



## KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL

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## INTERNSHIP TRAINING CENTRE INFORMATION PACK

### I. INTRODUCTION

The Kenya Medical Practitioners and Dentists Council (KMPDC or “the Council”) is a body corporate established under the Medical Practitioners and Dentists Act (Cap. 253, Laws of Kenya), enacted in 1979. The Council is mandated to regulate the **training** and practice of medicine, dentistry and oral health, and to regulate all health institutions within the Republic of Kenya.

Internship is a prescribed period of employment during which **a medical or dental graduate works under supervision** to fulfil registration requirements. During this period, the graduates have an opportunity to consolidate their knowledge, skills and attitudes to enable them to become competent practitioners.

In the regulation of medical and dental internship, the Council has the following roles, among others:

1. Assist the intern to attain full potential during internship;
2. Provide the necessary guidance to the intern;
3. Liaise with employers and supervisors of the intern to ensure that he/she has enabling work environment;
4. Supervise the process of internship through regular visits to the internship training centres (ITCs);
5. Accredit internship training centres;
6. Ensure that the required standards are maintained at all internship training centres, and
7. Verify completion of internship training and register those successful as medical and dental practitioners,

## II. DURATION AND CONTENT OF INTERNSHIP

Every medical or dental intern shall be required to undergo an internship training program for a minimum period of twelve (12) calendar months, equivalent to **fifty-two (52) weeks**. The prescribed rotations and periods are as follows:

### 1. Medical Internship:

- a. Internal Medicine (including Dermatology) = **11 weeks**
- b. Paediatrics = **11 weeks**
- c. Surgery (including Orthopaedics and ENT) = **11 weeks**
- d. Obstetrics and Gynaecology = **11 weeks**
- e. Psychiatry and Community Health = **8 weeks**

Total = **52 weeks**

### 2. Dental Internship:

- a. Oral & Maxillofacial Surgery = **11 weeks**
- b. Prosthetics & Conservative Dentistry = **11 weeks**
- c. Periodontology = **11 weeks**
- d. Paediatric Dentistry and Orthodontics = **11 weeks**
- e. Community Dentistry = **8 weeks**

Total = **52 weeks**

## III. MINIMUM MANDATORY REQUIREMENTS FOR INTERNSHIP TRAINING CENTRES

In the execution of its mandate, the Council has set minimum standards which are used to accredit and approve Internship Training Centres.

### A. Medical Internship Training Centres

The minimum requirements for Medical Internship Training Centres are as follows:

1. At least one **full-time** Medical Specialist in each of the following disciplines:
  - a. Internal Medicine;
  - b. General Surgery;
  - c. Paediatrics, and
  - d. Obstetrics & Gynaecology.
2. Arrangements for implementation of the Psychiatry rotation:
  - a. May have a full-time or visiting Psychiatrist;OR
  - b. Provide evidence of linkage with another internship training centre that has a full-time Psychiatrist and an inpatient unit where the

interns attend at least one major ward round and one outpatient clinic per week.

3. Arrangements for implementation of the Community Health rotation:
  - a. Evidence of linkage with a Level 2 or 3 health facility (dispensary or health centre) where the interns will provide primary care services under the supervision of a Family Physician;
  - b. Evidence of linkage with the County/Sub-County Health Management Team (CHMT/SCHMT) and the interns' involvement in CHMT/SCHMT-led preventive or promotive activities;
  - c. Evidence of interns' involvement of the interns in preventive or promotive activities within the hospital, and
  - d. Evidence of the interns attending the hospital management team (HMT) meetings.
4. Adequate infrastructure and functional equipment to support diagnosis and treatment, including:
  - a. Inpatient departments: Internal Medicine, Paediatrics, New-Born Unit, Surgery, Obstetrics, Gynaecology, ±Psychiatry;
  - b. Specialist outpatient clinics;
  - c. Laboratory licensed by KMLTTB at Class E, which offers: Haematology and blood transfusion; Microbiology and parasitology; Biochemistry; Special chemistry e.g. tumour markers, hormone profile; ±Pathology;
  - d. Functional x-ray and ultrasound, and
  - e. Functional theatres.
5. Adequate inpatient and outpatient case mix and workload to support the approved number of interns.
6. Adequate pharmaceutical and non-pharmaceutical supplies to support management of patients.
7. Active CPD programme accredited and licensed by the Council.
8. Functional Internship welfare and support systems including:
  - a. Accommodation for the interns;
  - b. Transport and security for the interns to attend to night calls;
  - c. Interns' orientation/ induction programme upon arrival at the institution;
  - d. Regular meetings with Internship Coordinator (with minutes);
  - e. Regular evaluation by Internship Supervisors at mid- and end of each rotation (with minutes);
  - f. Formal mentorship programme;
  - g. Psychosocial support framework;
  - h. Safe learning and working environment, including occupational health and safety (*i.e. an environment that is free from all forms of*

*discrimination, intimidation, bullying, harassment, verbal abuse; physical violence, and sexual harassment);*

- i. Safe working hours, including adequate rest time;
- j. Representation of the Interns in the Hospital Management Team;
- k. Mechanism for providing feedback to Institution and Supervisors on the interns' experience, and
- l. Safe complaint/ dispute resolution mechanism.

## **B. Dental Internship Training Centres**

The minimum requirements for Dental Internship Training Centres are as follows:

1. **At least two full-time** Dental Specialists i.e.
  - a. one Oral and Maxillofacial Surgeon (mandatory), and
  - b. one of either Periodontist, Paediatric Dentist or Prosthodontist.
2. Arrangements for implementation of the Community Dentistry rotation:
  - a. Evidence of linkage with the County Oral Health Coordinator;
  - b. Evidence of linkage with a Level 2 or 3 health facility (dispensary or health centre) where the interns will provide primary care services under the supervision of a Dental Public Health Specialist, and
  - c. Evidence on interns' involvement in the county oral health preventive/ promotive programmes.
3. At least one fully-functional dental chair per dental intern, **minimum four**.
4. Functional dental laboratory.
5. Imaging facilities: Functional OPG and IOPA.
6. Adequate case mix and workload to support the approved number of interns.
7. Adequate supply of dental materials, pharmaceutical and non-pharmaceutical supplies to support management of patients.
8. Active CPD Programme accredited and licensed by the Council with at least one Dental CPD per month.
9. Functional Internship welfare and support systems, including:
  - a. Accommodation for the interns;
  - b. Transport and security for the interns to attend to night calls;
  - c. Interns' orientation/ induction programme upon arrival at the institution;
  - d. Regular meetings with Internship Coordinator (with minutes);
  - e. Regular evaluation by Internship Supervisors at mid- and end of each rotation (with minutes);
  - f. Formal mentorship programme where each intern is assigned a mentor from the available Dental Specialists and Senior Dental Officers;

- g. Psychosocial support;
- h. Safe learning and working environment, including occupational health and safety (*i.e. an environment that is free from all forms of discrimination, intimidation, bullying, harassment, verbal abuse; physical violence, and sexual harassment*);
- i. Safe working hours, including adequate rest time;
- j. Representation of the Interns in the Hospital Management Team;
- k. Mechanism for providing feedback to Institution and Supervisors on the interns' experience, and
- l. Safe complaint/ dispute resolution mechanism.

Note:

**Evidence of linkage** with another facility refers to formal documentation of the arrangements made, such as a memorandum of understanding between the ITC and the other facility, for the interns to rotate at the other facility in order to fulfil the requirements for internship training. The agreement should indicate details such as:

1. the agreement to have the Interns rotate there;
2. the facility's workload;
3. the period of the rotation;
4. what activities the Interns will be involved in;
5. who will supervise them, and
6. what the obligation of the ITC to the other facility will be.

### **C. Implementation of the Psychiatry and Community Health rotation**

This combined rotation should be carried out over a period of eight (8) weeks.

The Council appreciates that not all accredited Internship Training Centres have resident/full-time or visiting Psychiatrists. As such, ITCs are encouraged to link up with neighbouring ITCs who have resident Psychiatrists or make arrangements to engage with visiting Psychiatrists. During each week of the **Psychiatry** rotation, the interns are expected to participate in the following at the minimum under the supervision of a Psychiatrist:

1. at least one major ward round;
2. at least one night call;
3. at least one outpatient clinic day, and
4. at least one tutorial session.

Activities for the **Community Health** rotation are categorised as follows:

1. Activities within the ITC, which include:
  - a. Interns' involvement in health education talks in wards or clinics;

- b. Interns' rotation in the Immunisation, Nutrition, ANC and CCC, and
  - c. Interns' participation in Hospital Management Team (HMT) meetings.
2. Activities led by the ITC but taking place in the community, which include:
  - a. Home visits for follow up of patients, and
  - b. Outreach activities organised by hospital.
3. Provision of primary care services: Weekly visits to a level 2 or 3 facility where the Interns offer primary care services under the supervision of the Family Physician;
4. Activities within the community, which include:
  - a. Interns' involvement in the school health program, and
  - b. Interns participation in CHMT/SCHMT-led preventive and promotive activities.

This rotation should be supervised by a **Family Physician** or a **Public Health Specialist**. For evaluation, the interns are required to submit weekly reports on the activities undertaken, a total of **eight weekly reports**.

#### **D. Implementation of the Community Dentistry rotation**

Activities for the **Community Dentistry** rotation are categorised as follows:

1. Activities within the ITC, which include:
  - a. Interns' involvement in health education talks in wards or clinics;
  - b. Interns' rotation through the Nutrition, ANC and CCC, and
  - c. Interns' participation in Hospital Management Team (HMT) meetings.
2. Activities led by the ITC but taking place in the community, which include:
  - a. Home visits for follow up of patients, and
  - b. Outreach activities organised by hospital.
3. Provision of primary care services: Weekly visits to a level 2 or 3 facility where the Interns offer primary care services under the supervision of the Dental Public Health Specialist;
4. Activities within the community, which include:
  - a. Interns' involvement in the school health program, and
  - b. Interns participation in CHMT/SCHMT-led preventive and promotive activities.

This rotation should be supervised by the **Dental Public Health Specialist** or the **County Oral Health Coordinator**. For evaluation, the interns are required to

submit weekly reports on the activities undertaken, a total of **eight weekly reports**.

#### **IV. INTERNSHIP COORDINATORS AND INTERNSHIP SUPERVISORS**

Each Internship Training Centre should have a designated Internship Coordinator and designated Internship Supervisors for each rotation. Where an ITC offers both medical and dental internship, the ITC should have a Medical Internship Coordinator and a Dental Internship Coordinator. The Internship Coordinator(s) and Internship Supervisors should be issued with formal appointment letters which clearly detail their terms of reference, roles and responsibilities. **It is the responsibility of the head of the ITC to submit the list of designated Internship Coordinator(s) and Internship Supervisors to the Council.**

##### **A. Internship Coordinators**

The Internship Coordinator should:

1. be Medical/Dental Specialist or Senior Registrar who is in full-time employment at the ITC;
2. not be a designated Internship Supervisor, the Medical Superintendent/Director or the Head of the Institution, and
3. should have an approachable demeanour.

The roles and responsibilities of the Internship Coordinator include:

1. Act as a liaison between the interns, the Institution and the Council;
2. Receive interns at the ITC both in writing and through their OSP;
3. Ensure that the all interns have Internship Licences, Guidelines and Logbooks, and that no intern is permitted to start internship without these documents;
4. Ensure that there is appropriate induction/ orientation for the interns upon reporting to the ITC and at the beginning of each rotation;
5. Organize minuted monthly meetings with Interns to discuss their experience;
6. Ensure that interns are given timely feedback on performance and assured of confidentiality;
7. Ensure that interns give feedback to the Hospital and ensure that their concerns are addressed appropriately;
8. Ensure that interns are assessed objectively and internship logbooks filled appropriately during and at the end of each rotation;
9. Identify exceptional interns for recognition;
10. Recognize the interns experiencing challenges; assess them and institute appropriate supportive measures, and notify the Council in a timely fashion;

11. Participate in disciplinary procedures for any intern experiencing disciplinary challenges;
12. Chair meeting of Internship Supervisors to assess performance of the interns;
13. Brief the head of the institution and where necessary, the Council, on administrative issues touching on interns, internship supervisors or departments within the institution that hinder implementation of the programme;
14. Regularly apprise the Council on the progress of each cohort of interns;
15. Provide feedback to the Council concerning the programme through [internship@kmpdc.go.ke](mailto:internship@kmpdc.go.ke);
16. Maintain records of internship matters at the Institution, including interns personnel files; minutes of evaluation and progress meetings; documentation of challenges and incidents; measures instituted; feedback; institutional policies on internship training, welfare and support; communication with the Council;
17. Clear interns from the ITC, both in writing and through the OSP, upon successful completion, or otherwise;

## **B. Internship Supervisors**

Traditionally, the designated Internship Supervisors have been the Heads of the Departments in which interns rotate. However, the Medical Superintendent/Director is at liberty to appoint another Medical/Dental Specialist serving in full-time capacity within that department to be the designated Internship Supervisor.

The roles and responsibilities of the Internship Supervisor include:

1. Receiving and orienting the interns in the department;
2. Allocating duties and responsibilities to the intern during their time in the rotation;
3. Documenting the period that the intern rotates through the department;
4. Providing theoretical and practical teaching of skills to the intern;
5. Supervising the work of the intern in the department alongside the rest of team;
6. Mentoring the intern into an all-rounded, moral and ethical professional;
7. Ensuring that the intern puts in the required time at work and also gets adequate breaks from work to ensure he/she is well rested, effective at work and safe for the patient;



8. Together with the intern coordinator, conduct monthly progress meetings to review interns training;
9. Assessing the intern in the course of the rotation and upon completion of the prescribed period and signing the log book as guided, and
10. Provide feedback to the intern concerning their assessment.

## **V. ROLES AND RESPONSIBILITIES OF THE INTERN**

These include the following:

1. Conducting themselves in a manner that upholds the dignity of the profession at all times;
2. Undertaking appropriate clinical history and physical examination;
3. Documenting all findings and recommendations appropriately, ensuring that the patient record is up to date;
4. Requesting for and/or performing relevant investigations;
5. Reporting to and consulting with the Internship Supervisor and the other practitioners in the department as appropriate;
6. Communicating effectively with other health professionals to ensure continuity of care;
7. Communicating effectively with patients and their relatives with regards to diagnosis, treatment and follow up;
8. Writing accurate and informative case summaries, referral notes and discharge summaries;
9. Appropriately handing over patients;
10. Presenting cases concisely, coherently and competently during ward rounds, grand rounds, mortality audits, CPD or any other appropriate fora;
11. Participating in the identification, development and implementation of community health programmes under supervision;
12. Performing any other relevant duties assigned by the Supervisor;
13. Promoting the practice of knowledge-based, evidence-based, quality and ethical healthcare;
14. Participating in the Institution's CPD activities, research and innovation, and
15. Providing feedback to the Internship Coordinator, Internship Supervisors, the Institution and the Council on the implementation and progress of internship training, with a view of improving the quality of internship training.

## **VI. MENTORSHIP AND PSYCHOSOCIAL SUPPORT**

In addition to designated Internship Coordinator and Supervisors, each ITC should institute a formal mentorship and psychosocial support programme.

### **A. Mentorship**

Mentorship is defined as a relationship in which a more experienced or senior professional (the mentor) takes time to assist the professional and personal development of a younger or junior professional (the mentee). The relationship is built on trust and involves an exchange of knowledge, skills and advice to enable the mentee to develop their capacity to successfully navigate the challenges that lie ahead in their professional and personal lives.

For the purpose of internship, each intern should be assigned a designated mentor from the available Medical/Dental Specialists and Senior Medical/Dental Officers to provide the support that they need to successfully complete internship training. The institution should provide a mechanism for:

1. providing feedback on the mentorship;
2. amicably breaking mentorship relationships that are not working, and
3. assigning new mentors for that intern.

For effectiveness, every intern should be assigned a mentor, but no mentor should have more than two mentees at any given time.

### **B. Psychosocial Support**

Compared to the general public, all health professionals are at a higher risk of and are more vulnerable to suffering adverse mental health conditions due to the stressful nature of their work (including long working hours, increased risk of exposure to infectious diseases, distressing and emotionally draining activities like handling dying patients and their relatives, etc) coupled with its effects like the lack of time to rest adequately, take good care of themselves and maintain their social lives.

Psychosocial support aims at protecting the mental health of health professionals so that they can cope with the stresses of their professional and personal lives; learn and work well; realise their full potential, and contribute to their community. The Council recommends that all health facilities should provide a psychosocial support framework for all its health professionals, and that all health professionals should routinely use the services availed.

Each ITC should institute a Psychosocial Support Framework that includes:

1. Designated counsellors, psychologists or psychiatrists to provide the services to interns and other health professionals working in the hospital;

2. A framework for early identification of interns and health professionals with psychosocial problems;
3. A nudge mechanism to prompt all health professionals to take up the psychosocial support services available on a regular basis (e.g. every six months);
4. Sensitising the staff on common mental health problems, how to identify them and the psychosocial support services available;
5. Creating a culture that promotes disclosure, acceptance, confidentiality and support for interns and health professionals with psychosocial problems;
6. Routine debriefing after adverse events, and
7. A mechanism for collecting feedback on the implementation of the psychosocial support services with the view to improve the quality of psychosocial support services provided.

## VII. REQUIRED DOCUMENTATION FOR INTERNSHIP TRAINING CENTRES

All ITCs should ensure that they have the following documentation:

1. Valid registration to operate as a health facility from KMPDC;
2. Valid annual operating licence issued by KMPDC for the hospital;  
Note: Public health facilities (i.e. those owned and operated by the national and county governments) receive their licences from the Council at no cost. Kindly contact [osp@kmpdc.go.ke](mailto:osp@kmpdc.go.ke) for guidance on how to activate the facility OSP account and download the licence.
3. Valid professional indemnity cover for the Hospital  
Note: All health facilities, including public health facilities, are required by Law to have a valid professional indemnity cover (Section 15A of Cap. 253).
4. The institution's corporate philosophy i.e. vision, mission and core values;
5. The institution's Training Policy (specifically on internship);
6. The Institution's policy on Internship Welfare and Support;
7. Copies of valid registration certificates and practice licences for all health professionals offering services at the hospital;
8. Proof of engagement (e.g. appointment letters, employment contracts) with resident and visiting Specialists to support the implementation of internship training at the institution;
9. Letters of appointment for the Internship Coordinator(s) and the designated Internship Supervisors for each rotation;
10. Evidence of linkage with other health facilities and the CHMT/SCHMT (e.g. memorandum of understanding) to support the implementation of internship training at the institution;
11. Record of receipt of each cohort of Interns and their release from the station upon successful completion or transfer;
12. Copies of the Internship Licenses and Posting orders/ letters of appointment for the Interns;
13. Record of designated Mentors for each Intern, and feedback received on the mentorship programme;
14. Minutes of monthly progress meetings between the interns and the Internship Coordinator;
15. Minutes of the monthly, mid-rotation and end-rotation internship evaluation meetings;
16. Minutes of the monthly meetings between the Internship Coordinator and Internship Supervisors for the purpose of assessing the interns' performance;

17. Copies of minutes and supporting documentation for any disciplinary committee meetings where interns appeared or were discussed;
18. Record of implementation of any corrective measures recommended by the supervisors for interns with challenges;
19. Copies of the *National Guidelines for the Internship Training of Medical and Dental Officer Interns* and *The Code of Professional Conduct and Discipline*, and
20. Any other relevant document

#### **A. Internship Training Policy**

Each internship training centre should have an Institutional Training Policy.

A Training Policy is a document written and/or endorsed by the management/administration of the Training Institution that reflects the facility's corporate philosophy and that contains a set of principles, guidelines and requirements to which the Institution adheres in the management of the training programme(s).

At the minimum, a Training Policy should contain statements on:

1. how the facility's corporate philosophy (vision, mission and core values) correlates with its role as a Training Institution;
2. the Institution's commitment to provide the necessary resources to support the training programme(s);
3. the Institution's commitment to quality care and patient safety, e.g. by maintaining the expected standards of care as per national/ regional/ international guidelines; the practice of evidence-based medicine and/or dentistry; continuous quality improvement, etc;
4. the Institution's commitment to uphold professional ethics;
5. the institution's commitment to create a safe and conducive learning, working and living environment so that the Students/ Interns/ Trainees can reach their full potential;
6. the Institution's commitment to diversity, inclusivity and non-discrimination in the selection, recruitment and admission of Students/ Interns/ Trainees into the programme(s);
7. the Institution's commitment to undertake and/or support research and innovation, and
8. how the community that is served by the Institution benefits from its actions and activities as a training institution.

## B. Internship Welfare and Support Policy

Internship Training Centres should endeavour to provide a safe working and learning environment. As such, each ITC is required to provide functional systems to support the welfare of the interns. These systems should be supported by documentation in the form of institutional policy documents.

The Council advises all ITCs to develop or adapt an **institutional internship welfare and support policy** that includes sections addressing:

1. Induction/ orientation programme;
2. Accommodation, transport and security;
3. Code of conduct for the interns and staff;
4. Mentorship;
5. Psychosocial support;
6. Working hours: Safe working hours with adequate rest time (e.g. interns, including those who are rotating alone, should do night calls on alternate nights and weekend calls on alternate weekends, so that at the minimum the interns are free on alternate weekends, and are free after the ward round [from around noon] on the day after a night/weekend call);
7. Safe working and learning environment, including but not limited to:
  - a. Workplace violence (including protection from discrimination, verbal abuse, bullying, harassment, intimidation, physical violence);
  - b. Occupational safety and health (including protective gear, vaccinations and prophylaxis), and
  - c. Sexual harassment;
8. Interns' wellness;
9. Medical insurance cover;
10. Support for special groups of interns (with special focus on disclosure, acceptance, confidentiality and support) including but not limited to:
  - a. Interns with chronic illness;
  - b. Interns with disability of any type;
  - c. Interns who are pregnant or lactating mothers;
11. Mechanism for providing feedback to the Institution, Internship Coordinator and Internship Supervisors on any aspect of the internship training;
12. Complaints/ Dispute resolution mechanism, and
13. Support for interns with problems (including corrective measures).

## VIII. CHANGING INTERNSHIP STATIONS

Interns who are not satisfied with the Internship Training Centre which they have been placed and/or posted to can request for a change of their internship station either prior to the start of internship or at any point during the course of the internship period.

Acceptable requests for change of internship station may be categorized as follows:

1. Acceptance to undertake internship at a private, faith-based or military hospital;
2. Industrial action lasting for more than four weeks;
3. Closure of the facility for more than four weeks;
4. Absence of core specialists for more than four weeks;
5. Absence of support services for more than four weeks;
6. Lack of secure accommodation (including call rooms which should be adequate for the number of interns on call at any given time);
7. Medical condition that warrants a transfer (emergency cases to be handled by the Chair of the IPC. Intern to attach medical reports);
8. Sexual harassment or physical violence, and
9. Other reasons that may be deemed acceptable by the Committee.

The process of changing internship stations is as follows:



### 1. Application for change of Internship Training Centre

- a. The intern wishing to change stations will fill in and sign the *Application for Change of Internship Training Centre* form available at [https://kmpdc.go.ke/resources/Change\\_Of\\_Internship\\_Form.pdf](https://kmpdc.go.ke/resources/Change_Of_Internship_Form.pdf).

- b. They will submit the filled form along with the supporting documents stating the reason for the request for the change of internship station to the Professional Assessment Department.
- c. In addition to these, interns who have already reported to the Internship Training Centre will be required to attach:
  - i. Evidence of successful completion of rotations done, and
  - ii. Recommendation for release from the Internship Training Centre signed by the Medical Superintendent and Internship Coordinator.

## **2. Review of Application by the Internship Placement Committee (IPC)**

- a. The Professional Assessment Department will forward all requests for change of internship station to the Chair of the IPC.
- b. The IPC will deliberate on the requests and give recommendations for each.

## **3. Communication of decision of the IPC**

- a. The Professional Assessment Department will inform each Intern of the decision of the IPC to approve or reject their request for change of internship station
- b. Where the request for change of internship stations has been approved, the Council, through the Professional Assessment Department, will write to the Intern and both Internship Training Centres informing them of the approval of the change of station.

## **4. Issuance of updated Internship Licence**

Interns whose requests are approved will surrender the old Internship Licence to the Council and be issued with a new Internship Licence.

## **5. Release of Intern from the old ITC**

The Internship Coordinator at the old station will release the intern both in writing and through their OSP.

## **6. Acceptance of the Intern at the new ITC**

The Internship Coordinator at the new station will confirm arrival of the intern and start of rotations at the new station, both in writing and through their OSP. Follow up and confirmation of completion of internship will be as indicated above.



## **IX. HANDLING INTERNS WHO HAVE CHALLENGES**

### **(a.k.a. Fitness to Practise for Interns)**

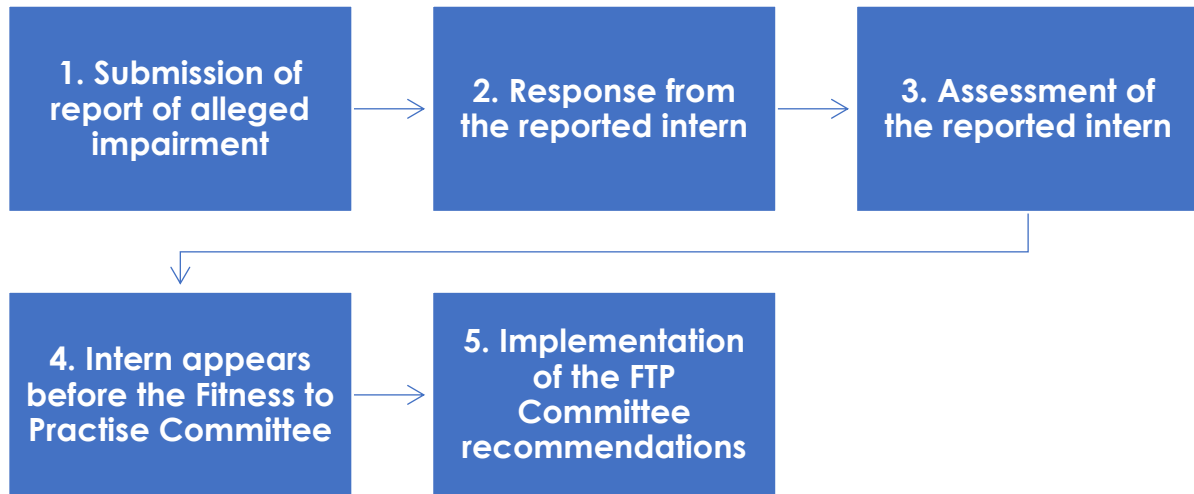
The Internship Training Centre can bring to the attention of the Council issues pertaining to a particular intern that affect their performance. Such issues may include:

1. serious or persistent failure to meet institutional or professional minimum standards of practice;
2. reckless or deliberate acts that potentially affect or harm self, colleagues and patients, relatives of patients and others;
3. concealing professional errors or impeding investigations into the same;
4. sexual misconduct or indecency;
5. improper relationships with service users or colleagues;
6. failure to respect the autonomy of service users;
7. violence or threatening behaviour;
8. dishonesty, fraud or an abuse of trust;
9. exploitation of a vulnerable person;
10. substance abuse or misuse;
11. health problems which the intern has not addressed, and which may affect safety or confidence of the service users, or
12. any other equally serious activities, behaviours or utterances which undermine public confidence in the medical/dental profession.

The complaint from the ITC is usually submitted to the Council after appropriate corrective measures have been attempted unsuccessfully. Such corrective measures include but are not limited to:

1. Targeted teachings, CPD or assignments;
2. Closer or additional mentorship or coaching;
3. Appearance before the Institution's disciplinary committee;
4. Prescribed counselling or psychosocial support;
5. Rehabilitation for substance use disorder;
6. Treatment of other conditions affecting the intern, and
7. Extension of the period of internship.

The process of handling Interns who have challenges is as follows:



### **1. Complaint submitted by the Internship Training Centre**

The Medical Superintendent and/or the Internship Coordinator of the ITC will write to the CEO/Registrar of the Council informing him/her of the intern with issues. They will attach the following:

- a. Minutes of the meeting where the intern's issues were discussed by the Internship Supervisors and their recommendations;
- b. Evidence and outcome of corrective measures taken e.g. additional classes, additional weeks, counselling, rehabilitation, appearance before staff disciplinary committee, etc., and
- c. Any other supporting documents e.g. internship assessment forms, incident reports, reports from the supervisors, etc.

### **2. Response from the Intern**

Upon receipt of such a complaint, the Council, through the Professional Assessment Department, will:

- a. inform the Intern that a complaint has been filed and the nature of the complaint, and
- b. request them to submit a written response and any supporting documents within two (2) weeks.

### **3. Assessment of the Intern**

a. The intern will then be referred for assessment:

- i. Medical Assessment

Interns alleged to have a medical condition affecting their performance will be referred for medical evaluation by at least two (2) Council-appointed Specialists /Assessors.

- ii. Knowledge-Gap Assessment

Interns alleged to have a knowledge gap will undergo an interview by at least two (2) Assessors appointed from the Council's Panel of Experts or Examination Board to assess the Interns skills and knowledge.

- b. The Professional Assessment Department will forward these evaluation reports to Chair of the Council's Training, Assessment, Registration and Human Resource Committee (TAR&HRC).

#### **4. Appearance before the Fitness to Practise Committee**

- a. Chair, TAR&HRC will convene an ad hoc Fitness to Practise Committee which sits quarterly.
- b. The Interns who have been assessed will be required to appear before the Committee sitting, either in person or virtually, to present their case.

Note:

- i. *The Assessors will present their reports to the FTP Committee for discussion.*
  - ii. *The intern is at liberty to invite relevant witnesses as deemed necessary.*
  - iii. *The Internship Coordinator or a designated representative of the Internship Training Centre will also be present.*
- c. The FTP Committee may make any or a combination of the following **recommendations** about the Intern:
    - i. that the Intern is **fit to practise**;
    - ii. that the Intern should **continue with internship** at the initial internship station;
    - iii. that the Intern should be **transferred** to a different internship station;
    - iv. that the Intern is unfit to practise independently and requires to **practise under close supervision while undergoing an intervention** for a prescribed period of time;
    - v. that the Intern is temporarily unfit to practise and should have their **licence withdrawn temporarily** for the duration of an intervention to facilitate their return to fitness; or
    - vi. that the Intern is permanently unfit to practise and should have their **licence permanently withdrawn** and undergo any other interventions as may be deemed necessary.

- d. Such interventions recommended by the FTP Committee include:
  - i. Remedial training (including repeating undergraduate training) for a period not exceeding twelve (12) months;
  - ii. Psychosocial support in the form of mentorship or counselling for a designated period;
  - iii. Treatment of medical condition, including psychiatric treatment, as may be required, and/or
  - iv. Rehabilitation e.g. for substance use disorder.
  
- e. A Fitness to Practise Committee Recommendation Report, shall be generated and signed at the end of the meeting. The report shall clearly state the steps to be taken for each Intern and monitoring of their implementation.

#### **5. Implementation of FTP Committee Recommendations**

- a. The Council, through the Professional Assessment Department, will write to both the Intern and the Internship Training Centre informing them of the recommendations of the FTP Committee.
  
- b. Where change of internship station is recommended, it shall be done as prescribed under the *Process of Changing Internship Stations* above.