authority</u>
\$500 & below	HR Head
\$501 to \$1000	Director of Finance
\$1001 & above	CEO/CMB

The approving authorities may decide against allowing a Resident to retain a gift (although the Resident may be willing to pay 25% of estimated market value), if it is deemed in the interest of the hospital to retain the gift for its own use, or to return the gift to the external party (for instance, the value of the gift may be considered too high and may potentially be contentious to accept the gift).

As a general guide, such personalized gifts should not normally be of high market value. In extraordinary occasions where a personalized gift received by a Resident is of high market value above \$500, HR Department shall alert Finance Department accordingly. The Resident who has received the gift shall not be allowed to participate in any product review or tender committee or procurement activities involving any products/services from the vendor/supplier who offered the gift to the Resident.

6. Gifts which are "Intangible" Benefits

Residents may receive offers of "intangible" benefits from vendors/suppliers, such as discounts on purchases, special perks/services accorded, extraordinary privileges or personal favours done for the Residents, or any other form of benefit in favour of the Residents.

The receipt of such gifts/benefits from a vendor/supplier may put the Residents in a position of vested personal interest or may cause apparent/implied personal obligation to the vendor/supplier. Residents are therefore required to make a declaration of such gifts/benefits received to HR Department and Finance Department. The declaration form in the Annex should be used.

Where a vendor/supplier offers a special benefit to NUHS (eg. promotional discounts for the purchase of products/services from the vendor/supplier), such a benefit should not be reserved for only a specific Residents or a specific category of Residents (for example, Residents involved in procurement activities with the vendor/supplier). The benefit should be deemed as being offered to the hospital and be made transparent. The offer from the vendor/supplier should be publicized accordingly to allow all Residents to have an equal opportunity to take advantage of the benefit.

7. Prizes won by Residents

If a Resident attends a function/event organized by an external party (including vendors/suppliers) and if the Resident wins any prize (eg. lucky draw prize at a dinner & dance, prize for “hole-in-one” in a golf game, etc), the Resident shall declare the prize to the Head of Department, using the declaration form in the Annex.

Resident may retain such prizes for their own use. This is on the condition that the prize was won by the Resident on a “equal opportunity” or “fair probability” basis, that is, there was no bias in favour of the Resident, on the account of the Resident’s official status as an employee of NUHS. The prize won by the Resident should not impose any potential/apparent obligation on the Resident towards the external party which sponsored the prize or which organized the function/event.

8. Register of Gifts received and disposed of

All gifts accepted from external parties and the subsequent disposal of gifts shall be properly documented in a register maintained by HR Department and be subject to audit. All declaration forms of gifts received shall be kept by HR Department for record purposes.

9. Spirit and Scope of the Guidelines

The spirit of the above guidelines shall also apply to the spouse/family of the Resident. Resident must ensure that their spouses/families do not accept gifts offered by external parties where such action is intended to circumvent the above guidelines.

When a Resident is in any doubt of his position with respect to any dealings/transactions that he has with a vendor/supplier, he should declare the matter to HR Department and Finance Department, using the declaration form in the Annex. If in the opinion of HR Head and Director of Finance that the Resident’s dealings with the vendor/supplier poses a potential conflict of interest or has caused the Resident to have a vested personal interest or personal obligation to the vendor/supplier, then the Resident shall not be allowed to participate in any product review or tender committee or procurement activities involving any products/services from the particular vendor/supplier.

10. Sponsorships

From time to time, NUHS may receive offers from external parties for sponsorships (covering training fees, accommodation, per diem allowance, airfare etc) for NUHS Residents to attend any of the following:

- (a) local/overseas conferences and seminars as participants[#];
- (b) formal training courses in specific areas of specialization;
- (c) training related to acquisition of capital equipment and IT/medical systems;
- (d) overseas site visits to evaluate equipment/systems.

[#] where the Resident attends as a speaker (instead of as a participant), please refer to guidelines under the NUHS HR Policy : Chapter S (Rules & Regulations), Section S10 (Honorary).

Such offers of sponsorships should be directed to the hospital instead of to any particular NUHS Resident. The external party offering the sponsorship should not name any particular NUHS Resident as the beneficiary.

It is recognized that such conferences/training offer an invaluable opportunity for doctors to keep abreast with latest developments in medicine. The CEO/CMB of the hospital shall decide to accept/reject such sponsorships on the merits of each case. Acceptance of such offers must be selective and spread across a number of vendors/suppliers to avoid any perceived undue obligation on the part of NUHS to any particular vendor/supplier.

The CEO/CMB of the hospital shall decide on the selection of Resident to be the beneficiary of the sponsorship. In general, a Resident shall not receive more than 2 sponsorships in any same financial year from sponsors, unless approved by CEO/ CMB under special circumstances.

All sponsorship monies (where applicable) shall be credited directly to the hospital and not to the Resident who is the beneficiary of the sponsorship. The hospital may top up any shortfall between the value of the sponsorship provided by the external party and the quantum of benefit normally granted to a Resident undergoing a similar training program.

A Resident who becomes the beneficiary of a training sponsorship offered by an external party shall still be subject to the terms and conditions of the Training Policy of NUHS. Such terms and conditions may for instance, impose a training bond or minimum service period (MSP) on the Resident.

A Resident who has been a beneficiary of a sponsorship offered by a vendor/supplier shall not participate in any product review or tender committee for a period of one year subsequent to the date of his sponsorship, where it involves the evaluation of products/services from the particular vendor/supplier. This barring shall not apply to Resident who are involved in clinical trials and who are expected to present the results at various forums.

Please refer to [ANNEX C](#) for the “**DECLARATION FORM FOR GIFTS RECEIVED**”, which can be downloaded from NUHS Education Intranet.

Section IV: FINANCIAL SUPPORT AND BENEFITS

A. Remuneration

1. Pay Day

Residents will be paid their monthly salary on the 25th of the month or the preceding working day if the 25th falls on a non-working day. The salary will be credited into residents' bank accounts.

2. Annual Increment

Resident's salary package will be reviewed annually in July

3. Festive Advance

Residents are eligible for one festive advance a year payable on one of the following occasions :

- a) Chinese New Year – For Chinese
- b) Hari Raya Puasa – For Muslims
- c) Deepavali – For Hindus

4. Night Duty Allowance and Meal Subsidy Reimbursement

Residents who are on stay-in call will receive night duty allowance and meal subsidy reimbursement. Those who do not stay in will not be eligible for these. The rates are as follows :

Postgraduate Year (PGY)	Night Duty Allowance Rate	
	Weekday	Weekend / Public Holiday
PGY1	\$110	\$150
PGY2	\$210	\$300
PGY3	\$210	\$300

Meal Subsidy Reimbursement		
Weekday	Weekend / Public Holiday	Christmas Eve / New Year Eve / Chinese New Year Eve
\$9 / night	\$13.50 / night	\$13.50 / night

The night duty and meal allowance will be paid together with the monthly salary, on the month following the completion of duties. Both employer and employee CPF contributions are payable on the allowance, at the prevailing statutory rate as declared by the CPF board.

Claims will only be paid the following month if submitted within the first day of the following month. Claims will not be entertained if submitted after 2 months after performance of duties.

B. Insurance Coverage

All residents will be employed under the terms and conditions of MOH/MOHH. Please refer to [ANNEX D](#) from MOHH “[PERQUISITES – ATTACHMENT 1](#)”. As a practicing doctor, it is the resident’s personal responsibility to ensure that he/she holds a valid medical malpractice insurance cover throughout the entire period of his/her employment with MOH.

For further details, please refer to the MOHH contractual terms and conditions of appointment.

C. Medical Benefits

All residents will be employed under the terms and conditions of MOHH. Please refer to [ANNEX D](#) from MOHH “[PERQUISITES – ATTACHMENT 1](#)”. For further details, please refer to the MOHH contractual terms and conditions of appointment.

D. Leave Benefits

NUHS recognizes that residents may need to be away from work due to medical or certain personal reasons. Leaves of absence are defined as approved time away from residency duties, other than regularly scheduled days off as reflected in a rotation schedule.

All leaves will be scheduled with prior approval by the Program Director and designated official for leave approval in the dept where the resident is practicing at the time of leave application, with the exception of emergencies or unexpected illnesses. In unexpected/emergency situations, the resident should contact the Program Director or designated official for leave approval in the dept at the earliest possible time.

For rotations outside of the parent program, residents should seek approval for the leave from the host program and be supported by the parent program. The final authorization of the resident's leave should come from the Program Director of the host program and designated official for leave approval in the dept where the resident is practicing at the time of leave application as the resident's absence will have a direct impact on the available manpower of that department. In the event of an impasse, the DIO will be the final arbitrator.

The effect of leave taken, on the ability of the resident to satisfactorily complete the training program, is at the discretion of the Program Director.

Annual Leave is computed based on calendar year (ie January – December).

All residents will be employed under the terms and conditions of MOHH. Please refer to **ANNEX D** from MOHH "**PERQUISITES – ATTACHMENT 1**". For further details, please refer to the MOHH contractual terms and conditions of appointment.

* Note: Internal Medicine Residents in their Medicine rotation will be required to take block-leaves. Please refer to the Internal Medicine Program leave policy for details.

Training Leave

According to MOH's circular (Please refer to Annex A-1), PGY1s are not entitled to Training Leave. When such leave are required for the day of the exams, the Program Director may grant "Exam Leave", which is over and above the resident's allocated Annual Leave. Leave approval process will be as per "Leave Benefits" above. Please note that such "Exam Leave" is capped to a maximum of 5 working days per year. Any "Exam Leave" taken in excess of the 5 days will be submitted as Annual Leave.

For PGY2s and above, entitlement of 12 days of Training Leave per year is given. Any leave taken on the day of the exam will thus be deemed as part of this Training Leave entitlement.

The Parent Program Director is to establish and determine if the exam is a necessary requirement for the program. If deemed as required/essential, entitlement to "Exam Leave" or "Training Leave" will be accorded accordingly.

Training Leave is computed based on training period (ie May - April).

To reiterate, the effect of leave taken, on the ability of the resident to satisfactorily complete the training program, is at the discretion of the Program Director.

E. Effect of Leave of Absence on Completion of Residency

MOH sets the guidelines for absence from training for PGY1s and PGY2s and beyond.

Please refer to **ANNEX A-1** for the MOH training circular “**OFFER OF RESIDENCY POSITION - 2011**”.

Training duration may be extended due to long leave and absence from training beyond the allowed number of days, below par performance during the residency, failure in exams and where competency to progress to the next level is not evident.

F. Provision for Returning Pre-Selected Residents

This provision is specifically for doctors who are returning from National Service. These doctors who have obtained a residency position and return from National Service after 01 July and before 01 September are allowed to enter R1 in the same year.

For doctors who have obtained a residency position but return from National Service on or after 01 September will enter residency on 01 July of the following year.

G. Other Benefits

1. Recreation Club

NUHS has a Recreation Club managed by a committee and formed among volunteers to cater to the needs for a healthy and well-balanced lifestyle. It aims to:

- a) Promote, organize and coordinate sports, social and other recreational activities for staff and their family members;
- b) Promote mutually beneficial relationships and recreational interests of staff;
- c) Provide opportunities for staff to meet one another for social interaction

2. NUHS Medical Staff Lounge

To forge camaraderie among medical fraternity, NUHS has a conducive lounge for medical staff and residents. It is conveniently located at level 1, Main Building, behind Kopitiam. All residents are given access rights into the lounge with the staff ID that are issued by Medical Affairs (Human Resource) Department after the resident has joined.

3. Personal Training Fund (PTF)

All residents are employees of MOHH and eligible for an annual Personal Training Fund. The PTF is allocated from 1 May to 30 April of every year. Please refer to **ANNEX E** for entitlement and MOHH guidelines on utilization of the PTF. Note that Residents will be deemed as Trainees. Application form for PTF can be downloaded from NUHS Education Intranet.

4. Access to NUS E-journals

All residents will be issued with a NUHS email account, which will grant them access to NUS medical e-journals. To log in to the e-journals, please proceed to the url: <http://www.lib.nus.edu.sg/nus/nuh/nuheresources.html>.

Due to licensing agreement restrictions, the Libraries' subscribed e-resources are strictly accessible by NUS staff and students only. Please refer to the listing at the same url:

<http://www.lib.nus.edu.sg/nus/nuh/nuheresources.html>, for the journals where permission has been granted by the publishers to extend to NUHS residents.

SECTION V: RESIDENT RESPONSIBILITIES AND CONDITIONS OF APPOINTMENT

A. Resident Responsibilities

The position of resident entails provision of medical care which commensurate with the resident's level of training and competence and is under the general supervision of appropriately privileged attending teaching staff.

In addition to the duties and responsibilities as stated in the MOHH contract, residents of NUHS would be required to assume the following responsibilities (but are not limited to):

- 1) Participation in safe, effective and compassionate patient care.
- 2) Participation in the educational and scholarly activities of the training program and, as appropriate and required, assumption of responsibility for teaching and supervising other residents and medical students.
- 3) Participation in institutional committees and councils to which the resident is appointed or invited.
- 4) Adherence to the duty hour regulations and policies of NUHS and submit hours worked as mandated by NUHS and/or training program.
- 5) Participation as appropriate in training programs and medical staff activities of NUHS, or those of its participating training sites and adherence to respective established practices, procedures and policies of the institution.
- 6) Participation in the evaluation of the training program and its faculty.
- 7) Development of an understanding of ethical, socioeconomic, and medical/legal issues that affect graduate medical education and of how to apply cost containment measures in the provision of patient care.
- 8) Adherence to the highest standards of the medical profession and pledge to conduct him or herself accordingly in all interactions.
- 9) Demonstration of respect for all patients and members of the health care team without regard to gender, race, national origin, religion, economic status, disability or sexual orientation.
- 10) Promotion and upholding of the mission, vision and values of NUHS as stipulated in the statement of commitment to graduate medical education.

B. Hospital Orientation for New Residents

NUHS, as the sponsoring institution, conducts an institution-wide orientation for all new trainees. The orientation will be conducted in 4 parts. Attendance and participation for all residents is compulsory.

In Part 1, residents start with a Team Building exercise. Through activities, residents will be inculcated on the importance of the NUHS TRICE value – namely, Teamwork, Respect, Integrity, Compassion, and Excellence.

For Part 2, the GME Office, in coordination with various services at NUHS provides several sessions on safe and appropriate patient care during Orientation. These sessions include Clinical Responsibilities of a Resident, An Efficient Ward Round, Reducing Laboratory Errors, Infection Control for Clinicians and Discharge Processes.

Part 3 comprises of a program-specific orientation conducted by their respective Program Directors.

Last but not least, Part 4 comprises of an e-learning module that is made available on the NUHS e-learning portal “Blackboard”. Modules like “Dress Code of a Clinician” will be covered in this e-learning portal.

In addition, residents will be mask fitted and taught proper hand hygiene techniques.

It is mandatory for all new residents to complete the orientation program.

This Orientation is supported by all the Programs, the GME office, and the GMEC.

NUHS Resident Orientation Program – Part 2

0745	Registration
0815	Welcome Address <i>A/Prof Joe Sim</i> <i>Chief Executive Officer, NUH</i>
0825	A Patient’s Journey : Experience in Emergency Department <i>A/Prof Aymeric Lim</i> <i>Chairman, Medical Board</i>
0845	Clinical Responsibilities of a House / Medical Officer <i>A/Prof Quek Swee Chye</i> <i>Associate Chairman, Medical Board</i>
0900	An Efficient Ward Round : It can happen! <i>Mr Wong Kok Cheong</i> <i>Assistant Director, Nursing Department</i>
0915	Laboratory errors <i>Dr Tan Lip Kun</i> <i>Senior Consultant, Department of Haematology</i>

NUHS Resident Orientation Program – Part 2 (continuation)

0930	Infection Control for Clinicians <i>A/Prof Dale Fisher</i> <i>Division Head, Infectious Disease, University Medicine Cluster</i>
0945	A Patient’s Journey : Discharge processes

A/Prof Dale Fisher

- 1000 Closing comments
- 1005 Tea Break
- 1030 Medical IT in NUH, Clinical Systems Demonstration
Dr James Yip
Senior Consultant, Cardiac Department

C. On-call Activities

On-call activities are defined as those duty hours beyond the normal workday when the residents are required to be immediately available in the assigned institution.

The following institutional policies apply to all NUHS programs and residents:

- 1) In-house call duty will be scheduled no more frequently than every third night, averaged over a four-week period.
- 2) No new patients may be accepted after 24 hours of continuous duty, except in outpatient continuity clinics. A new patient is defined as any patient for whom the resident has not previously provided care.
- 3) At-home call is defined as call taken from outside the assigned institution.
 - Frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident.
 - Residents taking at-home call must be provided with 1 day in 7 completely free from all educationally and clinic responsibilities, averaged over a 4-week period.
 - When residents are called into the hospital from home, the hours spent in-house are counted towards the 80-hour limit.
 - The Program Director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demand and/or fatigue.

D. Moonlighting

It is the position of NUHS that the primary responsibilities of residents are to their own graduate medical education and to the patients charged to their care. In as much as extramural professional activities, or “moonlighting,” may generally conflict with these responsibilities, NUHS discourages such activities.

Residents may not moonlight on rotations or services to which they are currently assigned as part of their residency or fellowship program. Questions regarding whether a particular request for moonlighting would be prohibited under this section should be directed to the DIO.

Residents must obtain written acknowledgement that the program director is aware and approves of any moonlighting activities before any moonlighting activity is undertaken.

NUHS or any individual department or division reserves the right to deny any specific moonlighting activity that is deemed inconsistent with the institutional policy regarding conflict of interest or other relevant policies. The resident requesting moonlighting permission acknowledges that his or her performance will be monitored for the effect of the activity, and adverse effects may lead to rescinding of permission.

E. Physician Impairment and Substance Abuse

It is imperative that resident in a position of responsibility, whether this is for patient care or other areas, should not have their performance impaired by abuse of alcohol, drugs, or other substances, emotional problems, physical or mental illness, family problems, fatigue or other circumstances. NUHS regards alcohol or chemical dependency as illnesses that can be medically treated. Once started in the program, resident appointments will not be jeopardized solely for requesting help for the diagnosis and treatment of any drug dependency illness. Such matters will be decided on the merits of each individual's performance in the same manner as for any individual with or without other health problems.

If a resident is determined to be unable to perform satisfactorily and safely in the program at any time, a colleague or supervising faculty member will escort the resident to the NUH Staff Clinic for an immediate consultation with one of the physicians.

Manifestations of impairment as follows:

- Dramatic decrease in performance
- Persistent or repetitive absenteeism/lateness
- Mood swings
- Interactional difficulties
- Patient/colleague complaints
- Disruptive behaviors
- Medications missing from work area
- Disappearances from work
- Disordered thought
- Alcohol on breath, other stigmata of drug use
- Diminished physical appearance

The resident will be relieved of all patient care responsibilities until this evaluation is complete. Resumption and continuation in the residency program will be based on the resident's ability to satisfactorily perform responsibilities and requirements and must be approved by the Program Director.

F. Role of Chief Resident

The position of Chief Resident(s) shall be held by a senior resident in the program. On an annual basis, designation of the Chief Resident(s) shall involve a consultative process between the outgoing Chief Resident(s), the incoming final-year residents and the Program Director.

The Chief Resident(s) is expected to be an exemplary role model and to undertake a major leadership role within the Residency Training Program.

The Chief Resident(s) shall :

- 1) act as a liaison between the residents, the Program Director, the administrative support staff, and the divisional head.
- 2) act as the liaison between the Residency Program and relevant external organizations.
- 3) act as the residents' advocate with respect to rotation-specific problems as they arise.
- 4) ensure timely communication of all relevant academic and administrative events to the residents.
- 5) ensure integration and cooperation with the Residency Program through liaison with the Chief Resident for that Program.
- 6) participate in the remedial/disciplinary discussions regarding residents.
- 7) bring forward concerns of the residents to the Program Director and/or the faculty.
- 8) assist the Program Directors of the programs, the divisional head, and Head of Department with any matters concerning residents and their training, as and when necessary.

G. Resident Involvement in GMEC

Two peer-selected residents serve on the GMEC. Their role is to ensure that there is resident representation in the GMEC and that the views of the residents are taken into account when making decisions.

In addition, the NUHS resident welfare sub-committee also forms part of the GMEC. This sub-committee is chaired by a resident mentor and consists of members who are peer-selected residents from each training program. Members of this sub-committee meet on a regular basis to discuss all aspects of resident life, including educational and

work environment as well as their GME programs. Minutes of the meeting will be made available to all residents through the intranet and department program coordinators. New residents who join NUHS will be informed of the existence and role of this sub-committee and are encouraged to contribute their feedback and communicate frequently through this channel.

SECTION VI: ANCILLARY AND SUPPORT SERVICES

A. Food Services

Food-courts are located on the first floor of NUH Main Building as well as on the third floor of Kent Ridge Wing. With the use of a “Kopitiam” card issued by the hospital, residents receive a 20% discount on meals at these facilities.

There is also a Staff Canteen located at the basement of the Main Building. Additionally, there are stocked vending machines as well as a canteen located at the Faculty of Science, National University of Singapore, which is walking distance from the hospital.

In addition, there is also a Café at Level 1, Tower Block, where the resident’s workstations are housed.

B. Counseling, Medical and Psychological Services

NUHS is interested in the health and well being of its residents. At some time, members of the resident staff may be faced with a variety of personal problems that may affect their wellness and job performance. While some individuals attempt to deal with such problems on their own, there are times when professional assistance can be helpful.

It is in the best interests of NUHS, and its residents to provide assistance to those with personal problems involving alcohol, drugs, family, marriage, finances, emotions, or other conditions, which may interfere with work attendance, productivity, and the ability to get along with co-workers. NUHS believes that an effective assistance program encourages wellness and promotes efficiency of its residents.

The NUHS Department of Medical Social Work thus set up a system of “Care (Caring Action in Response to Emergencies) Buddies” with basic skills in “Psychological First Aid” to help themselves and their fellow colleagues. CARE Buddies will receive certificate training / qualifications and they will be equipped to take on roles and responsibilities to support NUHS staff to cope with distress and crisis. The name list of CARE Buddies is available at the CARE Buddies website at the Department of Medical Social Work under Clinical Support Service. Residents can approach CARE Buddies and be assured of privacy and confidentiality, as CARE Buddies will not divulge anything shared with them unless it involves ideation of self-harm or harming of others.

CARE Buddies are not counsellors, and should only seek to provide psychological support. Should residents require further help, referrals would be made to the relevant specialists from the Department of Psychological Medicine within NUHS.

To avoid adverse situations, NUHS encourages its residents to seek counseling and assistance from within the institution and community resources as necessary. NUHS

encourages identification of problems at the earliest possible stage to motivate the residents to seek assistance.

C. Workstations & Pantry

To allow residents a personal space to conduct their paperwork, review their notes and study, a workstation will be issued. Junior residents share the workstation. The workstation is conveniently located within the department that they are in. Workstations are also furnished with Computers and Printers. Residents also have use of office stationary.

In addition, residents have access to all staff pantries located conveniently at their department levels too. The pantries are equipped with fridge, microwave, and hot water supply.

D. Call Rooms

NUHS provides residents with call rooms and allocates rooms to each program to ensure sufficient number of beds for the number and gender of residents on call. Rooms are equipped with a single bed, wardrobe, study desk and LAN point. All rooms are also in close proximity to toilets and shower facilities.

Call rooms are under the purview of the GME Office. Any program requiring additional call rooms should direct a request to the GME Office. Repairs or maintenance work needed in the call rooms should be reported to the administrator of the respective program or directly to the maintenance department.

E. Parking

Residents are assigned parking and issued parking permits. Every effort is made to place them in parking facilities in close proximity to the hospital.

F. Security and Safety

NUHS values the safety of our Residents. Staff-access areas are automatically locked after office hours and only accessible through staff access passes. On-call rooms/sleeping quarters are only accessible to staff via access-cards or keys.

24-hours surveillance cameras monitor key facilities within the hospital. Security personnel will patrol the grounds at regular intervals and be stationed at main entrances/exits after office hours.

The Security Office is operational 24/7 and is located conveniently and visibly at Level 1 between NUH Main Building and Kent Ridge Wing.

G. Residents with Disabilities

NUHS does not discriminate against any physical disabilities as long as residents are able to fulfil their roles and responsibilities as required. Accommodations for disability are available at common areas and facilities within the hospital.

H. Patient Support Services

Porter services are provided to the residents in a manner appropriate to and consistent with educational objectives and quality patient care.

Peripheral intravenous access placement and phlebotomy services are part of residents' training and they will do as much as is required to reach competency level. However, where required, phlebotomists and nurses will be available to meet service needs.

I. Laboratory/Pathology/Radiology Services

Laboratory, pathology and radiology services are provided to support timely and quality patient care.

J. Medical Records

NUHS uses an electronic medical records system called Computerized Patient Support System (CPSS), which is developed with the aim of assisting clinicians in their care delivery. CPSS provides real time information 24 hours a day 7 days a week. It is accessible anywhere within the hospital and enables better patient care. It also allows doctors easy prescribing from one station and look at many facets of patient history. At the same time, CPSS enhances patient care through built-in safety checks; alert doctors of drug allergy, drug-to-drug interactions and controlled drugs.

There is also an electronic platform that connects the Electronic Medical Records (EMR) of all public/restructured hospitals and polyclinics called EMR Xchange. This allows the doctor treating a patient at a particular hospital or polyclinic to view the EMRs of the patient that were created at other hospital/s. All residents have access to the above two systems.

In addition, paper records of patients' medical conditions are kept centrally in the NUH Medical Records Office. Residents are able to request for the notes via the ward/outpatient clinic clerks, who will have access to the NUH electronic central porter system – MRMS, and the medical record files will be delivered to them.

SECTION VII: EDUCATIONAL PROGRAM

A. Program Director Responsibility

The Program Director will hold authority and accountability for the operation of the Residency Program. He/She will continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability.

The Program Director will:

- a) Administer and maintain an educational environment conducive to educating the residents in each of the ACGME-I competency areas.
- b) Oversee and ensure the quality of didactic and clinical education in all sites that participate in the program.
- c) Dedicate no less than 50% (a minimum of 20 hours per week) of his or her professional effort to the administrative and educational activities of the educational program.
- d) Approve a local director at each participating site who is accountable for resident education.
- e) Approve the selection of program faculty as appropriate.
- f) Evaluate program faculty and approve the continued participation of program faculty based on evaluation.
- g) Monitor resident supervision at all participating sites.
- h) Prepare and submit all information required and requested by the ACGME-I, including but not limited to the program information forms and annual program resident updates to the ADS, and ensure that the information submitted is accurate and complete.
- i) Provide each resident with documented semi-annual evaluation of performance with feedback.
- j) Ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements and implemented by the sponsoring institution.
- k) Provide verification of residency education for all residents, including those who leave the program prior to completion.
- l) Certify graduates' competence to practice independently.

- m) Implement policies and procedures consistent with the institutional and program requirements for resident duty hours and the working environment, and, to that end, must:
 - distribute these policies and procedures to the residents and faculty;
 - monitor resident duty hours, according to institutional and program policies, with a frequency sufficient to ensure compliance with ACGME-I requirements;
 - adjust schedules as necessary to mitigate excessive service demands and/or fatigue; and,
 - if applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue.
- n) Monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged.
- o) Comply with the sponsoring institution's written policies and procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of residents, disciplinary action, and supervision of residents.
- p) Report directly to the DIO on matters relating to resident training and represent the department on the GMEC.
- q) Obtain review and approval of the sponsoring institution's GMEC/DIO before submitting to the ACGME-I information or requests for the following:
 - all applications for ACGME-I accreditation of new programs;
 - changes in resident complement;
 - major changes in program structure or length of training;
 - progress reports requested by the Review Committee;
 - responses to all proposed adverse actions;
 - voluntary withdrawals of ACGME-I-accredited programs;
 - requests for appeal of an adverse action;
 - appeal presentations to ACGME-I Review Committee.
- r) Obtain DIO review and co-signature on all program information forms, as well as any correspondence or document submitted to the ACGME-I that addresses:
 - program's citations, and/or request for changes in the program that would have significant impact, including financial, on the program or institution.

B. Core Faculty Responsibility

Core Faculty are physicians who are expert evaluators of the competency domains and work closely with and support the Program Director. They will assist in developing and implementing evaluation systems; teach and advise residents and devote a minimum of 15 hours per week to resident education and administration.

All faculty must:

- a) devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities and demonstrate a strong interest in resident education;
- b) administer and maintain an educational environment conducive to educating residents in each of the ACGME-I competency areas;

- c) participate in faculty development programs designed to enhance the effectiveness of their teaching and to promote scholarly activity;
- d) establish and maintain an environment of inquiry and scholarship with an active research component.
 - (1) The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences.
 - (2) Some members of the faculty should also demonstrate scholarship by one or more of the following:
 - (i) peer-reviewed funding;
 - (ii) publication of original research or review articles in peer-reviewed journals, or chapters in textbooks;
 - (iii) publication or presentation of case reports or peer-reviewed educational seminars, or clinical series at local, regional, or national professional and scientific society meetings; or,
 - (iv) participation in national committees or educational organizations.
 - (3) Faculty should encourage and support residents in pursuing scholarly activities.

C. ACGME-I Competencies

ACGME-I-accredited programs must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:

1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health;
2. Medical knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care;
3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care;
4. Interpersonal and communication skills that result in effective information exchange and learning with patients, their families, and other health professionals;
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population; and

6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.

SECTION VIII: RESIDENT WORK ENVIRONMENT

A. Duty Hours

Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

The following institutional policies apply to all NUHS programs and residents:

- 1) Duty hours must be limited to 80 hours, averaged over a 4-week period per rotation or a 4-week period within a rotation, inclusive of all in-house call activities, excluding vacation or approved leave. Any requests for exceptions to the weekly limit on duty hours must be presented by the Program Director to the GMEC for review and approval.
- 2) Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. 1 day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- 3) Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.
- 4) Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.
- 5) No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.
- 6) Program Directors are responsible for monitoring and enforcing compliance with duty hours.

B. Oversight and Monitoring of Duty Hours and the Work Environment

For proper oversight, the Graduate Medical Education Committee (GMEC) has mandated that residents log and approve their duty hours on all rotations using the IT platform - New Innovations. The Program Coordinator will generate a list of residents who are not logging the required information into New Innovations each month and provide a copy to the Program Director. If a resident does not comply with logging duty hours, the Program Director will begin proceedings to suspend the resident from clinical activities.

The Program Director will have 5 working days to get the resident in compliance with the requirement before suspension is activated. If compliance is not met in 5 days, the resident will be suspended without pay until the requirement has been met. If the resident disagrees with the recommended action, the resident has access to the grievance process outlined in the grievance policy.

1. The Program Director must review the duty hours of all residents on all rotations within their program each month to ensure compliance with the duty hour rules. When a program is not operating within the duty hour requirements, the Program Director, in conjunction with the residents and appropriate faculty, must develop and implement a plan for corrective action, for any rotation not in compliance with the duty hour rules, or otherwise identified as problematic. This information must then be presented to the GMEC for review.
2. The GMEC will evaluate each program's compliance with the duty hour rules on a monthly basis and during the internal review process.
3. The DIO will report the results of the duty hour reports at the Organized Medical Staff Meeting for the participating institutions.
4. Residents may report violations of the duty hour rules through procedures established by each program and/or by calling the DIO or GME Office.

C. Evaluation

Each program will develop its training and educational goals and objectives for its residents. Evaluation shall use criteria & procedures appropriate to the training department's program and shall include but are not limited to the six core competencies as defined by ACGME-I.

Both the Curriculum and Evaluation Subcommittees will oversee each individual program to ensure that each program tailors their training objectives in line with the six core competencies as prescribed by ACGME-I. The program may wish to add in

specialty/subspecialty-specific training requirements as well. The subcommittees will report to GMEC on a regular basis of their progress, any incidents/occurrences and steps that were taken to correct any oversight.

D. Harassment

NUHS is committed to maintain an environment free from harassment and discrimination for all members of the NUHS community. It can include age, sex, race, colour, religion, marital status, national origin, or mental or physical handicap. In keeping with this commitment, NUHS prohibits discriminatory practices, including sexual harassment. Any sexual harassment, whether verbal, physical or environmental, is unacceptable and will not be tolerated.

Harassment can occur as a single act or as action over a period of time. Harassment is a broad range of physical or verbal behavior. Some examples as follows:

- Physical or mental abuse
- Insults about age or race
- Ethnic jokes
- Religious slurs
- Taunting that provokes an employee
- Ostracizing or excluding an employee
- Imposing special work burdens

Residents subjected to any form of harassment or lack of mutual respect should inform the perpetrator that the conduct is considered offensive and must stop. If the response of the perpetrator is unsatisfactory, the resident should report the matter to any of the following: Program Director; Graduate Medical Education (GME) Administrator; Designated Institutional Official (DIO); or Department of Medical Affairs Human Resources. This policy also applies to residents who have witnessed alleged harassment or have had incidents of alleged harassment reported to them. There will be an investigation before review by the GMEC or the graduate medical education program's governing committee.

If it is determined that harassment has occurred, corrective action will be taken. Depending upon the circumstances, this corrective action may include a reprimand, demotion, discharge or other appropriate actions. Any person bringing a frivolous allegation of sexual harassment may be subject to disciplinary action, which could include termination.

SECTION IX: GRIEVANCE PROCEDURES

NUHS believes that residents have a right to appeal against any decisions affecting their graduate medical education in NUHS. A resident who surfaces a grievance or appeal must be accorded access to the proper channels for his/her grievance or appeal to be heard and addressed.

A resident who surfaces a grievance or appeal and follows the proper Resident Grievance Procedure set out by NUHS shall be protected against any form of reprisal. NUHS ensures that residents are able to raise and resolve concerns in a confidential and protected manner without fear of intimidation or retaliation.

The Resident Grievance Procedure will minimize conflict of interest by adjudicating parties in addressing:

- 1) Academic or other disciplinary actions taken against residents that could result in dismissal, non-renewal of a resident's agreement, non-promotion of a resident to the next level of training, or other actions that could significantly threaten a resident's intended career development; and,
- (2) Adjudication of resident complaints and grievances related to the work environment or issues related to the program or faculty.

NUHS advocates the proper use of Resident Grievance Procedure to resolve residents' grievances systematically, fairly and expeditiously, so that the open communication will augur well for resident-institution relations and promote a harmonious working environment within NUHS.

A. Personal Grievance Procedure

1. Matters, which affect the residents as a whole, should be brought to the attention of the Chief Resident of the appropriate service, either directly or indirectly *via* any program coordinator of the GME program. The Chief Resident will bring such matters to their regular department meeting with administrators for resolution.
2. If resolution of the grievance is not met then residents can attempt it through the Program Director or Head of Department as appropriate. The relevant personnel should give a reply within 10 working days.
3. Residents can also bring an issue to the resident welfare sub-committee, either directly through a sub-committee member, or indirectly via the GME Office. This group can then take ownership of the issue and work to resolve the concern raised, in a confidential and protected manner.

4. If all channels have been exhausted, residents can seek assistance from the Designated Institutional Official (DIO) of Graduate Medical Education (GME). The resident should be given a reply within 10 working days.

B. Educational/Clinical Performance Disciplinary Action and Grievance Procedures

1. Disciplinary Action Procedure for Educational and Clinical Performance Violation

In the event that a resident's performance in the educational or clinical program, as set forth in this handbook continues to be unsatisfactory, the Head of Department or the Program Director will notify the resident, by hand-delivered or certified mail, of the deficiencies and necessary remedial actions. If, in the opinion of the Head of Department, continued clinical activities of the resident are not in the best interest of patient care, the resident may be temporarily relieved of clinical responsibilities. The resident will be paid during this period of temporary relief of clinical responsibilities.

Residents may be reprimanded, placed on specific probation, suspended or terminated for unsatisfactory performance and/or unacceptable conduct in carrying out their clinical and educational responsibilities in the residency program. Issues subject to such corrective actions include, but are not limited to the following examples:

- Insufficient medical knowledge
- Inability to apply medical knowledge effectively, whether in patient care, research or while performing technical skills
- Any deficiency or conduct that had adverse bearings on a resident's performance such as attitude, conduct, interpersonal relations, communication skills or other misconduct
- Failure to perform or progress at the expected level of training and learning
- Violations of professional responsibilities, NUHS policies and procedures, legal law of the Republic of Singapore and any other applicable rules and regulations

The recommendation for academic disciplinary action shall be proposed by the Program Director in writing to, and discussed with, the resident. For suspension and/or termination, review and approval by the Head of Department and the DIO or his/her designee are required. A letter authorizing such academic disciplinary action is required and shall be sent to the resident by certified mail or hand-delivered. Any resident put on probation, suspended or terminated by a department, copies of the letter authorizing such academic disciplinary action should be forwarded to the Chairman, Medical Board (CMB) and the Office of Graduate Medical Education.

2. Resident Grievance Procedure for Disciplinary Action in Educational and Clinical Performance

The resident has the right to appeal an adverse decision reached by the Program Director or Head of Department before a hearing of the Graduate Medical Education Committee (GMEC). Request for an appeal must be made in writing to the DIO within

10 working days of the resident's receipt in writing of the disciplinary action. During the hearing of an appeal, a resident will have the opportunity to appear before the Members of the GMEC, and the resident may have individuals available to speak on his/her behalf. Information pertaining to the academic evaluation and clinical issues relating to the adverse decision will be forwarded to the resident in writing prior to the hearing. The GMEC will request the resident's Departmental Head or Program Director to present the information relating to the academic, educational and clinical performance issues that have been raised. The GMEC also may call other individuals who may have knowledge surrounding the events relating to the adverse decision. The hearing is not deemed to be an adversarial proceeding.

The resident may obtain legal counsel or other assistance in preparing for the hearing itself; however, the resident cannot be represented at or during the hearing by legal counsel. Also, the Head of Department or Program Director will have no legal counsel present at the hearing. The decision reached by the GMEC is the highest level of appeal available to residents within the NUHS Residency Programs. The decision of this appeals body is transmitted to the DIO, who then notifies the resident.

C. Dismissal of Resident

A resident may be dismissed for "just cause." This may include performance or conduct issues that are unresolved or not mediated by disciplinary actions. Residents could also be dismissed for a variety of serious acts or behaviors. Examples of such acts or behaviors includes but is not limited to the substance abuse, cheating during examinations, being convicted of a crime related to the provision of health care items or services. In such an event, the resident has the right to appeal the decision through the Grievance Procedure.

Procedures:

1. Each department will have regular evaluations of residents and will define specific parameter to recommend dismissal based upon these evaluations and/or other material/s, which document the reason for dismissal.
2. The Department will dismiss the resident by notifying the Chairman for Graduate Medical Education/DIO and the hospital administrator.
3. "Just Cause" for dismissal include, but are not limited to, the following:
 - a. Incapacitating conditions that preclude the resident from participation, despite accommodation, in the graduate medical education program and patient care activities.
 - b. Failure of the resident to abide by NUHS policies, GMEC policies, resident-related provisions of the hospital's Medical Staff Rules and Regulations, and/or any applicable state laws.
 - c. Failure of the resident to maintain satisfactory levels of academic and clinical performance as determined through periodic evaluations.
 - d. Actions that directly violate any of the terms of the resident's postgraduate training agreement of appointment.
4. In the event of dismissal, the resident has the right to appeal the decision through the Grievance Procedure

SECTION X: HR MATTERS

A. Rubber-stamps

All residents will be issued rubber-stamps with their names and MCR numbers, which will be received through the department secretaries.

B. Email

All residents will be employed under the terms and conditions of MOHH. Therefore, residents will be using MOHH email accounts for all official matters.

C. Mobile Phones

Residents will be entitled to a monthly mobile phone allowance of \$23, which will be credited together with their salaries. Residents will also have their mobile numbers listed on the Healthcare Messaging Systems (HMS). The HMS serves as a means of communication for the residents with other staff of the hospital. Department secretaries will be responsible in updating their contacts as and when necessary.

D. Medical Malpractice Insurance

As a practicing doctor, it is the resident's personal responsibility to ensure that he/she holds a valid medical malpractice insurance cover for him/herself throughout the entire period of his/her employment. MOHH, as the employer of the residents, will purchase block coverage for medical malpractice for all residents. Please refer to MOHH for details of the medical malpractice insurance coverage.

E. Dress Code

The appearance of a NUHS resident has great impact on the corporate image of NUHS perceived by patients and visitors. Residents are expected to dress decently and neatly. While at work, residents may not wear slippers unless nursing leg/feet injuries, and may not wear shorts and/or singlets. All residents are to have their name-tags prominently displayed at all times while on duty. Please refer to [ANNEX F](#) for details on "[NUHS DRESS CODES FOR DOCTORS](#)".

F. Conditions of Separation

a. Resignation

The Resident may resign from the Program with a notification of his intention to leave with a notice of not less than three (3) months. The resignation must be submitted in writing to the Program Director. All conditions of appointment will cease on the effective date of resignation.

b. Separation

Separation may occur at the end of an appointment term under any circumstances in which reappointment does not occur, including successful graduation from the Program.

c. Dismissal/Termination

A resident may be dismissed for “just cause.” This may include performance or conduct issues that are unresolved or not mediated by disciplinary actions. Residents could also be dismissed for a variety of serious acts or behaviors. Examples of such acts or behaviors includes but is not limited to the substance abuse, cheating during examinations, being convicted of a crime related to the provision of health care items or services. In such an event, the resident has the right to appeal the decision through the Grievance Procedure.

“Just Cause” for dismissal includes, but are not limited to, the following:

- a. Incapacitating conditions that preclude the resident from participation, despite accommodation, in the graduate medical education program and patient care activities.
- b. Failure of the resident to abide by NUHS policies, GMEC policies, and resident related provisions of the hospital’s Medical Staff Rules and Regulations, and/or any applicable Singapore laws.
- c. Failure of the resident to maintain satisfactory levels of academic and clinical performance as determined through periodic evaluations.
- d. Actions that directly violate any of the terms of the resident postgraduate training agreement of appointment.

In the event of dismissal, the resident has the right to appeal the decision through the Grievance Procedure

ANNEX A MOH RESIDENCY TRAINING - 2011

(Check date) April 2011

Dr [Name]

[Mailing Address]

[Mailing Address]

[Mailing Address]

Dear Dr [Name of Applicant]

RESIDENCY TRAINING - 2011

1. We refer to your application for a residency position. MOH and MOHH confirm that you have been successfully matched to the **National University Health System (NUHS)** to commence residency training in [specialty] with effect from (check date) **May/July 2011**.

2. MOH, Sponsoring Institutions and Restructured Hospitals have spent many months of intense preparations to provide you with a structured educational and training experience. This is to ensure that you receive structured training with senior doctors who are given time to dedicate to your education. We do this in good faith, and trust that you will, on your part, take this opportunity to put in your best effort. While we already have a good system in place, we have to enhance its structure to manage the higher number of doctors effectively to maintain the quality of our doctors and specialists.

3. To accept the offer for Residency, please ensure that you acknowledge and sign the following document(s)
(a) MOH Residency Offer Terms and Conditions (Annex A)
(b) **NUHS** Residency Agreement. (Annex B)

Kindly mail the signed documents back to the address listed below by <date>. Please retain a copy of the documents for your own reference.

Ms Ho Lee Lian
Medical Affairs – Education
National University Hospital
1E Kent Ridge Road
NUHS Tower Block, Level 6
Singapore 119228

6 We wish you all the best in the pursuit of your chosen career.

Yours sincerely



Dr Lau Hong Choon
Director, Manpower Standards & Development
Ministry of Health

A/Prof Shirley Ooi
Designated Institutional Official
National University Health System

ANNEX A-1 MOH OFFER OF RESIDENCY POSITION - 2011

ANNEX A

To: <DIOs office>
(To be completed and returned to <SI> by <date>)

OFFER OF RESIDENCY POSITION – 2011

Residency Terms and Conditions Ministry of Health (MOH)

The terms and conditions for residents in this document includes

- (a) Entry into residency
- (b) General Residency rules and specialty specific requirements
- (c) Termination, withdrawal and exit from residency
- (d) Financial support and obligations

ENTRY INTO RESIDENCY

2 All residents will enter the first year of Residency (R1). Special placement into R2 is only for senior entrants who are already at the competency level of R2 and beyond. There will be no early progression to levels higher than R2.

3 All Residents will be employed by MOH Holdings (MOHH). The employment benefits (including medical benefits and leave policies) are stated in the MOHH employment contract.

GENERAL RESIDENCY RULES WITH SPECIALTY SPECIFIC REQUIREMENTS

4 Residents are to comply with the terms of the MOH Holdings Pte Ltd (MOHH) employment contract and Sponsoring Institution's (SI) Residency Agreement. Training requirements specific to your specialty will be posted on the Specialists Accreditation Board website. These training requirements may in exceptional circumstances be subject to changes as recommended by the Residency Advisory Committee.

5 The duration for each programme is outlined in the specialty's programme information. Training duration may be extended due to long leave and absence from training beyond the allowed number of days, below par performance during the residency, failure in exams and where competency to progress to the next level is not evident.

6 The total number of days of absence¹ in PGY1 should not exceed 35 days in a year with the allowable days for each period of posting shown in Table 1 below.

Table 1

Period of Posting (Months)	Allowable Days of Absence
2	6

¹ Days of Absence is defined as the total number of days a resident is absent from training whether from official leave entitlements or any other reasons (e.g maternity leave, no pay leave, etc.)

3	9
4	12
6	18

Residents in PGY2 and beyond who have completed their licensing year in PGY1 successfully are entitled to a maximum of 12 days of training leave a year.

Table 2

Period of Posting (Months)	Allowable Days of Absence
2	6
3	10
4	13
6	19

In the event that you are required to exceed the total number of allowable days of absence from a posting, you should inform your Program Director in advance.

7 Training leave is defined as leave taken for activities relevant to the specific Residency programme (including but not limited to conferences/symposiums, seminars, workshops, lectures, courses, examinations) and hence will not be considered as leave of absence. PGY1 residents are not entitled to specific training leave as the entire year is considered training for the licensing year.

8 Residents who apply for training leave must obtain approval from the Programme Director. The Programme Director will decide whether the training leave is considered appropriate and relevant to the programme. Should there be misinformation or misuse of training leave, action will be taken to recover funding for training days and the leave days will be forfeited from the annual leave. The total number of days allowed for training leave activities is 12 days per year.

9 Duty hours will not exceed 80 hours/week averaged over a 4 week period. The number of night calls should not exceed 8 calls a month or 24 calls over a 4-month period.

TERMINATION, WITHDRAWAL AND EXIT FROM RESIDENCY

10 The Sponsoring Institution can terminate a Resident's participation in a Residency programme for non-compliance to the training rules of residency. The Resident may also be dismissed from the Residency program if he/she fails to comply or breaches the terms stated in the Sponsoring Institution's (SI) Residency Agreement.

11 Residents who withdraw from one residency programme and wish to enter into another residency programme or BST/AST/Seamless programme in:

- i. the same specialty offered by a different Sponsoring Institution; or
- ii. a different specialty offered by the same Sponsoring Institution; or
- iii. a different specialty offered by a different Sponsoring Institution

will be required to re-apply. However they cannot reapply in the subsequent year but can only reapply the year after next (one year penalty). This is to ensure responsible decisions for training and to ensure accountability of funded training programmes.

12 A Resident will be certified to have completed the Residency program if he has fulfilled all the requirements stated in the Programme requirements and completed the mandatory courses set out by the Specialists Accreditation Board (SAB) including the prescribed Medical Ethics, Professionalism and Health Law Course. All Residents are required to register for the course and make payment directly to the provider. For more information on the course, you can visit the Specialists Accreditation Board's website at <http://www.hpp.moh.gov.sg/SAB/1179709557958.html>.

13 Successful completion of the Residency programme and the prescribed exit exam does not confer automatic entry into the Specialist Register or Family Physician Register. You are required to personally apply to the Specialists

Accreditation Board (SAB) or the Family Physicians Accreditation Board and the Singapore Medical Council (SMC) before you are statutorily eligible to practice as a Specialist or Family Physician.

FINANCIAL SUPPORT AND OBLIGATIONS

14 Residents in PGY2 and beyond in the following highly subscribed specialties: Paediatric Medicine, Ophthalmology, Otorhinolaryngology, Obstetrics & Gynaecology, Orthopaedic Surgery and Plastic Surgery, will pay a training fee of **\$450.00** per month for the entire duration of their training as stipulated for previous batches of specialist trainees for these specialties. The payment is also subject to future revision. Residents in these specialties can apply for waiver of the monthly training fees through the MOH Training Award which carries a service obligation. Application can be made using the form at :

<http://www.hpp.moh.gov.sg/HPP/MungoBlobs/178/398/Postgrad%20Training%20Scholarship.pdf>

15 Annual In-Training Examinations administered by the Academy of Medicine Singapore (AMS) for certain specialty or the Family Medicine programmes is a requirement in your training programme. Residents will pay a discounted fee for In-Training Examinations. The discounted fee will be paid by the Residents directly to the AMS at the time of registration for the ITEs. In the event that Residents are absent from the ITE without a reason (eg medically certified illness), MOH Holdings will deduct the remaining (50%) of the ITE fee from the absent Resident's payroll. Residency Fees will also be payable similar to that paid by specialist trainees under the old system of training.

16. The Ministry of Health reserves the right to impose or amend additional conditions.

ACKNOWLEDGEMENT

In consideration of my successful application for residency position in <specialty> with <SI>, I hereby confirm that I accept the residency offer. I acknowledge that I have read and understood, and accept the above terms and conditions.

Name : _____ Signature: _____

NRIC/Passport No.: _____ Date: _____

Note: Please retain a copy of these terms and conditions for your own reference.

ANNEX A-2 NUHS TERMS & CONDITIONS

National University Health System Residency Program

Dear Dr <<Name of Doctor>> (hereby known as the “Resident”)

Thank You for choosing the NUHS Residency Program and Congratulations on being offered a Residency position by the Ministry of Health, Singapore!

Your Sponsoring Institution (SI) is **National University Health System (NUHS)**. The resident undertakes to assume this residency position on the terms and conditions set forth herewith, which serves as an annex to the letter “Offer of Residency Position – 2011” from Ministry of Health (MOH), Singapore.

With the acceptance of the “Offer of Residency Position – 2011” issued by MOH and the residency position with the NUHS Residency Program, the Resident accepts the appointment as a Resident in NUHS’s <<program name>> residency program.

1. RESIDENT RESPONSIBILITIES

The position of resident entails provision of medical care which commensurate with the resident's level of training and competence and is under the general supervision of appropriately privileged attending teaching staff.

Residents of NUHS would be required to assume the following responsibilities (but are not limited to):

- a) Participation in safe, effective and compassionate patient care.
- b) Participation in the educational and scholarly activities of the training program and, as appropriate and required, assumption of responsibility for teaching and supervising other residents and medical students.
- c) Participation in institutional committees and councils to which the resident is appointed or invited.
- d) Adherence to the duty hour regulations and policies of NUHS and submit hours worked as mandated by NUHS and/or training program.
- e) Participation as appropriate in training programs and medical staff activities of NUHS, or those of its participating training sites and adherence to respective established practices, procedures and policies of the institution.
- f) Participation in the evaluation of the training program and its faculty.
- g) Development of an understanding of ethical, socioeconomic, and medical/legal issues that affect graduate medical education and of how to apply cost containment measures in the provision of patient care.
- h) Adherence to the highest standards of the medical profession and pledge to conduct him or herself accordingly in all interactions.
- i) Demonstration of respect for all patients and members of the health care team without regard to gender, race, national origin, religion, economic status, disability or sexual orientation.
- j) Promotion and upholding of the mission, vision and values of NUHS as stipulated in the statement of commitment to graduate medical education.

2. FINANCIAL SUPPORT FOR RESIDENTS

The Resident is employed and remunerated under MOH Holdings (MOHH) Pte Ltd.

Please refer to the MOHH contractual terms and conditions of appointment for details of salary benefits.

3. DURATION OF APPOINTMENT

The duration of your training in NUHS's <<program name>> residency program is outlined in the specialty's program information.

Please note that training duration may be extended due to long leave or absence from training beyond the allowed number of days; below par performance during the residency; failure in exams and when competency to progress to the next level is not evident.

4. CONDITIONS FOR REAPPOINTMENT & PROMOTION TO A SUBSEQUENT POST GRADUATE YEAR LEVEL

Re-appointment for resident position for subsequent years is neither automatic nor guaranteed.

Re-appointment is based upon meeting the NUHS and ACGME-I graduate medical education standards and clinical competencies required to advance to the next level of training. Re-appointment will be recommended by the Program Director and approved by the DIO.

Notification of re-appointment will be provided annually to residents who are expected to successfully complete the preceding year of residency and who meet the qualifications and are being recommended for continuation to the next year. Residents will be asked to acknowledge their acceptance of the re-appointment. Successful completion of the current year is a prerequisite prior to the commencement of the next year. Failure to complete all requirements by the end of the academic year will void the re-appointment offer.

The decision whether to promote a resident is the responsibility of the Program Director with the advice of the faculty of the program. Each program will develop written criteria for promotion based on the specialty and subspecialty requirements of the ACGME-I.

The method of evaluation shall consist of direct observation of the resident as well as by indirect observation through rotation, evaluations, and correspondence between programs and written examination (National Board, In-training Exams). It is expected that residents will participate in all aspects of the curriculum, as well as in the periodic evaluation of educational experiences with teachers. It is further expected that residents will complete all administrative responsibilities of a resident.

If an evaluation indicates unsatisfactory performance, the resident will be provided with a remedial plan for correcting any deficiencies. At the end of the remedial period, should the remediation be unsatisfactory, this may be cause for probation or termination from the residency program. For Post-Graduate Year One residents, remediation will be referred to HOTC for their necessary actions.

If a resident will not be promoted to the next level of training or if a resident's agreement will not be renewed, a written notice of intent will be provided no later than 3 months prior to the end of the resident's current agreement, if possible. However, if the primary reason(s) for the nonrenewal or non-promotion occur(s) within the 3 months prior to the end of the agreement, the program will provide resident with as much written notice of the intent not to renew or not to promote as the circumstances will reasonably allow, prior to the end of the agreement.

Residents are allowed to implement the institution grievance procedure if they have received a written notice of intent not to renew their contract as outlined in the Grievance Procedures herewith.

5. GRIEVANCE PROCEDURES & PROCESSES

NUHS believes that residents have a right to appeal against any decisions affecting their graduate medical education in NUHS. A resident who surfaces a grievance or appeal must be accorded access to the proper channels for his/her grievance or appeal to be heard and addressed.

A resident who surfaces a grievance or appeal and follows the proper Resident Grievance Procedure set out by NUHS shall be protected against any form of reprisal. NUHS ensures that residents are able to raise and resolve concerns in a confidential and protected manner without fear of intimidation or retaliation.

The Resident Grievance Procedure will minimize conflict of interest by adjudicating parties in addressing:

- a. Academic or other disciplinary actions taken against residents that could result in dismissal, nonrenewal of a resident's agreement, non-promotion of a resident to the next level of training, or other actions that could significantly threaten a resident's intended career development; and,
- b. Adjudication of resident complaints and grievances related to the work environment or issues related to the program or faculty.
- c.

NUHS advocates the proper use of Resident Grievance Procedure to resolve residents' grievances systematically, fairly and expeditiously, so that the open communication will augur well for resident institution relations and promote a harmonious working environment within NUHS.

Personal Grievance Procedure

- a. Matters, which affect the residents as a whole, should be brought to the attention of the Chief Resident of the appropriate service, either directly or indirectly *via* any program coordinator of the GME program. The Chief Resident will bring such matters to their regular department meeting with administrators for resolution.
- b. If resolution of the grievance is not met then residents can attempt it through the Program Director or Chief/Head of Department as appropriate. The relevant personnel should give a reply within 10 working days.
- c. Residents can also bring an issue to the resident welfare sub-committee, either directly through a sub-committee member, or indirectly via the GME Office. This group can then take ownership of the issue and work to resolve the concern raised, in a confidential and protected manner.
- d. If all channels have been exhausted, residents can seek assistance from the DIO of Graduate Medical Education (GME). The resident should be given a reply within 10 working days.

For more details of the Grievance procedure, please refer to the NUHS Resident Manual, available on the NUHS Residency website (<http://www.nuhs.edu.sg/nuhsresidency/prospective-residents.html>)

6. MEDICAL MALPRACTICE INSURANCE AND INDEMNITY

As a practicing doctor, it is the resident's personal responsibility to ensure that he/she holds a valid medical malpractice insurance cover throughout the entire period of his/her employment with MOHH.

Please refer to the MOHH contractual terms and conditions of appointment for more information.

7. LEAVE BENEFITS

Please refer to the MOH "Offer of Residency Position" terms and conditions for details of leave benefits.

NUHS recognizes that residents may need to be away from work due to medical or certain personal reasons. Leaves of absence are defined as approved time away from residency duties, other than regularly scheduled days off as reflected in a rotation schedule.

All leaves will be scheduled with prior approval by the Program Director or Heads of Departments, with the exception of emergencies or unexpected illnesses. In unexpected/emergency situations, the resident should contact the Program Director or Heads of Departments at the earliest possible time.

The effect of leave taken, on the ability of the resident to satisfactorily complete the training program, is at the discretion of the Program Director.

8. DUTY HOURS

Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

The following institutional policies apply to all NUHS programs and residents:

- a. Duty hours will be limited to 80 hours, averaged over a 4-week period per rotation or a 4-week period within a rotation, inclusive of all in-house call activities, excluding vacation or approved leave. Any requests for exceptions to the weekly limit on duty hours must be presented by the Program Director to the GMEC for review and approval.
- b. Residents will be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. 1 day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- c. Adequate time for rest and personal activities will be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.
- d. Continuous on-site duty, including in-house call, will not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.
- e. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.

Program Directors are responsible for monitoring and enforcing compliance with duty hours.

9. POLICIES AND PROCEDURES

Copies of the NUHS policies and procedures as currently in effect, are enclosed within the NUHS Residency website (<http://www.nuhs.edu.sg/nuhsresidency/prospective-residents.html>)

Included policies comprises of the following:

- a. Confidential Counseling, Medical and Psychological Services
- b. Physician Impairment and Substance Abuse
- c. Sexual and other forms of Harassment
- d. Provision to Residents with Disabilities

In the event of an inconsistency or conflict between any NUHS policy and the Medical/Professional Staff by laws of the Sponsoring Institution or its affiliated training sites, the NUHS policy shall prevail and apply.

10. CONDITIONS OF SEPARATION

a. Resignation

The Resident may resign from the Program with a notification of his intention to leave with a notice of not less than three (3) months. The resignation must be submitted in writing to the Program Director. All conditions of appointment will cease on the effective date of resignation.

b. Separation

Separation may occur at the end of an appointment term under any circumstances in which reappointment does not occur, including successful graduation from the Program.

c. Dismissal/Termination

A resident may be dismissed for “just cause.” This may include performance or conduct issues that are unresolved or not mediated by disciplinary actions. Residents could also be dismissed for a variety of serious acts or behaviors. Examples of such acts or behaviors includes but is not limited to the substance abuse, cheating during examinations, being convicted of a crime related to the provision of health care items or services. In such an event, the resident has the right to appeal the decision through the Grievance Procedure.

“Just Cause” for dismissal includes, but are not limited to, the following:

- e. Incapacitating conditions that preclude the resident from participation, despite accommodation, in the graduate medical education program and patient care activities.
- f. Failure of the resident to abide by NUHS policies, GMEC policies, and resident related provisions of the hospital's Medical Staff Rules and Regulations, and/or any applicable Singapore laws.
- g. Failure of the resident to maintain satisfactory levels of academic and clinical performance as determined through periodic evaluations.
- h. Actions that directly violate any of the terms of the resident postgraduate training agreement of appointment.

In the event of dismissal, the resident has the right to appeal the decision through the Grievance Procedure.

11. RELEASE OF INFORMATION

The Resident understands and agrees that, should another institution, organization or individual to which the Resident has applied for a position, request a reference from the Sponsoring Institution, the Sponsoring Institutions/affiliated training sites may share any and all appropriate information that it possesses concerning the Resident, including information relating to any discipline, suspension or termination from the program or the Sponsoring Institution/affiliated training sites, or perceived inability to practice within commonly accepted standards of care.

The Resident hereby authorizes the Sponsoring Institution/ affiliated training sites to release such information under these circumstances at any time, provided such information is given in good faith and without malice.

We thank you for choosing NUHS Residency Program and wish you all the very best in your studies!

Yours sincerely,



Assoc Professor Shirley Ooi

Designated Institutional Official

I, Dr _____, hereby accepts the terms & conditions stated herewith.

Signature of Resident

Date:

**ANNEX B
GUIDELINES FOR RESIDENT TRANSFERS/ SWITCHES IN ENHANCED POSTGRADUATE
MEDICAL EDUCATION (RESIDENCY) PROGRAMME**



**MINISTRY OF HEALTH
SINGAPORE**

MH 14:19/1-2

MOH Training Circular
Minute No 11/2010

23 August 2010

CEO, National Healthcare Group
Group CEO, SingHealth Services
CEO, Alexandra Health Pte Ltd
CEO, National University Hospital (S) Pte Ltd
CEO, Jurong Health Services
CEO, Agency of Integrated Care
CEO, Health Sciences Authority
CEO, Health Promotion Board
DIO, SingHealth Sponsoring Institution
DIO, NHG-AHPL Sponsoring Institution
DIO, NUHS Sponsoring Institution

**GUIDELINES FOR RESIDENT TRANSFERS/ SWITCHES IN ENHANCED
POSTGRADUATE MEDICAL EDUCATION (RESIDENCY) PROGRAMME**

This note sets out the guidelines for resident transfers and switches for **(A)** residents, **(B)** programmes withdrawn from and **(C)** programmes receiving.

2. Resident transfers / switches are defined as residents who withdraw from one residency programme and wish to enter another residency programme in:
- i. the same specialty offered by a different Sponsoring Institution; or
 - ii. a different specialty offered by the same Sponsoring Institution; or
 - iii. a different specialty offered by a different Sponsoring Institution

(A) Residents

One year penalty

3. Residents described in (2i)-(2iii) are required to apply to their desired programmes on a competitive basis during the annual resident applications. However they will have to wait for one year from the date of discontinuation of the original residency programme under the current rules¹. They may also not get their programme of their choice if they are not selected. They will not be able to return back to their previous programme once they have withdrawn from it.

4. For special unforeseen circumstances, residents may appeal to the Ministry of Health (MOH) for the rules to be waived. Those who commenced residency in May 2010 will be exempt from the conditions in (3) till 31 May 2011

(B) Programmes withdrawn from

5. The Programme Director (PD) of the programme from which the resident withdrew is required to provide a written or electronic verification of the transferring/ switching resident's

1. training and educational experiences;

¹ For example, residents who withdraw from their programme on 1 May 2011 would only become eligible to reapply for residency on 1 May 2012.

2. performance evaluation including assessment of competence in:
 - a) Patient care
 - b) Medical Knowledge
 - c) Practice-based learning and improvement
 - d) Interpersonal and communication skills
 - e) Professionalism
 - f) Systems-based practice
 3. any other information relevant in programme transfer (e.g. reason for withdrawal)
6. The information should be provided at the point of withdrawal for the resident's personal records. The programme from which the resident withdrew should also keep a record for their own use.

(C) Programme Receiving

7. The PD of the receiving programme should obtain the information in Para 5 and 6 before accepting a resident transfer/ switch into his or her programme.
8. Resident transfers/switches, if successfully matched and accepted, are to commence residency at R1 and must be placed on close monitoring/supervision for assessment of competencies and the appropriate remediation required if needed, to determine placement at R2 under the current rules.

For compliance

9. The above is for SIs' compliance.



DR LAU HONG CHOON
DIRECTOR (MANPOWER STANDARDS AND DEVELOPMENT DIVISION)
for DIRECTOR OF MEDICAL SERVICES

cc:

MOH:	Group Director, People Matters Director, Manpower Planning and Strategy
MOHH:	Director, HR and Talent Development Director, Clinical Manpower
NHG:	Chief Human Resource Officer
SHS:	Group Human Resource Director
AHPL:	Chief Human Resource Officer
NUHS:	Senior Director, Human Resource
JHS:	Director, Human Resource
AIC:	Director, Corporate Services
IC:	SingHealth Sponsoring Institution NHG-AHPL Sponsoring Institution NUHS Sponsoring Institution
All RH/Is:	CEOs CMBs HR Directors

MH 14:19/1-2

16 March 2011

CEO, National Healthcare Group
 Group CEO, SingHealth Services
 CEO, Alexandra Health Pte Ltd
 CEO, National University Hospital (S) Pte Ltd
 CEO, Jurong Health Services
 CEO, Agency of Integrated Care
 CEO, Health Sciences Authority
 CEO, Health Promotion Board
 Co-Chairperson, Joint Committee for Specialist Training
 DIO, SingHealth Sponsoring Institution
 DIO, NHG-AHPL Sponsoring Institution
 DIO, NUHS Sponsoring Institution

Addendum for MOH Training Circular Minute no 11/2010 – Guidelines For Resident Transfers/Switches in Enhanced Postgraduate Medical Education (Residency) Programme.

Residents who transfer from Residency to BST/Seamless program¹ shall also incur the one year penalty stated in Paragraph 3 for those entering the residencies from this year (with effect from 31 May 2011).

2 In addition, all residents doing Transitional Year who have not received categorical positions for Family Medicine or one of the specialty residency programs shall be exempted from the penalty stated in Paragraph 3.

3 The STC of the receiving BST/Seamless program should also obtain the information in Para 5 and 6 of the circular² before accepting a resident transfer/switch.

¹ **MOH Training Circular Min 14/2010 Para 3 –**

With the introduction of residency programmes, BST/Seamless traineeships for specialties will cease from 2011 except the following specialties

- Pathology (seamless) for Chemical Pathology, Forensic and Microbiology
- Radiation Oncology (BST)
- Dermatology (Seamless)

² **MOH Training Circular Min 11/2010 Para 5 & 6 -**

5. The Programme Director (PD) of the programme from which the resident withdrew is required to provide a written or electronic verification of the transferring/ switching resident's

1. training and educational experiences;¹ For example, residents who withdraw from their programme on 1 May 2011 would only become eligible to reapply for residency on 1 May 2012.
2. performance evaluation including assessment of competence in:
 - (a) Patient care
 - (b) Medical Knowledge
 - (c) Practice-based learning and improvement
 - (d) Interpersonal and communication skills
 - (e) Professionalism
 - (f) Systems-based practice
3. any other information relevant in programme transfer (e.g. reason for withdrawal)

6. The information should be provided at the point of withdrawal for the resident's personal records. The programme from which the resident withdrew should also keep a record for their own use.

4 The above is for compliance.



Dr Lau Hong Choon
Director (Manpower Standards and Development Division)

cc:
MOH: Group Director, People Matters
Director, Manpower Planning and Strategy
MOHH: Director, HR and Talent Development
Director, Clinical Manpower
NHG: Chief Human Resource Officer
SHS: Group Human Resource Director
AHPL: Chief Human Resource Officer
NUHS: Senior Director, Human Resource
JHS: Director, Human Resource
AIC: Director, Corporate Services
JCST: Manager
IC: SingHealth Sponsoring Institution
NHG-AHPL Sponsoring Institution
NUHS Sponsoring Institution
All RH/Is: CEOs
CMBs
HR Directors

**ANNEX C
DECLARATION FORM FOR GIFTS RECEIVED**

DECLARATION FORM FOR GIFTS RECEIVED

Name: _____ NRIC No: _____
 Designation: _____ Employee No: _____
 Department: _____ Cost Centre: _____

<p>PART I (to be completed by Staff)</p> <p>I wish to declare the following gift/benefit received from an external party:</p> <p>Description of Gift/Benefit received : _____</p> <p>Vendor/Supplier who offered Gift/Benefit : _____</p> <p>I wish / do not wish to pay 25% of the estimated market value to retain the gift for my own use (only applicable for Personalised gifts valued above \$100).</p> <p>_____</p> <p style="text-align: center;">Applicant's Signature Date</p>		
<p>PART II (to be completed by Reporting Officer)</p> <p>I have received the above gift, which has been disposed as follows :</p> <p><input type="checkbox"/> Shared amongst staff in the department (for perishable goods). <input type="checkbox"/> Forwarded to HR Department (for non-perishable goods). <input type="checkbox"/> Staff allowed to retain the gift (only for personalised gifts valued at \$100 or below). <input type="checkbox"/> Staff allowed to retain the gift by paying 25% of estimated market value (only for personalised gifts valued above \$100).</p> <p>_____</p> <p style="text-align: center;">Name of Head of Department Signature / Date</p>		
<p>PART III (to be completed by Site HR Head)</p> <p><input type="checkbox"/> The gift has been recorded. Will be used for the institution's functions. <input type="checkbox"/> The estimated market value of the gift is \$_____ <input type="checkbox"/> Received \$_____(25% of value) from the staff, forwarded payment to Finance. <input type="checkbox"/> Gift/Benefit may cause potential conflict of interest or has caused the staff to have a vested personal interest or personal obligation to the vendor/supplier. Alerted Finance.</p> <p>_____</p> <p style="text-align: center;">HR Head's Signature Date</p>		
<p>APPROVAL FOR RETENTION OF GIFT BY STAFF</p> <p>_____</p> <p>HR Head's Signature/Date (if gift is est. \$500 & below) Dir of Finance's Signature/Date (if gift is est. \$501 to \$1000) CEO/MD's Signature/Date (if gift is est. \$1001 & above)</p>		

ANNEX D**LETTER OF EMPLOYMENT OFFER - ATTACHMENT 1: MOH HOLDINGS PERQUISITES****SCHEDULE OF PERQUISITES****1 ANNUAL LEAVE**

1.1 You shall be entitled to **21 working days** (PGY1), **24 working days** (PGY2 and above) per calendar year.

1.1 The annual leave will be pro-rated according to the completed months of service where your period of service with the Company is less than a calendar year.

1.3 Such leave is to be taken at times convenient to the Company and not be accumulated without the prior written permission of the Company. You may only carry forward a maximum of five (5) days of annual leave entitlement to the next calendar year (the second calendar year). Leave carried forward must be consumed by 31 December of the second calendar year, failing which such leave will be automatically forfeited without any compensation or notification.

2 MEDICAL/HOSPITALISATION BENEFITS CO-PAYMENT SCHEME

You and your family shall be entitled to the Company's Medical and Hospitalization Benefits Co-Payment Scheme as provided herein: -

3.1 "Family" for the purpose of this clause means: -

3.1.1 Your spouse who is unemployed and who does not enjoy medical benefits provided by his/her past employer, or if employed, is not entitled to medical benefits provided by his/her current employer; and

3.1.2 Your dependent children including step-children and legally adopted children who are under the age of 18 years and who are not provided with medical benefits by the current or past employer of your spouse.

3.2 The Company's Medical and Hospitalization Benefits Co-Payment Scheme is as follows: -

3.2.1 Outpatient Treatment

(a) An annual sum of **S\$400.00** for you and your family combined per calendar year.

(b) Outpatient treatment may be sought at any Registered Medical Practitioner but the maximum claim allowed for treatment by a private practitioner is **S\$35.00** per visit subject always to the maximum claim of **S\$400.00** per calendar year as provided above in clause 2.2.1(a).

(c) The claim must be supported by receipt.

3.2.2 Outpatient Specialist Consultation

(a) You are also entitled to an annual sum of **S\$550.00** per calendar year for any outpatient specialist consultation at public healthcare network of hospitals and specialist centres.

(b) Your family as a whole (and not individually) is also entitled to a further sum of **S\$550.00** for such specialist consultation per calendar year.

3.2.3 Hospitalization Fees

You are eligible for hospitalization fees incurred in the public healthcare network of hospitals and specialty centres at a sum of **S\$10,000.00** per calendar year. Your family as a whole (and not individually) is also eligible for a further sum of **S\$10,000.00** for such fees.

3.2.4 Rate of Co-Payment

You are required to co-pay at a rate of **10%** for self and **30%** for family for all medical and hospitalization claims subject to the maxima stipulated in clauses 2.2.1 to 2.2.3.

3.3 Pre-existing Illnesses

The Company's Medical & Hospitalization benefits Co-payment Scheme shall not cover any of your pre-existing illnesses.

3 DENTAL BENEFIT

You are entitled to dental treatment expenses up to a maximum of **S\$130.00** per Calendar year at any dental clinic for preventive and restorative treatment. Your family is not entitled to any such benefits. Documentary proof of payment must be attached.

4 SICK/HOSPITALISATION LEAVE

You are eligible for Sick/Hospitalization Leave as follows:-

5.1 Sick Leave

14 working days per calendar year.

5.2 Hospitalization Leave

46 working days per calendar year. Where excess hospitalization leave is required, the unconsumed sick leave can be utilized as hospitalization leave.

5.3 Leave granted by a dental officer is considered as medical leave. Half-day medical leave applications are not allowed.

5 MARRIAGE LEAVE

Upon confirmation, you shall be eligible for three (3) working days of marriage leave upon your marriage. This must be consumed within one (1) year from the date of registration of marriage. Such leave must be continuous and half-day application is not allowed.

6 MATERNITY LEAVE (FOR FEMALE EMPLOYEE ONLY)

Subject to a minimum of ninety (90) calendar days of continuous service and provided you are still in the employment of the Company, you shall be eligible for sixteen (16) weeks of paid maternity leave per occasion of child birth up to four (4) living children. For non-Singaporean births, maternity leave will be eight (8) weeks up to two (2) living children.

For non-Singaporean births, maternity leave will be eight (8) weeks up to two (2) living children.

7 PATERNITY LEAVE (FOR MALE EMPLOYEE ONLY)

Upon confirmation, you shall be eligible for three (3) working days of paternity leave on the occasion of your wife's first four (4) deliveries. The leave must be taken within one (1) month of the child's birth. Half day applications are not allowed.

8 ENHANCED CHILDCARE LEAVE

If you have a Singaporean child under the age of seven (7), you will be eligible for six (6) days of paid childcare leave per year, of which two (2) days are subsumed under the Family Care Leave. To qualify, you must have at least three (3) months of continuous employment. Half day applications are not allowed.

9 NEW UNPAID INFANT CARE LEAVE

You may apply for up to six (6) days of unpaid infant care leave per year if you have any Singaporean child under the age of two (2). To qualify, you must have at least three (3) months of continuous employment. Half day applications are not allowed.

10 COMPASSIONATE LEAVE

11.1 The Company shall grant paid compassionate leave of up to a maximum of three (3) continuous calendar days (start from the day when death occurs and up to the last day of funeral/day for ash collection) per occasion in the event of the demise or three (3) working days in the event of critical illness of any of the following relatives of the employees: -

- (a) grand-parents
- (b) grand-parents-in-law
- (c) parents
- (d) parents-in-law
- (e) spouse
- (f) children
- (g) siblings

11.2 Compassionate leaves are non-cumulative and half day applications are not allowed.

11.3 For the purpose of this clause, critical illness refers to a patient on a hospital's dangerously ill list.

11 FAMILY CARE LEAVE

Upon confirmation by the Company, you shall be entitled to three (3) working days of paid family care leave to take care of immediate family members who are unwell. Immediate family members under this clause refer to parent, parent-in-law and child below the age of twelve (12). Any unutilized family care leave may not be carried forward to the next year or encashed. Half day applications are not allowed.

The total of Compassionate and Family Care Leave shall not exceed seven (7) working days per year.

The total number (combined) of Family Care Leave, Enhanced Childcare Leave and Compassionate Leave cannot exceed ten (10) working days per year.

12 PUBLIC HOLIDAYS

13.1 You will be entitled to the gazetted public holidays in Singapore.

13.2 You are not entitled to any additional remuneration for overtime work or for work on rest days.

13 TRAVEL INSURANCE

Travel insurance will also be provided when you travel on official business on behalf of the Company or as approved by the Company.

14 GROUP TERM LIFE & PERSONAL ACCIDENT INSURANCE15.1 Group Term Life Insurance

The Company will provide a Term Life insurance coverage to employees effective only upon confirmation.

Coverage covers death and permanent disability and is subject to the acceptance by the insurance company and the terms and conditions of the policy. The coverage is worldwide, on a 24-hour basis and sum is 12 months of the total base salary. Any expenses incurred beyond the insurance coverage will be borne by employees.

15.2 Group Personal Accident Insurance

The Company will provide a Group Accident insurance coverage to employees effective only upon confirmation.

Coverage is subject to the acceptance by the insurance company and the terms and conditions of the policy. Coverage covers death and permanent disability, except suicide, self-injury, war participation in riots & competitive racing of any kind. The coverage is worldwide, on a 24-hour basis. The coverage for executive staff is 36 months of the total base salary and for non-executive staff is 12 months of the total base salary. Any expenses incurred beyond the insurance coverage will be borne by employees.

15 WORK INJURY COMPENSATION INSURANCE

Employees are covered under the Work Injury Compensation Insurance that covers against work-related death and disability in accordance with the provisions of the Work Injury Act.

ANNEX E MOH HOLDINGS PTE LTD – PERSONAL TRAINING FUND

MOHHoldings

MOH Holdings Pte Ltd (Reg No: 198702955E)

TITLE:	EFFECTIVE DATE:	REVISION DATE:
Personal Training Fund	22 May 2009	8 February 2010
	PAGES: 5	
PROCESS OWNER:	APPROVAL:	
Human Resource & Talent Development	Director, Human Resource & Talent Development	

OBJECTIVE

1. This policy provides guidelines on the application and utilisation of Personal Training Fund (PTF) or also known as Personal Development Fund (PDF).

POLICY

2. All MOHH-employed House Officers, Medical Officers and Dental Officers are eligible to an annual Personal Training Fund. The PTF is allocated from 1 May to 30 April of every year. Please refer to Annex B for entitlement.
3. The Personal Training Fund can be utilised to attend local and overseas courses, conferences, exams and medical-related programmes as described under the 'Guidelines on Utilisation of Personal Training Fund' below. Staff are able to seek reimbursement for fees related to courses, conferences, exams and programmes as long as it is within his/her entitlement.
4. The Personal Training Fund provided by MOHH is intended as a form of financial assistance to support training activities and may not cover all expenses that arise from the activities.

GUIDELINES ON UTILISATION OF PERSONAL TRAINING FUND (PTF)

5. The PTF may be utilised for the following types of training activities:
 - a) courses that lead to a formal certification related to medical/clinical practice;
 - b) courses or conferences that are relevant to a medical/clinical topic;
 - c) courses or conferences that aim to improve a doctor's soft skills necessary for doctor-patient interaction (eg. doctor-patient communication);
 - d) core training programmes as detailed by the hospital/MOHH Training Committee;
6. The PTF may be used to cover the following cost items:
 - a) course fees;
 - b) registration fees;
 - c) any compulsory course materials (can be of any medium, eg. books, CD-ROM.
 - d) course reference materials (subject to approval from HOD);
 - e) examination fees;
 - f) cost of log books;
 - g) NUS library membership fees

7. The PTF will not be allowed to cover the following cost items:
 - a) as 'top-up' to another source of funding/sponsorship for a conference/course;
 - b) courses that have no direct relation to doctors' academic/clinical development;
 - c) annual membership fees for SMA (Singapore Medical Association) or any other professional bodies;
8. PTF cannot be used for the same purpose more than once, where the repeated cost is being incurred due to the doctor's failure to complete a course/training event in the first instance.
9. Un-utilised PTF cannot be en-cashed or brought forward to the following year.

PROCEDURES FOR MAKING CLAIMS

10. MOHH Human Resource & Talent Development (HRTD) is responsible for the administration of PTF for all Medical staff.
11. Medical staff who wish to utilise the PTF should check his/her entitlement and balance with HRTD prior to making any application for claim.
12. The PTF Application Form must be submitted to their Head of Department to seek approval first. The completed form, together with details of training (eg. course brochure, registration form, etc) must be forwarded to HRTD.
13. Payment for all course fees shall be made by the Medical staff in advance. Upon completion of course/conference, original receipts must be attached with a copy of the PTF Form for reimbursement. Reimbursement will be made via payroll.
14. If the Medical staff fails to attend/complete the training as planned, it is his/her responsibility to inform the HOD & MOHH. He/she will not be allowed to seek any reimbursement and will be required to refund MOHH in full in event that MOHH has disbursed the claim. MOHH reserves the right to waive this refund only under exceptional circumstances.

ENQUIRY

For enquiries, please contact: Ms Junie Koh
junie.koh@mohh.com.sg
DID: 6622-0967

Or

Ms Corine Chua corine.chua@mohh.com.sg DID:
6622-0954

Address:
MOH Holdings Pte Ltd
1 Maritime Square, #11-25
Harbourfront Centre, Singapore 099253

Fax: 6720-0980

APPLICATION FOR UTILISATION OF PERSONAL TRAINING FUND

Section 1: To be completed by Applicant	
Name : _____	MCR No : _____
Email : _____	Contact No : _____
<input type="radio"/> Dental Officer <input type="radio"/> Medical Officer Trainee (Speciality : _____)	
<input type="radio"/> Medical Officer <input type="radio"/> House Officer	
Current Posting Hospital/Dept: _____	
<input type="radio"/> Reimbursement for Course or Examination <i>(Please attach course/examination details/brochures)</i>	
Course/ Examination Title : _____	

Course/ Examination Provider : _____	
Duration : _____ Days	Start Date : _____ End Date : _____
Total Fees: _____ (including GST)	
<input type="radio"/> Reimbursement for Approved Items	
Description of Item : _____	

Amount: _____ (including GST)	
<p>I understand that a recommendation by my Head of Department only indicates his concurrence of the course relevance.</p> <p>Approval of reimbursement may be in full or in part and it is subject that I have not exhausted the maximum allowable fund allocated to me under PTF for this calendar year according to Annex B.</p> <p>I declare that the information which I have provided in this application is true and that breach of regulations or inaccurate information in the application will result in liability for severe punishment.</p> <p>I have attached ALL the relevant documents:</p> <p> <input type="radio"/> Course/Exam details (brochures/course/exam registration form/confirmation from course provider/course certificate) <input type="radio"/> Original Receipt of full course/exam payment (for reimbursement purpose) </p>	
_____ Applicant's Signature	_____ Date

Section 2: To be completed by Head of Department

Recommended Please specify relevance/benefits of training programme to Applicant's job functions and development needs

Not recommended _____

Section 3: To be completed by Approving Personnel

Supported Not Supported

Director, Clinical Manpower Division (Signature & Date)

Section 4: To be completed by HRTD

PTF Budget balance available as at DD / MMM / YYYY	\$ _____
Current Amount Requested	\$ _____
Amount approved for reimbursement / disbursement	\$ _____
PTF balance available after this application	\$ _____

HRTD Staff Name, Signature & Date

Instructions :

Application forms can be forwarded to the HRTD by mail :

MOH Holdings Pte Ltd
 1 Maritime Square, #11-25
 Harbourfront Centre, Singapore 099253

Fax : 6720-0980

Email : junie.koh@mohh.com.sg

or via the MOHH drop box at your Institution.

ANNEX B

PERSONAL TRAINING FUND ENTITLEMENT

Updated as at 1 May 2009 and may be subjected to changes.

House Officers and Medical Officers (Non-Trainees):
Entitlement : \$1,000.00
Medical Officer Trainees (BST) in the following Disciplines:
i. Emergency Medicine ii. Internal Medicine iii. Pathology iv. Psychiatry
Entitlement : \$2,250.00
Medical Officer Trainees (BST) in all other Disciplines not mentioned above:
Entitlement : \$1,500.00
Dental Officers:
Entitlement : \$1,000.00

ANNEX F NUHS DRESS CODE FOR DOCTORS

This guideline defines the minimum standards of dress for doctors working in NUHS, with the purpose of maintaining the decorum expected of a physician.

Definition of Attire

Office attire

- Male : Long or short sleeved buttoned shirt with collar, tie optional
- Female : Pants are permitted
- Appropriate office footwear

Casual attire

- Polo shirts are allowed, to be tucked in
- Jeans and sports shoes are permitted

Ward scrubs

- Standard hospital issue scrub top with the letter “NUH” on the back, worn with matching scrub trousers or other trousers
- OT scrubs / caps / masks / footwear are not to be worn outside the OT area

Figure 1. Hospital scrubs



Figure 2. OT scrubs (Blue : Male; Green : Female)



For the purpose of hygiene and patient safety, employees who have direct contact with patients in inpatient wards and Specialist Outpatient Clinics/Centres should observe the following:

- Employees should wear shirts with sleeves that end above the elbow.
- Neckties should be secured so as to avoid contact with patients.
- Clipons should be worn in place of lanyards.
- Wrist watches are discouraged and if rings are to be worn, they should be simple smooth bands

Figure 3. Sleeves should end above the elbow

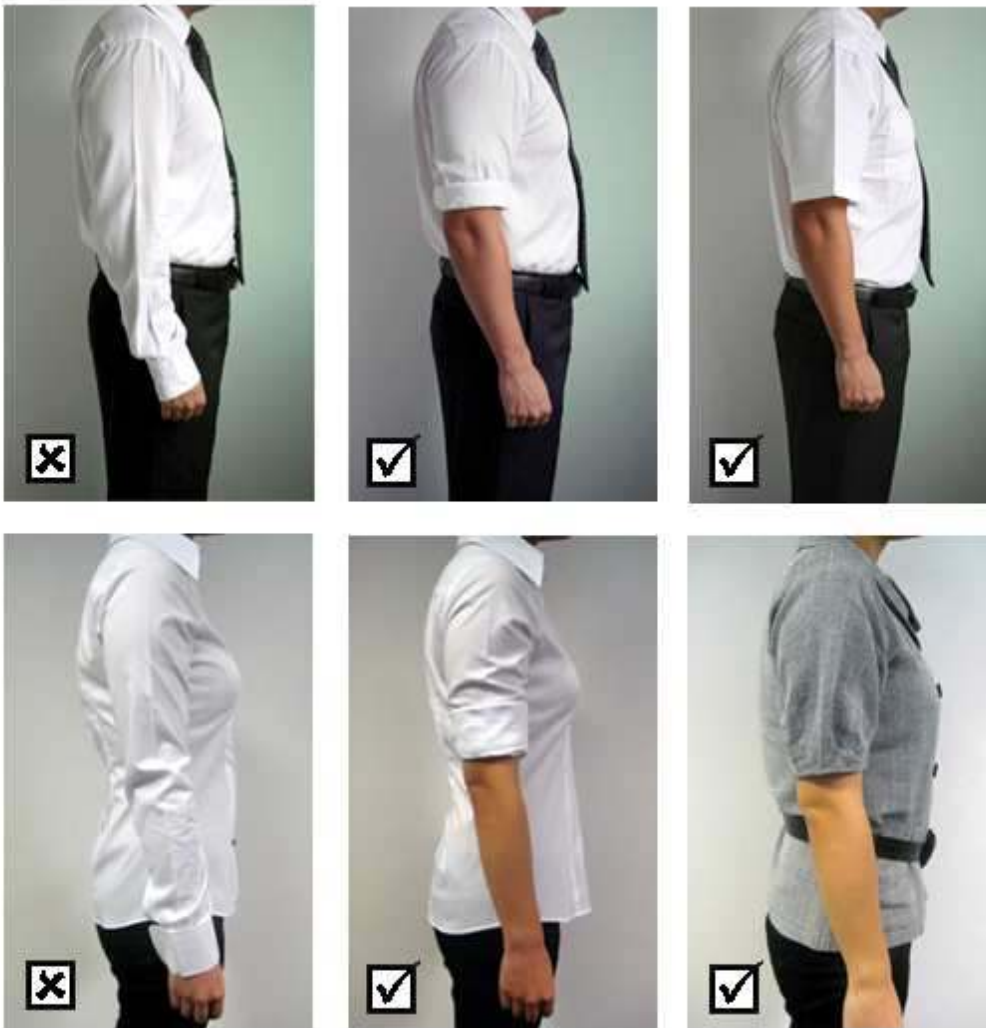


Figure 4 : Ties should be secured with a tie pin to avoid contact with patients



Figure 5. Staff ID should be worn with a retractable clip-in instead of a lanyard



Doctors on duty

On call hours are defined as 5pm to 8am on weekdays, and the entire 24 hour period beginning 8am on Saturdays, Sundays and Public Holidays.

House staff have a choice of the following during on-call hours

- Office attire
- Casual attire
- Ward scrubs

The definition of each category is as above.

Dressing that is not acceptable

The following types of clothing must not be worn at any time during work

- Male doctors may not wear: T-shirts without collars, round-necked or sleeveless T-shirts.
- Female doctors may not wear spaghetti strapped blouses, tank-tops or singlet on their own, unless covered under a jacket / sweater.
- Blouses showing midriff or with low necklines.
- T-shirts with inappropriate slogans or loud visuals
- Shorts, Bermudas or pedal pushers
- Jeans with tears / holes or loose fringes / seams.
- Slippers, flat sandals (without heels)

If an employee needs to wear slippers/sandals at work due to medical reasons (e.g., leg/foot injury), he/she has to seek permission from the Head of Department (HOD).

Identification / Name Tag

All doctors are required to wear their name tag at all times when on NUHS premises.

This guideline is not exhaustive, and is also not intended to be restrictive. In case of any dispute, the Department Chief will be asked to adjudicate. In the event of a disease outbreak, Chairman Medical board may elect to suspend and / or modify these guidelines.

