

Uganda Episcopal Conference
HEALTH COMMISSION
Uganda Catholic Medical Bureau



EMPLOYMENT MANUAL
FOR
ROMAN CATHOLIC CHURCH HOSPITALS IN UGANDA
[TERMS AND CONDITIONS OF EMPLOYMENT]

March 2003

NB: This is not a normative document but a working paper in continuous development. In its basic format it has been approved by the Health Commission of the Episcopal Conference. It serves the purpose of guiding Hospital Boards and Managements in addressing the problem of human resource management. It requires a work of study and adaptation to local circumstances before its adoption, if deemed necessary. If all provisions in this document are instead easily adoptable, the document can be approved as such by the Hospital by just completing the parts in *italics*.

Even after its approval it requires continues up-dates through notices or standing order that the Hospital management or the Board needs to issue and attach in chronological order to this document. The Bureau will do the same whenever the change of context will require further clarifications or directives.

The Bureau can assist in clarifying issues and advising in possible adaptations, if requested to do so. The Bureau will also appreciate if Hospitals introducing Terms and Conditions of service inspired by this working paper will kindly share the fruit of their discernment with UCMB.

THIS VERSION HAS BEEN UPDATED AND MATCHED WITH THE
DRAFT CHARTER OF HOSPITALS
IT SUBSTITUTES EARLIER VERSIONS OF THIS DOCUMENT

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GLOSSARY

Addendum/a: official addition to this manual that may occur through publication of Notices/standing orders, attached in chronological order to this Manual, and that modify prior provisions of this Manual

CEO: it is a generic definition to indicate the Chairperson of the Hospital Management Team and spokesperson of the Team in the Board. It is used also as synonym of Management. *In many hospitals the CEO is defined in different ways (e.g. Complex Director, Medical Superintendent, Hospital Director etc. The Charter proposed by UCMB assigns to the Heads of the main departments of the Hospitals the title of Director (Medical, Nursing, Administrative, Training Directors etc...). In small Hospitals one of these will take the responsibility of Chairing the HMT and will be called Chief Executive (CEO). In larger Hospitals, where the overall Direction requires a full time work, the Chief Executive is called General Manager. Refer to the proposed Charter for a better understanding.*
The use of the title of Director is reserved to the employees who have all the necessary qualifications for the post as from the job descriptions. For the others the title of Head is more suitable. In practice the Head of Medical Department is an acting Medical Director.

First level supervisor: in general terms head of cost centres or lower levels of the hospital organisation

HMT: Hospital Management Team

Hospital: this term is used to indicate both the hospital as physical entity or the appointed leadership of the Hospital in a broad. The context clarifies which use is most appropriate.

Management: Hospital Management Team

Notice/standing order: official information to employees issued by the CEO/Board and published on the Notice board of the hospital

Second level supervisor or higher supervisor: one of the Directors

WARNING

Entries in - this character- mean variable parts of the Manual where the input from the specific Hospital is absolutely necessary. Otherwise the entire text is open for amendments and adaptation by the Hospital.

A. INTRODUCTION

1. About This Employment Manual

i) This employment manual aims to answer questions about Hospital's personnel policies, procedures and benefits. It is designed to give you an overview of Hospital's organisation and to provide guidelines for all Hospital's employees.

ii) Because of the natural evolution of things, the need for various policies and procedures is constantly changing. The Hospital reserves the right to make changes and to update this manual to reflect such changes. To the extent that any policy or benefit is subject to interpretation, such interpretation will be reserved to the CEO and the Board within the provision of the Laws of Uganda.

iii) The objective of this Employment Manual is to ensure correct and fair handling of all employees matters by establishing defined rules and procedures. From time to time, as policies are added, the staff will be notified by official notices from the CEO. These notices will then become part of the official Hospital Employment Manual (Addenda). In case of any future conflict or confusion in the change of a policy, the policy detailed in the most recent Addendum will take precedence.

iv) The conditions contained in this document comply with all the employment-related laws, decrees and provisions effective in Uganda; and as such, the labour laws will be followed to settle any conflict.

v) The present manual and its provision take effect with the date indicated on its cover, and replace any regulations or policies that may have existed before. The provisions, procedures etc... stipulated below are not retro-active.

vi) The Board of Governors with the Management will determine the necessary processes and timing of the up-dating of all contracts of employment for all employees in service at the moment of approval of this Manual.

2. Mission Statement of Hospital

i) The Mission of the Hospital is to provide health care to the needy and to fight diseases and poverty, thus witnessing the maternal concern of the Church for every sick person regardless of ethnic origin, social status, religious or political affiliation.

ii) The Hospital wants to promote the access to health care of the weakest social groups, like women, children, people in destitute financial conditions, and people affected by chronic diseases and unable to provide for themselves offering to all of them a quality medical service.

iii) The Hospital advocates a comprehensive, integrated and sustainable action on health, which includes treatment, prevention and training of health workers. In fulfilling its mandate, the Hospital shall always follow the medical ethics and the moral teaching of the Roman Catholic Church and the Mission Statement of the Health Services of the RCC as approved by the Episcopal Conference.

iv) The Hospital will deliver its services in accordance with the stated Policies and directives of the Ministry of Health, and in respect of the policies established by the Episcopal Conference of Uganda.

ii) The Hospital management and all employees shall adhere to the principles of the Mission Statement and, since the person is at the centre of all activities of the Hospital, a basic attitude of respect for human dignity and of compassion for the sick and needy shall be the guideline for all.

3. The Hospital's organisational structure

i) The Hospital is an

legal status (NGO, Trust, Company Limited by guarantee) (not-for-profit, Catholic Mission Hospital).

ii) Under the name of "Hospital" it is meant the whole complex of facilities and activities related to the institution, including hospital based activities, outreach activities, training activities, and administrative, logistic and technical support services.

iii) The Hospital governed by a Board of Governors, which meets at least twice a year. The Board establishes the policies and supervises their implementation. The Board also appoints the CEO and the other Hospital Directors.

iv) The CEO is the overall in-charge of the Hospital, who can delegate some responsibilities to the other Directors or senior Staff.

v) Other details about the organisation of the Hospital can be referred to the Hospital charter or reported here for clarity

vi) Through the organisational chart, every employee should be able to identify his/her immediate supervisor and the supervisors of second and other level.

B. RECRUITMENT AND ITS PROCESS

1. RECRUITMENT POLICY

- i) The Hospital is an 'Equal Opportunity Employer', which means that the recruitment policy employed to fill vacancies is open, competitive and non-discriminatory with regard to race, creed, gender, and ethnicity.
- ii) Recruitment efforts are oriented towards the employment of competent individuals who will bring knowledge and experience to their positions and are willing to establish a long lasting relationship with the Hospital.
- iii) Recruitment in the hospital employment occurs against a defined establishment of employment posts.
- iv) The recruitment process is started by the CEO (if necessary under instruction of the Board) and managed by the Recruitment and training Committee.
- v) Exception to i) here above is made for post reserved to members of Religious Congregations operating in the hospital when this is formally agreed between the Owner of the hospital and the Religious Congregations in a Memorandum of Understanding, and the hospital has received a copy of such Memorandum.

2. CRITERIA AND BASIS FOR SELECTION

- i) Employment at the Hospital is open to all persons who fulfil eligibility requirements to work in Uganda.
- ii) The criteria for selection of a candidate are based both on the academic qualifications and on the level of experience needed to effectively carry out the functions of the post. It is understood that consideration will also be given to recommendations of past and present employers, previous professional experience, references and the candidate's behaviour and conduct at the time of the interview.
- iii) The evaluation of applications for employment will be carried out by the Recruitment and training Committee of the Hospital, who will express its opinion to the HMT on the eligibility of the candidate for employment and on the modalities to be followed for the process of recruitment.

3. PROCESS OF ENGAGEMENT

The successful candidate will be informed, will receive a copy of Hospital Employment Manual and will be invited to sign an employment contract. The contract can be:

- a standard contract (Letter of Appointment), making reference to this manual: once returned countersigned by the employee, complete with all the other necessary documents (e.g. signed commitment from the Code of Conduct) it establishes and finalises the contract
- a personalised contract, providing in its text all details and references, and the necessary signatures of employer and employee

4. PERSONAL FILES

- i) All employees will have a personal file that will be kept in the Hospital Archive under the responsibility of the CEO (or other person designated).
- ii) Personal file are confidential and accessible only to members of the Management and Board having title for it.
- iii) Any employee wishing to consult his/her personnel file may do so with the permission of the CEO.

5. FALSE INFORMATION

- i) The Hospital will disqualify a candidate who submits false information during the interview process from consideration for employment.

ii) False information includes, but is not limited to, information regarding references, education, work experience and health status.

iii) False or incomplete information given during the recruitment process shall invalidate the employment contract and be a cause of immediate termination of the contract

6. MEDICAL EXAMINATION

i) Every applicant selected for appointment in Hospital shall submit him/herself to medical examination carried out by qualified medical practitioners appointed by the CEO.

ii) The existence of a chronic disease by itself should not be a reason for disqualifying a candidate, who is otherwise in condition of carrying out the duty expected from him/her.

7. REGISTRATION WITH PROFESSIONAL BODIES

i) The responsibility to register with professional bodies when required by laws or regulations lies exclusively with the employee.

ii) Any appointment done while the registration process has not yet been concluded is conditional, and will be null and void if the employee does not produce the required registration within 3 months from the appointment.

iii) Employees already employed at the time this document is adopted, must provide evidence of their registration within 3 months. Failure to do so will lead to the termination of employment.

8. ENROLMENT WITH PROFESSIONAL ASSOCIATIONS

Enrolment and subscription to Professional Associations is a personal choice of the employee and the Hospital will not contribute for the association fees and expenses.

C. FORMALISATION OF EMPLOYMENT

1. ESTABLISHMENT

i) All appointments in the Hospital occur, in normal circumstances, against established post approved by the Board of Governors.

ii) In exceptional circumstances recruitment and appointment can occur outside the established posts. The CEO will seek clearance from the Board of Governors to do so, and the appointment will occur exclusively on fixed terms.

iii) In the establishment there will be a clear definition of top management, senior and junior positions.

- All the Directors shall be part of Top management (HMT)
- Senior positions are professional positions requiring supervision of other professional staff and non professional staff. In normal circumstances Professionals heading a Cost Centre in the Hospital shall be considered in senior position.

iv) The Board of Governors will define which positions are subject to appointment by the Board and which positions can be appointed by the CEO.

2. JOB DESCRIPTION

i) Each established post entails the existence of a relevant job-description specifying the required qualifications, tasks and duties.

ii) The job-description may vary during the employment as dictated by the demands of service. Changes of job-description do not necessarily require alteration of the terms and conditions of service.

iii) The Job description will define

- Job title
- Necessary qualifications, preferential title and desirable profile
- Entry point (spine, scale and points in scale)
- Purpose of the job
- Supervisors
- Supervisees if necessary
- Nature of task (detailed)
- Appointing authority
- Working hours

3. APPOINTMENT

3.a. Appointing authority

i) The appointing authority shall be the Board of Governors for the following employees

- Top management
- Senior staff on fixed terms of employment (ref 3.1)

ii) The appointing authority for all post not reserved to the Board is the CEO in consultation with the Management Team.

3.b. Type of Appointments

i) All appointments at the Hospital will fall under the following categories:

- Permanent terms: otherwise defined General or Open: all those appointments that have no specified end at the moment of appointment.
- Fixed terms: otherwise defined Personal: all those appointments with a specified end at the moment of appointment.

ii) Fixed terms appointments are applicable to employees

- over the age of *nn* years
- expatriate staff
- top management
- staff belonging to different administrations released for service in the hospital

- staff recruited for specific tasks and projects
- *others to be specified*

iii) The Board of Governors may, at any time, and for reasons dictated by the hospital needs, decide to change an appointment on permanent terms into a fixed term appointment.

3.c. Probationary period

i) A probationary period will be applied to all employees who have the qualifications/experience to occupy an established post, but are on their first appointment in the Hospital.

ii) The probationary period for staff on Permanent Terms Appointments shall be:

- one (1) year for medical, nursing staff and allied professional staff, senior administrative staff
- three (3) months for support, junior administrative and technical staff.

iii) The probationary period for staff of Fixed Terms appointment will be defined in the contract.

iv) Personnel on probationary appointment have no title to the following benefits:

- Paid study leave
- *Specify if other*

3.d. Confirmation of appointment

i) On satisfactory completion of the probationary period, and on request of the employee, the CEO will issue a letter of confirmation of appointment.

ii) Failure of the employee to request written confirmation of appointment will free the hospital from the obligation to comply with the benefits applicable to confirmed staff.

3.e. Appointment on Vocational Training

i) Inexperienced personnel or unskilled personnel with clear development potential can fall under this category.

ii) The duration of vocational training shall normally not exceed two years.

iii) The recruitment under this arrangement does not entail any obligation of permanent or contractual appointment by the Hospital at the end of the period.

iv) At the end of the vocational period, the Hospital may decide to offer permanent or fixed terms employment depending on the assessment of the vocational period. The concerned staff shall not be subjected to another probation period after completing the vocational period.

v) Unskilled or inexperienced personnel already employed on adoption of this manual shall fall under this category until completion of two (2) years of employment.

3.f. Casual Terms workers

i) As and when the need arises, the Hospital shall employ personnel on Casual Terms. The establishment of the Hospital will specify ceiling for casual workers to be engaged in each department.

ii) Employment on Casual Terms does not create an obligation for the employer to provide work for the employee on a continuous basis, nor to provide any benefit.

iii) Employment on casual terms entails payment on a daily basis. Due to administrative reasons, payments can be arranged on a weekly/ bi-weekly or monthly basis, on the ground of days of actual work, ascertained through roll calls and recorded in a muster roll. This arrangement does not modify the terms of employment. Employment on Casual Terms does not require a written appointment.

iv) A casual worker that works without interruption for more than six months is entitled to formal employment.

3.g. Part Time employment

Employment at the Hospital may occur on a part-time basis. As general rule, this type of employment will be stipulated under fixed terms.

3.h. Deployment

In the appointment letter/contract, the Hospital can reserve the right to deploy the employee to another administration. In normal circumstances the deployment will not exceed the period of three (3) months.

4. CONTRACTS

The documents described here below, when signed by both parties, will constitute a contract of employment:

4.a. Letter of Appointment:

- i) Applicable to all employees on permanent terms appointment.
- ii) In the absence of further specification in the letter of appointment, the terms and conditions detailed in this manual will constitute the terms and conditions of the employment.
- iii) The Letter of Appointment will be signed in two original copies, one for the employer and one for the employee.
- iv) The signature of the Letter of Appointment by the employee assumes the knowledge and free acceptance of the Section 4 of the Code of Conduct of Personnel in Catholic Health Services.
- v) The Letter of Appointment signed by Employees in Senior position will be accompanied by a signed Statement of Commitment drawn from Section 1 of the same Code of Conduct.
- vi) The Letter of appointment will specify, in addition to the personal information of the employee all of the following:
 - Entry point in schedule, spine, scale, point in scale
 - Basic salary on appointment
 - Title (or absence of) to housing and other benefits

4.b. Personalised contract:

- i) Applicable to all employees on fixed terms of employment.
- ii) The contract will reflect in detail all of the terms and conditions agreed upon by the Hospital and the employee during the recruitment process.
- iii) The personalised contract will be signed in two original copies, one for the employer and one for the employee.
- iv) For terms and conditions not otherwise specified in the contract, the terms and conditions defined in this manual will serve as norm.
- v) The contract signed by Employees will be accompanied by a signed Statement of Commitment drawn from Section 1 or 2 of the Code of Conduct, as applicable.

5. SPECIAL CONDITIONS OF EMPLOYMENT

5.a. Expatriate staff/visitors

- i) Hospital values the contribution of expatriate staff/visitors because they have often in the past and might also in the future fill vacancies that would be otherwise difficult to fill, because they are often linked to projects that support the Hospital from the financial point of view, because they can in some cases bring lacking expertise in specific fields, because they can help avoid cultural isolation and keep the Hospital and its staff abreast of scientific developments, and last but no least because they can sensitise their community of origin for giving financial support to the Hospital
- ii) Expatriate staff working in the Hospital shall fall into one of the following categories:

- Employees on contract with a third party employer deployed to the Hospital, usually in the frame of a project. The third party employer shall be the only contractual counterpart of the employee and a memorandum of understanding between the Hospital and the third party employer shall spell out the duties, obligations, prerogatives and fringe benefits, if any, of the employee.
- Employees on contract with the Hospital. The terms and conditions of the employment shall be specified in a written contract. The Hospital shall not have any other obligations and responsibilities towards the employee, and he/she shall have to confirm that he/she has subscribed his/her own insurance abroad and that he/she undertakes to indemnify the Hospital against any claims that may arise relating to the insurance.
- Workers rendering voluntary, unpaid service to the Hospital. They shall have to comply with the code of conduct and with the instructions given by the Hospital activities. The Hospital shall not have any obligations and responsibilities towards the volunteer, although it can agree to give free food, accommodation, free medical care in the Hospital, and transport from and to Entebbe airport. The Hospital might decide, at the discretion of the CEO, to pay partially or fully the cost of the flight from the country of residence.
- Visitors. They are not supposed to carry out any duty in the Hospital, but still they can be admitted to observe the Hospital activities.

5.b. Civil servants

i) Civil servants deployed by the competent authority to work in the Hospital will be considered employees of the Hospital and work under fixed terms contract.

ii) Whenever possible deployment of civil servants to the hospital will occur under the terms of a specific memorandum of Understanding between the hospital and the deploying government authority

iii) The CEO will ensure that the Health Service Commission and Ministry of Health receive punctual and updated information on

- Reporting date to the Hospital
- Leave of all type
- Statutory reports (semestral and annual)
- Date of expiry of the contract
- Date of departure of the employee from the Hospital on conclusion of service.

iv) The salary paid by Government to the employee will constitute a proportion or the entirety of the remuneration of the civil servant. In practical terms this means that, if the total package paid by the Hospital to own employees with equal terms of service and with equal title to benefit, is higher than that paid by civil service, the civil servant will receive only the difference between the two. The proportion of salary paid by Government will by all means and effects constitute an outsourcing of part of the salary.

5.c Members of Religious Congregations

i) Members of Religious Congregations deployed by the competent religious superior to the hospital will be employees of the hospital and work under fixed terms contract.

ii) The deployment of members of religious congregations to the hospital will occur under the terms of a specific Memorandum of Understanding between the Owner of the hospital and the Religious Congregation. Copy of this memorandum will be attached to the personal file of the employee.

iii) The CEO will ensure that the religious superior and the Owner of the hospital receive punctual and updated information on

- Reporting date to the Hospital
 - Leave of all type
 - Date of expiry of the contract
 - Prior notice on intended training ventures
- Date of departure of the employee from the Hospital on conclusion of service.

6. STAFF ORIENTATION

When a new employee is recruited, an orientation/induction programme will be drawn up by the recruitment and Training Committee. Its purpose will be to provide the new employee with suitable

information to create an understanding of the history, objectives and activities of the Hospital. The orientation programme for senior staff will include a period of familiarization in the various activities of the Hospital in order to gain insight into its operations.

D. CONDUCT OF THE TWO PARTIES

1. MUTUAL OBLIGATIONS

In every agreement, each party commits him/herself to fulfil obligations, which constitute the expectations and rights of the other party. Since not all circumstances can be foreseen and regulated in advance, the principles of good faith, mutual trust and respect, fairness, justice, empathy and compassionate approach, sense of duty and full acceptance of the Hospital's mission shall apply in any case not specifically regulated in this manual.

1.a. Employer's Obligations

i) The Hospital is committed to:

- Establishing a conducive environment for employees to do their jobs well and discuss freely any work-related matters of interest or concern with immediate supervisors
- Providing salaries and benefits which bear a fair, reasonable relationship to work performed
- Permitting each employee as much discretion and responsibility as is consistent with a well-coordinated and effective operation; and
- Welcoming constructive suggestions that relate to the methods, procedures, working conditions and the nature of work performed

ii) The Hospital retains the right to exercise usual and customary managerial functions, including but not limited to:

- Assign, supervise and utilise corrective action
- Determine and change starting and ending times and shifts
- Establish and change its policies, practices, rules, and regulations
- Determine and change methods by which its operations are to be conducted, and assign duties to employees in accordance with Hospital's needs and requirements

1.b. Employee's Obligations

i) The Hospital expects each employee to abide with the principles, values and behaviour outlined in the **Code of Conduct of Personnel in Catholic Health services**, provided in annex to this manual.

ii) More specifically, but not exclusively, the Hospital expects its employees to adhere and comply to the following obligations:

- Fulfil responsibilities as outlined in job descriptions and contribute to the Hospital's effectiveness by performing additional duties not specifically outlined therein
- Give a productive day's work to the best of his/her abilities and skills
- Demonstrate a considerate, cordial, and constructive attitude towards fellow employees and visitors
- Handle patients and patients' relatives/attendants always with respect and a humane attitude
- Adhere to the policies and procedures adopted by Hospital, and to the directives of the Ethical Committee of the Hospital.
- Abide by the Ethical Code Guidelines for Health services under the Catholic Church in Uganda, Codes of Conduct of the Catholic Health Services and of the Uganda Health Services Commission
- Conduct him/herself in such a manner as to enhance the professional image, the good name and effectiveness of the Hospital. The Hospital also expects employees to follow rules of conduct that will protect the interests and safety of all employees, orderly operations and the best possible work environment
- Accept the responsibilities inherent to their position, adhere to acceptable principles in matters of personal conduct and accountability, and exhibit a high degree of personal integrity. This involves not only sincere respect for the rights of others, but also demands that employees refrain from any behaviour that might be viewed unfavourably, interfere with management or fellow employees, or jeopardise the public image and perception of the Hospital.

iii) Confidentiality

- Any improper transfer of materials or disclosure of information, even if it is not apparent that one has personally gained by such an action, constitutes unacceptable conduct. Participation in such a practice will result in disciplinary action, up to and including termination of employment and legal action.

- Respect of confidentiality is a condition of employment. The Hospital is an open environment and, as such, employees have access to a variety of informations of a sensitive nature. This information includes project proposals, budgets, salaries, and other sensitive information. Employees may also have access to proprietary technical and business information of a confidential nature. It is strictly forbidden to divulge this information outside the Hospital.

- Information about patients are strictly confidential and may not be divulged without permission of the patients or of his relatives if the patient is not in condition of giving his/her consent. Hospital staffs are not allowed to give information to the press about patients and the Hospital activities and must refer the member of the press to the office of the CEO.

iv) Prudent use of Hospital Property in general

- All employees are obliged to protect and conserve the property of the Hospital.
- Employees are individually responsible for furniture, equipment and/or supplies under their care and must repair or replace, at the discretion of the CEO, any items which are lost or damaged as a result of negligence.
- Employees should notify management immediately when any Hospital property is lost or damaged.
- No property should be lent, rented, or moved to another location without written authorisation from management.
- The Hospital management reserves the right to inspect any employee's assigned workspace and desk when it is deemed Hospital has a legitimate interest to do so.

v) Use of Hospital Means of Communication

- The use of Hospital computers, telephones, and fax machine are limited to the needs of service. Employees may not use, directly or indirectly, Hospital property such as computers, or photocopiers for anything but Hospital business without authorisation.
- The unauthorised use of Hospital headed paper, rubber stamps, or other official documents constitutes fraud and is strictly forbidden. Violation of this rule may result in immediate termination and possible prosecution.

vi) Use of Hospital Vehicles

The following rules pertain to the Hospital vehicles:

- The Administrative Director is the only employee responsible for assigning vehicles and duties to drivers.
- Removal of any of the Hospital vehicles from the Hospital premises without authorisation from the Administrative Director or the CEO is forbidden and may bear adverse consequences. Any unauthorised use of a hospital vehicle constitutes a violation.
- Hospital vehicles should never be used for a purpose other than their authorised purpose.
- Each vehicle has a mileage log that must be completed for each trip.
- All accidents, however minor, must be brought to the immediate attention of the Administrative Director. In addition, the accident must be reported to the police and a police report obtained. The driver must submit a written report to the Hospital administration no later than the day after the accident.
- Only Hospital drivers are allowed to drive Hospital vehicles. The CEO may authorise other employees as needs arises.
- Vehicle maintenance problems should be brought to the immediate attention of the in-charge of Technical Services.
- Drivers should drive defensively and strictly observe all traffic regulations. In addition, drivers should take additional safety precautions such as compliance with stipulated speed limits, appropriate use of the horn, and be particularly observant of pedestrians, bicycles and other cars on the road.
- Drivers should refrain from overloading of Hospital vehicles with goods or passengers.
- Drivers are responsible for the cleaning of vehicles and should be courteous in the conduct of their duties since they represent the Hospital to the general public.

vii) Use of intoxicating substances/drugs

- In view of the responsibility connected with the practice of medical professions, and in general of working in a hospital, the Hospital has the duty of protecting patients and other staff by enforcing strict rules against the use of whatever intoxicating substance.
- Consumption of alcohol and of narcotic drugs on the Hospital facilities, in the field and during the conduct of official duties is strictly forbidden. Reporting to duty in condition of intoxication is a breach of this rule. Abuse of intoxicating substances outside the Hospital premises, is also a breach of the code of conduct, if it causes harm to the public image of the Hospital.

- The employee, by signing the letter of appointment/employment contract, gives explicit permission to the Hospital to carry out clinical laboratory tests to determine the level of alcohol in his/her blood, when requested by the CEO.
- Violation of these rules or refusal to accept this test could lead to immediate termination of employment with the Hospital.

1.c. Protection against litigation

i) Except in case of proved negligence in carrying out his/her duty, and/or in seeking a second opinion from a senior staff, and/or gross malpractice, the Hospital shall indemnify the employee against claims from patients related to medical acts performed while on treatment in Hospital.

ii) In order to take advantage of this protection the employee shall report immediately and truthfully every professional mishap to the Medical Director.

iii) In case of ascertained gross negligence on the part of the employee, or failure of the employee to report the occurrence of an accident, the Hospital reserves the right to initiate a legal procedure against the employee, aimed at recovering the damage incurred by the hospital.

2. GRIEVANCE PROCEDURES

The Hospital recognises that problems may arise within the work environment. Grievances will be handled by the Quality Assurance, Discipline and Grievance Committee, according to the following procedure:

- First Step: the employee should file a grievance in writing to his second level supervisor, clearly outlining the grievance
- Second Step: the second level supervisor shall invite the employee to discuss the grievance within 7 days
- Third Step: if the grievance was solved during the discussion a note signed by the employee shall be entered in the employee's file
- Fourth Step: should the matter not be resolved through discussion, the employee may submit his original memo to the Quality Assurance, Discipline and Grievance Committee, mentioning the result of the discussion with the second level supervisor.
- Fifth Step: failure of the Committee to solve the matter, the grievance file will be referred to the CEO. The CEO shall meet the employee within 14 days
- Sixth Step: within seven (7) days of a final meeting, the CEO will advise the employee in writing of the outcome.

E. WORK TIMETABLES

1. HOLIDAYS

i) In addition to the gazetted public holidays, Hospital considers public holidays the 15 of August, the 1 of November and the 24 of December (half day). No additional holiday shall be considered, unless otherwise communicated officially by the Government of Uganda.

ii) Work of service on public holidays of an employee on permanent terms shall create title of and equal time on compensatory rest. Exceptionally it may be compensated through overtime payment.

iii) Sundays and Saturdays afternoons starting 1.00 p.m. are days of rest for employees not subjected to work in rotas.

2. HOURS OF WORK

i) If not otherwise specified in the contract the normal working hours in average shall not exceed 45 hours a week, and not be lower than 35 hours a week. A post requiring less than 35 hrs a week of work shall be considered part-time.

ii) The working timetable will be determined by needs of service and shall follow the duty roster established by the supervisors or the CEO.

iii) All absences during the hours of service, no matter how short and for whatever reason, must be requested in writing and approved in advance by the direct supervisor or higher level supervisor.

iv) Absence of half an hour is allowed every morning for tea break. The absence for tea break shall be agreed upon with the immediate supervisor and organised in shifts, so that service shall not suffer. Tea break is not computed in the calculation of the working hours.

v) The Hospital shall introduce Time Sheets for all employees and employees of all level shall follow the procedures that shall be introduced to keep record of their presence.

3. DUTY ROTAS

i) Employees on permanent terms of employment whose job covers a service that the hospital has to guarantee on permanent basis (24 hrs a day) shall be working under the provision of rotas arranged by their supervisor. This may entail long shifts of work and a working week longer than 45 hrs. Compensatory rest will be granted in the following week to compensate overtime.

ii) In normal circumstances rotas will be arranged in such way that the total numbers of hours worked in a 9 weeks period will neither exceed nor be less that stipulated in the contract.

iii) Duty rotas shall be published in each department and will be randomly checked by the second level supervisors to ensure compliance.

4. CALL ROTAS

i) Employees that may be required to provide service "on call" basis, will do so under the guidance of Call rotas prepared and published by the first or second level supervisor as applicable.

ii) Employees on fixed terms of employment will accrue right to compensatory rest on if so specified in the contract. Otherwise service provided on call basis is covered the remuneration stipulated in the contract.

5. UNAUTHORISED ABSENCE

Any unauthorised absence during working hours shall cause loss of pay. Apart from the loss of pay, disciplinary action shall be taken if the absence constitutes breach of discipline.

F. REMUNERATION, SALARY AND BENEFITS

A proper understanding of the structure and amounts of the remuneration benefiting the employee assumes the knowledge of the Concept Paper “Harmonisation of remuneration, salary structures and amounts in RCC health Services” and “Scales and points assessment” in Annex 2 and 3 of this manual. A brief summary of the annexes is provided here for clarity:

1. DEFINITIONS

1.a. Salary

We define salary the sum of moneys, paid on monthly basis (or with shorter periodicity according to terms and conditions of service), that enter into the composition of remuneration.

i) Basic salary

This is the salary as it appears from the schedules, spines, scales and points reported in the structure of salary.

Seniority in service is reflected uniquely by the basic salary.

ii) Allowances

These are the monetary benefits added to the basic salary and paid on regular basis, gauged on the type of work carried out, the profile of the person carrying out this work, the level of responsibility exercised, praemia and awards permanently accrued for good record of service etc.. .

Allowances do not give title to seniority in service.

iii) Refunds

These are moneys that the employee receives to cover direct costs personally incurred, on occasional basis, to produce work, documented and requested, for payment.

iv) Gross Salary

This is the final amount resulting from the addition of basic salary plus allowances, plus the estimated monetary value of non-monetary benefits enjoyed on regular basis (e.g. institutional housing is a non monetary benefit whose monetary value enters into the calculation of the gross salary).

The gross salary forms the basis for computation of PAYE and NSSF and/or other forms of insurance.

vi) Net salary

This is the amount of money an employee “takes home” at the end of the month. It results from the deduction of all statutory payments and other applicable deductions from the value of the gross salary.

1.b. Benefits

i) Monetary Benefits

These are moneys an employee occasionally receives from the employer over and above the salary.

ii) Non monetary benefits

These are the goods and services and employee receives from the employer, either occasionally or regularly to which the employee is entitled in virtue of his/her contract of employment.

1.c. Remuneration

We define remuneration the sum of all goods and benefits, monetary and non-monetary, that an employee receives from the employer in exchange for the labour provided, whether on regular basis during employment or at specific time during the employment and/or at its conclusion

2. SALARY STRUCTURE

i) The Hospital adopts a salary structure similar to that used in Civil Service, to facilitate the ratings of each post and its assignment to a specific schedule (Medical and Non medical), scale and given point in the scale.

ii) In addition, keeping into account that different jobs may require slightly different working time per week, the Hospital further sub-divides scales of Civil Service in parallel spines, depending on hours of work per week.

iii) The Board of Governors will determine the amounts of salary applicable to each scale, spine and point of the structure, in a rational and proportional approach.

iv) The allocation of the different categories of staff in the salary structure is guided by the ratings applicable to civil service (annex 3). The Hospital reserves the right to assign a specific cadre to a different level than in the government structure, when it deems necessary because of local circumstances.

v) The applicable scale, spine and point of entry will be specified in the letter of appointment of each staff.

3. SPECIAL PROVISIONS FOR SALARY

i) The salary for employees on vocational terms appointment shall be established every financial year by a standing order of the CEO.

ii) The salary of unskilled personnel employed before the date of approval of this manual shall be increased to the same level of the salary of the employees on vocational terms and shall follow this scale until they complete two (2) years of employment.

iii) If the consolidated salary of an employee at the date of approval of this manual is higher than his/her entitlement according to the new scales here introduced, the first shall be maintained, but there shall be no further increments until it reaches the amount of the scale in force.

iv) If an employee has been given in the past a higher salary than other employees in the same cadre because he/she had no accommodation in the Hospital, he/she shall retain the same salary less the subsidy foreseen for staff leaving outside the Hospital, which shall be computed separately.

4. ANNUAL INCREMENTS

i) Annual increments shall follow the progressive points in the scale. Seniority of employment shall be calculated by financial year. Employees shall be considered to have completed one year of service on the 30 of June of the following calendar year.

ii) When the employee's performance is below standard the annual increment can be withheld on the discretion of the Management Team of the Hospital.

5. SENIORITY ACCRUED THROUGH PRIOR EMPLOYMENT

Seniority accrued in service to another employer will be recognised by the hospital on condition that it is documented, relevant and that the employee produces a satisfactory service report from the previous employer. Final decision on this matter pertains to the appointing authority of the Hospital.

6. ALLOWANCES

i) As a matter of principle, allowances that in the past used to be paid separately (e.g. lunch allowance), are now consolidated in the basic salary.

ii) The title of an employee to a certain allowance is communicated in the appointment letter or in a written communication from the CEO to be added to the personal file of the employee.

iii) The amount of each allowance is expressed in a lump monthly sum, not subject to annual increments. The Board of Governors will determine the increase of all allowances on ad hoc basis.

iv) All allowances are subject to taxation.

v) The Hospital shall pay to the employees, subject to the detailed entitlement specified in the Letter of Appointment or Personal Contract. the following allowances:

- Responsibility allowance: this applies to employees that, although not occupying a higher post for which they do not have the right qualifications, bear on regular basis a special responsibility for service. In addition several extra duty related compensations (e.g. teaching) can be accommodated under this category of allowance. In particular praemia or awards for which the employee gets

permanent title on the basis of extraordinary merit, as established and decided by the Board of Governors, will be defined as responsibility allowance.

- Acting allowance: this allowance applies to employees that, although not having the qualifications to occupy a certain post, are asked to act in that post, and take upon themselves an additional responsibility on regular basis for a prolonged period of time, exceeding one month.
- Hardship/incentive/top up allowance: this allowance is intended to attract rare skills or personnel to the Hospital, who would not otherwise be attracted.
- Overtime: the employee will be available for any service required outside normal working timetable, should the situation necessitate it, such duty will be considered overtime and compensated in accordance with the standing regulations.
 - * As a rule, the Hospital shall pay overtime only when it is a scheduled and continuous additional activity of a staff, otherwise compensatory rest shall be granted.
 - * Overtime shall be preventively authorised by the administration on request of the second level supervisor.
 - * The rate for over-time payments shall be established by standing order of the CEO.
 - * Overtime shall be paid within the end of the month. Claims on overtime shall not be accepted beyond three days after the end of the month in which overtime was due.
 - * Overtime is payable only to staff on permanent employment. Employees on fixed terms contract shall not be paid overtime and extra hours shall be considered fully covered by the special conditions that they are granted.
 - * Employees receiving responsibility allowance are not eligible for payment of overtime, except a continuous and significant additional commitment is required from them.

7. PROVISIONS FOR HOUSING SUBSIDIES

i) Employees entitled to hospital housing actually housed by the hospital shall be considered as receiving a housing subsidy in kind, whose value will be reflected in the gross salary and shall be taxable.

ii) Employees entitled to hospital housing who are not housed by the hospital shall receive a monetary housing subsidy, whose value will be reflected in the gross salary and shall be taxable.

8. REFUNDS

8.a. Payment of refunds

i) The payment of refunds may occur on production of evidence for expenses incurred or on a forfeit basis.

ii) The entitlement to refunds/allowances and their amount shall be established by standing order by the CEO.

iii) Staff participating in whatever capacity to residential activities organised by other administrations entailing travel refunds and provision of food and accommodation are not entitled to any refund.

iv) It is an obligation of the employee to declare refunds obtained from other administrations.

8.b. Type of refunds

i) Day Travel refund: It shall be payable to staff travelling for duty outside a radius of 5 km from the Hospital for a period of more than 6 hours, but less than 12 hours. Day Travel refund not be cumulated with reimbursement of expenses for food.

ii) Day and Night Travel refund: it shall be payable to staff out of station on official duty for more than 12 hours. Day and Night Travel refund incorporates the Day Travel refund and cannot be cumulated.

9. DEDUCTIONS

9.a. Statutory deductions

The hospital shall deduct from the gross salary of the employee, and remit to the relevant authority the following statutory deductions:

- NSSF to the tune of 5% of the gross salary. In addition, the hospital shall remit to NSSF, at its cost, 10% of the gross salary of the employee
- PAYE at the applicable rates determined by the Uganda Revenue Authority
- Graduated Tax at the applicable rate imposed by the Local Council Administration

9.b. Other deductions

The hospital deducts from the salary of the employee the cost/value of all services provided to the employee when these are not specified as benefits to which the employee is entitled in virtue of his/her contract of employment or otherwise specified in this document.

10. COMPENSATORY REST

i) The Hospital shall normally arrange for compensatory rest in lieu of overtime payment for employees who served beyond normal working hours or on holidays.

ii) As a rule, compensatory rest should be given in the same month. If it has to be postponed for service reason, it has to result from a written form.

iii) Claims on compensatory rest shall not be accepted beyond the end of the calendar month in which it was due.

11. OTHER BENEFITS

11.a. General provisions

i) Other benefits are a mix of services, goods the employee receives in kind, or moneys. Housing and medical treatment are examples of such benefits mentioned in specific paragraphs of this document. In addition the hospital may provide other benefits on regular basis. Examples of non monetary benefits are food, additional insurance, transport etc... An example of monetary benefits is insurance against accidents the Hospital may voluntarily decide to subscribe the employee to.

ii) Such benefits and their value, if occurring after the stipulation of the contracts, will be detailed either through standing orders issues by the CEO or privately communicated in writing to the employee.

iii) As general rule, non monetary benefits to which the employee is entitled or becomes entitled in the course of his/her employment will be valued and reflected in the pay slip, over and above the gross salary, as non taxable items. The sum of gross salary and benefits will constitute the value of the remuneration of the employee.

11.b Housing

i) Entitled employees: in the definition of the establishment of the hospital there will be posts that imply a title to accommodation in the hospital houses (inside or outside the hospital compound). This title (or its absence) is made clear to the new employees at the time of engagement/appointment.

ii) In case the number of hospital houses does not suffice to cover all the entitled employees, the Hospital Management Team (or the designated Housing Committee) shall proceed to the assignment of hospital housing according to priority criteria determined by:

- Special condition of work such as shifts, since working hours might start early in the morning and finish after sunset
- Seniority of service.
- *Other criteria (to be specified)*

iii) The assignment of hospital housing constitutes in any case a benefit that will be valued in monetary terms and computed in the gross salary for the purpose of taxation.

iv) Entitled officers not accommodated in hospital houses will receive a housing subsidy in lieu of accommodation, that will be computed in the gross salary for the purpose of taxation. The amount of the subsidy shall be determined by standing order of the CEO.

v) Entitled employees who freely opt to live in a private house despite their title to housing, shall forfeit their right to any housing benefit and will not be compensated. In exceptions cases, and for justified reasons, the Board may decide to except to this rule.

vi) Non entitled employees: the Hospital tries, whenever possible, to provide basic accommodation also to non-entitled employees. This is not in any case an obligation on the part of the Hospital.

vii) Non entitled employees housed by the hospital will refund to the hospital the cost of accommodation at rates established by management and published in a standing order of management.

viii) Accommodation during call rotas: Staff on call shall be required to reside inside the hospital compound during their calls. These staff shall be either provided with a room inside the Hospital where to sleep when on call.

ix) Applicable rules:

- In case of assignment of accommodation inside the Hospital premises, the hospital will assure regular supervision of the quarters by supervisors and any damage will have to be paid by the occupant(s).
- No employee is allowed to handle the key(s) of the house assigned to him/her to another staff or anybody else without the permission of the Hospital. This includes holiday periods.

x) Housing is a taxable benefit and the Management will ensure that its value will be kept into account in the calculation of the gross salary of the employee.

11.c. Medical treatment

i) Medical treatment within the Hospital is made available free of charge for the employee, husband/wife, biological/adopted children up to 12 years of age in a total number of five, and biological mother and father or stepmother and father. Free medical treatment is confined to investigations and treatments normally available in Hospital and will not exceed a total annual amount that will be fixed by a standing order of the CEO.

ii) Prosthesis of any type is not included in the free treatment. Employees must register their dependants with the administration and produce adequate documentation to prove the family relation. False information on this regard shall be considered as serious breach of discipline.

iii) The hospital shall issue a bill for the treatment given, but the payment shall be waived by the cashier. The cost of the service provided will be reflected in the pay slip as non-monetary and non taxable benefit.

iv) Employees in scale U5C and above and their relatives, and employees under fixed terms of employment with a salary at level of U5C and above will enjoy the same privilege.

11.d. Burial

i) Death of the employee

- At the death of an employee still on full service, the Hospital shall provide a coffin and a financial support in the form of a lump sum that shall be established by a standing order. This has to be considered as a lump-sum contribution towards transport and burial expenses. The Hospital shall also pay two months salary as a contribution to the family of the deceased staff.
- The Hospital shall provide transport of the deceased employee's body and household properties to his/her home place. In case this is not possible, the Hospital shall give a monetary subsidy within the limit established by standing order of the CEO.

ii) Death of a close relative of the employee

If a close relative – as defined above - of a confirmed employee dies in the Hospital, the Hospital shall provide transport of the body to his/her home place. In case this is not possible, the Hospital shall give a monetary subsidy within the limit established by standing order of the CEO.

11.e. Salary Advance (Early Payment of Salary)

i) There is no obligation of the Hospital to give advances on salaries.

ii) Salary advances are considered only as exception and paid only until the 20th day of the month.

lii) These shall not exceed 50% of the salary due for the month and shall be deducted at the end of the same month.

iv) In any case salary advances can be requested by an employee only twice in a year.

11.f. Loans

i) It is considered a loan any advance of money exceeding the month's net salary of the employee and which can not be reimbursed at the end of the same month in which it has been given.

ii) As a matter of principle, the Hospital does not give loans to employees.

iii) Only in exceptional circumstances, the CEO on his sole discretion shall give a loan to an employee, not exceeding three months of salary, to be refunded within a maximum of six months.

11.g. Uniforms and Identification badges

i) All newly recruited medical and support staff, with the exception of administrative and technical staff, shall be provided with two uniforms. All staff provided with an uniform have to wear it while on duty.

ii) A new uniform shall be given every year.

iii) When the Hospital provides identification badges, it shall be an obligation of all staff receiving a badge to wear it in an appropriate way.

12. PAY SLIPS

i) Each employee will receive at the end of each month a pay slip reflecting the following:

- Basic salary
- Allowances
- Overtime
- Taxable benefits
- Gross salary
- Refunds
- Statutory deductions
- Non statutory deductions
- Net salary
- Non monetary benefits
- Hospital contributions to statutory deductions
- Monetary value of the remuneration package

ii) The employee will sign a copy of the pay slip on reception of payment, and any other receipt related to outsourcing of his/her pay.

13. OUTSOURCING OF PERSONNEL COST

i) The hospital can outsource the cost of staff employment or proportion of it from special project and other sources (such as PHC Conditional grant), or by accepting employees deployed by other administrations (e.g. NGOs or Government Civil Service).

ii) The hospital retains the right to split the salary of an employee in two or more components for the purpose of accountability to the different donors/projects/outsourcing organisations.

iii) The employee agrees, in virtue of his/her employment, to sign specific receipts, in addition to the receipt attached to the pay slip, for the salary received or part of it. This additional receipt does not create additional title to compensations over and above what stipulated in the contract. An unjustified refusal to sign a specific additional receipt will lead to the immediate termination of the contract.

iv) In case of queries concerning this issue the employee is free to solicit explanations from the management by submitting a written request to the CEO.

G. VACATION AND LEAVE

1.a. Annual leave (vacation leave)

i) All full-time employees on probationary, vocational, permanent and fixed term contract are entitled to

- 2.5 calendar days of vacation leave for each month of service if in level U8 or above.
- 2 calendar days of vacation leave for each month of service if in lower scales.
- Casual workers are not entitled to any paid leave.

ii) For the sake of simplification annual leave is calculated by calendar year and have to be taken before the end of the year.

iii) If an employee has been recruited in the course of the year, his/her leave shall be reduced accordingly.

iv) Employees are entitled to take paid leave for time accrued after six (6) months of continuous service with Hospital. In case the calendar year is ending before six month from the beginning of employment, the employee could be authorised to take the accrued leave before the end of the calendar year, or to bring them forward as an addition to the annual leave of the following calendar year.

v) If the employee gives notice of termination, the employee will not be permitted to take leave during the period in which notice is being served. Accrued leave not utilised shall be compensated. Permission to take occasional days during that period may be given by the CEO.

vi) Employees wishing to take leave must complete a "Leave Request Form," have it signed by the immediate supervisor and submit it to the Administrative Director.

vii) On resumption of duty after leave, employees must report to the Administrative Directory to notify their resumption of duty.

viii) The Hospital encourages all employees to take leave and only exceptionally and for serious service reasons the Hospital shall compensate accrued leave days in monetary terms, provided they have been agreed upon with the Administrative Director before the end of September of every calendar year.

ix) All vacation leave should be taken within the calendar year, otherwise it will be forfeited. The exception to this rule occurs when the Hospital requests an employee to defer taking leave. Such vacation leave carried over with approval to the following year, must be enjoyed in the following year or it will be forfeited.

x) Employees may apply for enjoyment of fractions of their accrued leave at different period of the year down to a minimum of one-half of a workday for each application.

xi) All employees shall inform their immediate supervisors of their planned leave in the month of December before the end of the previous year. The Hospital shall try to grant the annual leave in the period requested by the employee, but there is no obligation. Failure to indicate the period of leave desired shall result in the assignment of period of leave by the supervisor. The head of each ward/service/units shall compile the leave schedules for the employees leave in a way that service shall not be affected.

xii) Sick leave shall not be granted in addition to ordinary leave when the period of illness falls within it. If an employee falls sick during his leave and must postpone his return on duty, s/he must inform the Hospital by all means and shall produce an admission certificate from a Hospital. Failure to provide such evidence implies that the period of additional absence shall be considered leave without pay.

xiii) Untrue declarations of sickness constitute a serious breach of discipline.

1.b. Compassionate Leave

- i) Employees are entitled to compassionate leave. Such leave is only granted in case of death or severe illness of a relative in the employee's immediate family. Immediate family is defined as father, mother, brother, sister, spouse or child.
- ii) Adequate documentation shall have to be produced to substantiate the request.
- iii) The maximum number of compassionate leave days per year is seven calendar days. Compassionate leave time is fully paid. Where additional leave is required, the employee may elect to take annual leave or the CEO may agree to grant unpaid leave.
- iv) Untrue declarations of motives for compassionate leave constitute a serious breach of discipline.

1.c. Sick Leave

- i) Any period during which an employee is absent from duty for illness or convalescence shall be considered sick leave.
- ii) Sick leave will be authorised when the employee is unable to work because of sickness or injury or when the employee needs medical examination or treatment that can be obtained only during the time when the employee normally would be working. An employee who is absent due to illness must inform his/her supervisor within the first half day from the onset of the illness.
- iii) All absences due to sickness must be supported by a medical certificate issued by one of the staff doctors designed by standing order. Certificates from other practitioners shall not be accepted.
- iv) The maximum sick leave period authorised, justified by a staff doctor is three (3) months within a calendar year of which the first thirty (30) days shall be on full pay and the following sixty (60) at half pay.
- v) However, if the cumulative medical leave exceeds ninety (90) days in a calendar year, the employer has the right to terminate the employment. In this case, however the Hospital might offer an appointment on contract terms for a different or limited duty that the employee is still in condition of carrying out.

1.d. Maternity Leave

- i) All female full-time employees, except casual workers, who have been employed by the Hospital for a period exceeding one year are entitled to maternity leave at the occurrence of birth or in the period immediately preceding the birth for a total of forty-five (45) calendar days on full pay.
- ii) Staff will not be eligible to receive paid maternity leave within the first year of appointment and shall be sent on unpaid leave for the same period of time.
- iii) Maternity leave can be cumulated with the accrued annual leave.

1.e. Unpaid Leave

- i) Unpaid leave is granted on condition that the absence of the concerned employee does not overly affect service delivery.
- ii) Request for this type of leave must be in writing and approved by the CEO.
- iii) In normal circumstances, unpaid leave will not exceed a period of three consecutive months.

1.f. Study Leave

- i) Study leave may be granted to employees undertaking training courses.
- ii) Depending on the interest the Hospital attaches to the type of course undertaken by the employee, and subject to specific conditions defined in the Bonding Agreement, a salary will be paid up to a maximum of the basic salary, without allowances.
- iii) An employee under probation is not entitled to study leave.

H. STAFF DEVELOPMENT

1. PERFORMANCE APPRAISAL AND EVALUATION

- i) The Hospital shall gradually introduce at least an annual performance appraisal of all staff, guided by the criteria and methodologies suggested by the Recruitment and Training Committee of the Hospital. The employee and his/her immediate supervisor will complete written appraisal forms.
- ii) After discussion and review with the employee immediate supervisor, the employee will sign a completed appraisal form. The criteria for appraisal will include such things as the grasp of the work demands, productivity, achievement of objectives, conduct, etc.
- iii) The appraisal of the supervisors will form the basis for employee's annual performance evaluations. Promotion shall take into account the performance evaluations.

2. PROMOTION

- i) Employees on fixed terms of employment are not entitled to promotions. Should the opportunity to promote a staff on fixed terms of employment occur, the old contract will be terminated and a new contract will be drafted.
- ii) For employees on permanent employment, promotion means re-appointment to a higher level of the salary structure.
- iii) The Recruitment and Training committee of the Hospital will consider and recommend to management, on annual basis, promotion on the following grounds:
 - Additional qualification acquired during employment: additional qualification shall give access to the corresponding scale and point in scale, unless specified otherwise in the Bonding Agreement.
 - Consistently positive performance evaluations.
 - Outstanding merit: this type of promotion has to be considered exceptional and shall be justified by the Recruitment and Training Committee.
- iv) On the basis of the recommendations of the committee, promotions or re-formulation of contracts, shall be granted, after assessment of the budgetary implications
 - by the Chairman of the Board of Governors for senior staff on permanent employment
 - by the CEO for all other staff.

3. TRAINING

3.a. Commitment of the Hospital to training

- i) The Hospital is committed to providing and supporting training and development of staff in order to help them improve their knowledge, skills and attitudes, on condition that
 - the identified training avenues correspond to an objective documented need of the hospital aiming at the improvement of the service provided
 - the additional knowledge and skills acquired during training benefit the hospital and its services as well as the staff performance.
- ii) Towards this objective and in line with the conditions set the Hospital will provide opportunities for training and development of its staff in so far as is possible within the resource constraints prevailing.
- iii) All matters pertaining staff development, and all proposals for training of whichever source, shall be handled by the Recruitment and Training Committee of the Hospital, who will prepare annual training plans.

3.b. Assessment of training needs

Training needs of employees shall be assessed through the following:

- i) Performance appraisal and special interviews organised by the Recruitment and Training Committee to determine training needs will be used as basis for training needs assessment, ensure that proposed training and development programmes are appropriately designed and executed. Every effort will be made to ensure that proposed training and development programmes meet either specific short term or long term needs of the Hospital staff.

ii) Departmental meetings: at least once each year each department will meet and discuss training needs of their staff. Training needs will be based on the results of performance appraisals and departmental meetings and proposed plan of action for ensuing year. Recommendations for training made through departmental meeting, different from in-service training, and that require a prolonged absence of one or more of the departmental staff from duty should include

- proposals concerning ways and means through which departmental service can smoothly continue in the absence of the concerned staff, without, possibly, additional cost to the Hospital (besides the cost of training)
- clear definition of the ways and means through which the expected post training improvements in the departmental services can be measured.

3.c. Institutional in service training

This type of training is the most natural, immediate, inexpensive and is most valuable. It can be achieved in various ways: coaching of junior staff by more senior – on the job training –, CME/CNE or other departmental training initiatives.

This type of training is highly encouraged and is left to the initiative of heads of department, guided by the Recruitment and Training Committee.

All employees have an obligation to attend in-service training initiatives organised by the Hospital.

3.d. Extra mural in service training

i) This type of training is usually offered on specific topics (e.g. vertical programs, counselling, conferences, etc...). The Hospital will endeavour to obtain information on available training and check whether the various initiatives proposed match with the assessed needs.

ii) In normal circumstances the Hospital Management will identify the person that will attend such training ventures.

iii) According to the interest that the Hospital attributes to the proposed extra mural in service training, the Hospital at the sole discretion of the CEO can either:

- Grant leave of absence to the employee and grant a financial subsidy for the participation to the proposed activity.
- Grant leave of absence to the employee without paying any cost.
- Grant part or full annual leave in order to allow the employee to participate to the activity.
- Grant unpaid leave.

iv) Management of subsidies for extra mural in-service training: employees wishing to apply for financial support by the Hospital must submit their application with all required information on the activity and its costs before the end of the months of November and May of every calendar year, so that the financial costs can be reflected in the half year budget projections.

v) The guiding principle for granting leave of absence and financial subsidy shall be the intrinsic value of the activity, which shall aim at improving knowledge or skills of the employee, and the availability of donors' or other support. Meeting dedicated mainly to professional associations' themes shall generally not be considered.

vi) By accepting the financial support of the Hospital the employee commits him/herself to produce complete accountability of the subsidy received according to the requirements of the Hospital and/or of the specific donor.

vii) The employee, who has in whatever way been supported by the Hospital for his/her participation in the above activities, has the obligation to disseminate his/her knowledge among the other staff in the ways he/she shall agree upon with the CEO.

3.e. Short term Formal Training (up to 6 months)

i) Short term formal training requires a person to be a resident in an institution for a specified period not exceeding 6 months.

ii) During this period the employee will receive either basic or proportion or no salary payment¹ as agreed upon by the Hospital and the employee and recorded in the bonding agreement, under the same provision as for long term formal training.

iii) Short term courses do not entail for the Hospital any obligation to recognize such training with a change of post or an increment of salary. This may be considered if the qualification awarded allows the trained staff to occupy a vacant post at higher level.

3.f. Long term formal training (beyond 6 months)

i) This type of training can be accessed by the staff on condition that there is a post in establishment for the position the staff will be able to occupy on successful completion of training. If such post does not exist the Management needs to consider if the training needs assessment has been adequate.

ii) Support for training shall be offered to the employee when:

- The proposed course shall fit in the development plans of the Hospital
- The concerned employee shall have shown an attitude in the specific field
- The concerned employee shall have been working in the current post for at least three (3) years with good or outstanding results. This period can be shorter if there is a vacancy to be filled in the Hospital establishment
- The concerned employee is ready to sign a bonding agreement for the reimbursement of the loan through working in Hospital for a certain period of time

iii) At the beginning of every calendar year, the Hospital shall announce which courses it is ready to finance and the number of loans available. This shall depend on the available financial resources and on the commitments of donors. Later opportunities shall also be announced by notice.

iv) Interested employees shall apply within the deadline indicated in the announcement.

v) The Recruitment and Training Committee of the Hospital shall examine the applications, shortlist them and if deemed necessary should interview some applicants. This interview shall be only for the purpose of deciding on the granting of the loan, and does not substitute the interview by the training centre, even when this is one of the schools connected with Hospital.

vi) The Recruitment and Training shall then make recommendations to the CEO or Board of Governors, depending on the appointing authority of the employee.

vii) The employees under such training scheme shall be granted unpaid leave and shall retain the employment.

viii) All financial support, including the proportion of salary paid, received by the employee to undertake training shall be a soft loan, that the employee will refund to the Hospital on completion of training.

ix) The Hospital will accept to waive the refund of the soft loan at conditions to be specified in a contract (Bonding agreement).

x) The Hospital is free to outsource the loan granted to the employee through sponsoring organisations and donors. For all means and purpose moneys obtained by the Hospital to support training of an employee are hospital property.

3.g. Part time extra mural training

i) Part-time professional courses are those which are provided in day time or evening classes.

ii) Where time off is required for day classes this will be negotiated with the immediate supervisor.

iii) Staff desiring professional training will be required to seek written approval of the CEO through their respective Directors.

¹ Full or proportion: depending on several factors such as the need for the hospital to employ a substitute, the type of cost already incurred by the hospital to fund training, who desires/proposes that training (hospital or staff) etc...

- iv) If an individual has obtained sponsorship he/she must seek approval from the Management Team.
- v) Where approval has been given in writing for a staff to pursue part-time professional training the Hospital will consider giving time off to enable the employee to prepare for professional examinations, provided there is no cost to the Hospital.

4. BONDING

4.a. Bonding of Employees of the Hospital

- i) Any employee receiving a loan from the Hospital for further-training will be bonded through a formal contract (Bonding agreement) to work for the Hospital for an equivalent length of time to that required by the training.
- ii) The Bonding agreement shall detail all the obligations of the employee and of the hospital, including a clause for waiver from the obligation of the employee to refund the loan received on satisfactory completion of the period of service for which s/he has been bonded.
- iii) Failure of the employee to honour the terms agreed in the Bonding Agreement will lead to a legal action of the Hospital against the employee, aiming at recover the entire loan awarded.

4.b. Bonding of Employees of other administrations deployed to the hospital

- i) When the Hospital sponsors a staff belonging to a different administration (e.g. a civil servant deployed or posted to the Hospital, member of a religious congregation) for formal training requiring Bonding, the Hospital Management must notify the original employer of the intention to sponsor the concerned staff.
- ii) Subsequent to the notification to the deploying administration, the CEO shall request the employee to obtain a written clearance that the concerned staff can undergo training and will be allowed to honour the Bond with the hospital for the stipulated time.
- iii) Failure to obtain such clearance creates an obligation for the Management to annul the sponsorship.

I. DISCIPLINE

1. GENERAL PRINCIPLES

- i) In all disciplinary proceedings, the rule of neutral justice shall apply.
- ii) The Quality Assurance, Discipline and Grievance Committee of the Hospital will consider disciplinary matters concerning confirmed employees serving on permanent terms.
- iii) All disciplinary matters concerning employees appointed by the Board of Governors are referred to the Board.
- iv) Disciplinary matters concerning employees employed on casual terms, on vocational training, and on probationary appointment shall be handled by the second level supervisor.

2. DISCIPLINARY MATTERS

The following matters shall be considered of disciplinary nature:

- Negligence or omission to perform duty/ies
- Direct refusal to carry out orders or instruction given by accredited supervisor
- Incompetence or inefficiency in the performance of any duty assigned
- Absence from duty and/or station without permission
- Being late, leaving the workplace without permission
- Gross misconduct in private life
- Disclosure to public of any information covered by professional confidentiality
- Reporting on duty while under the influence of alcohol or other intoxicating substance
- Soliciting or accepting bribe
- Un-authorised private practice
- Theft, including whatever small quantity of drugs and consumable items, forgery, fraud, corruption and any other criminal activity
- Any action against professional ethics and code of conduct, as defined in the present manual

3. DISCIPLINARY MEASURES

- i) In the above cases the following disciplinary measures can be applied:
 - Verbal Warning: generally, an employee will receive a verbal warning from his/her supervisor for unacceptable performance or behaviour. Documentation may be placed in the employee's personnel file to record issuance of the verbal warning. Verbal warning can be issued by the direct supervisor and any other supervisor at higher level.
 - Written Warning: if unacceptable performance or behaviour continues, the next step may be a written warning. A written warning shall be issued by the second level supervisor. The employee will be given the opportunity to review the written warning and discuss its content with his/her second level supervisor. A copy of the written warning will be placed in the employee's personnel file.
 - Referral to the Quality Assurance, Discipline and Grievance Committee: the Quality Assurance, Discipline and Grievance Committee shall hear the employee and, if it thinks that there was breach of discipline, shall recommend to the CEO a disciplinary action.
- ii) The above mentioned disciplinary measures do not necessarily need to be applied in above sequence.

4. DISCIPLINARY SANCTIONS

- i) In case of breach of discipline the Quality Assurance, Discipline and Grievance Committee may recommend to the CEO, according to the gravity of the matter, the following dispositions, after demanding a verbal or written explanation from the employee:
 - Final Written Warning: a final written warning is a serious action in which the employee is informed that termination will occur if improvement in performance or conduct is not achieved immediately.
 - Suspension without Pay: in accordance with Statutory Instructions from the Ministry of Labour, an employee may be suspended without pay for a serious infraction.
 - Discharge/Termination: this sanction shall be considered in case of an additional breach of regulation after a final written warning has been issued, and in any case of serious breach of discipline.
- ii) Instant dismissal by the CEO or Board (depending on the appointing authority), without notice shall be possible in the presence of documented or testimonial evidence of theft, bribe, corruption, fraud

and any other behaviour which constitutes a criminal offence carried out in the Hospital premises or related to the employee's activity in the Hospital.

iii) Cautionary Suspension: in case of actions or behaviour, which can lead to Instant Dismissal or to referral to the Quality Assurance, Disciplinary and Grievance Committee the CEO can order immediate Cautionary Suspension of the employee under the following conditions:

- For the period of suspension the Employee shall receive 50% of the pay due.
- The period of suspension is determined by the need of instructing the case for the committee. In any case it will not exceed two calendar months from the date of suspension.
- If the employee is then cleared by the disciplinary committee, he/she shall receive the suspended pay.

5. INDICTMENT

i) Indictment of an employee (criminal charge entailing imprisonment), also unrelated to duty, can cause cautionary suspension at half pay at the discretion of the CEO of the Board, for a maximum period of two months.

ii) On completion of two months, if the case has not been finalised, the employee may retain his/her employment by applying for leave without pay for a maximum of three months.

iii) Indictment followed by Conviction by a court of law to imprisonment will lead to the termination of the employment.

iv) Indictment followed by acquittal with full discharge within three months from the application for leave without pay, the employee has the right to apply for the payment of the salary withheld during the leave without pay, and 50% of the salary unpaid during the period of cautionary suspension.

v) Indictment not followed by sentence within 5 months will lead to termination of the employment without notice.

J. RESOLUTION OF THE EMPLOYMENT

1. TERMINATION OF THE EMPLOYMENT

1.a. Notice of termination

Either party may terminate the employment by giving advance notice of intention. The minimum notice depends on the type of employment and on the seniority of the employee as follows:

Employees on casual terms	No notice
Employees on vocational appointment	7 days notice
Employees on probationary appointment	7 days notice
Employees on permanent appointment	
Less than one year after confirmation	15 days notice
More than one year but less than 3 years after confirmation	1 month notice
More than 3 years after confirmation	3 months notice

1.b. Resignation of the employee

i) In case of resignation of an employee, the employee must give a written advance notice as above. The employee has a right to his/her salary during the period of advance notice.

ii) If the employer wishes to terminate the contract immediately upon receipt of the resignation letter, the Hospital shall pay salary in lieu of notice.

iii) Beside the above obligation of notice, in case an employee wants to leave the Hospital for whatever reason, he/she is invited to inform the Hospital as soon as possible. The Hospital respects fully the decision of an employee to move to a different employer, and shall show its appreciation, by mentioning his/her correctness in any reference letter it might be asked to write and by including a note of appreciation in the employee's file for the case that he/she might in the future apply again for employment in Hospital.

1.c. Termination by the Hospital

The Hospital may terminate the employment of an employee by giving prior notice according to the schedule above, or by paying salary in lieu of notice for the required period.

2. MANDATORY RETIREMENT

All employees on permanent employment shall retire at the age of 60 years. After retirement they can nevertheless be offered employment on fixed terms, if the Hospital needs to retain their services.

3. LETTER OF REFERENCE

i) On request of the concerned employee the Hospital shall write letters of reference for employment or sponsorship even if the employee has not yet given notice of termination of the employment showing appreciation for the openness of the employee.

ii) The letter of reference of the Hospital shall strictly reflect the evaluation of the employee's performance while in Hospital. If the employee has failed to fulfil his/her obligation of giving adequate notice before leaving service, this shall be mentioned in the reference letter.

3. TERMINAL BENEFITS

i) The NSSF is the instrument designed by law to catering for the needs of employees leaving employment.

ii) The Hospital shall not pay other benefits unless otherwise specified in the letter of appointment or personal contract.

iii) Should the situation change because of privatisation of NSSF and/or introduction of alternative funds, the Hospital shall review the matter.

K. INTERPRETATION OF THE PROVISIONS OF THIS MANUAL

- i) Disagreements on the interpretation of the provisions contained in this manual will be handled as grievance according to the established procedures.
- ii) The Board of Governors of the Hospital will handle and rule all disagreements between the Employee and the Management of the Hospital that could not be satisfactorily solved through the established grievance procedures.

EMPLOYMENT MANUAL
FOR
ROMAN CATHOLIC CHURCH HOSPITALS IN UGANDA
[TERMS AND CONDITIONS OF EMPLOYMENT]

ANNEXES

March 2003

ANNEX 1:

THE QUALITY ASSURANCE, DISCIPLINE & GRIEVANCE PROCEDURE

The RCC Health Facilities aim to provide high quality health care services. Patient friendliness and professionalism therefore figure high on each health worker's and managers agenda.

A suggestion is an honestly expressed advice to improve services following the experiences of the patient, attendant, and / or employee.

A complaint is an honestly expressed situation of discontent between an employee(s) and a patient and / or his/her attendant, between an employee(s) and another, or between an employee(s) and the Management Team, which may negatively affect the smooth running of the hospital.

As such suggestions and complaints should be considered signals of shortcomings in the global quality of the services provided. The lessons they present are valuable inputs to improve the functioning of the hospital, the department, the ward, and / or individual health worker.

1. Goal:

The ultimate goal of the Quality Assurance, Discipline & Grievance Committee is therefore to continuously improve the quality of the health services and to increase the confidence in - and satisfaction with - the health facility of the internal and external communities.

2. Objective:

The Quality Assurance Committee seeks to ensure that complaints and grievances, as well as suggestions, are investigated and settled in an objective, transparent, constructive, and timely way.

It shall also aim to ensure that all parties in question have the opportunity to be heard fairly before any action or disciplinary measure is taken.

3. The Responsible Structures and their responsibilities:

Each level of the health facility organisation has a specific role to play to ensure that complaints are handled correctly and really lead to improving quality of services.

3.1. The Board of Governors:

The Board will delegate the responsibility to investigate formal complaints and propose actions to a Quality Assurance, Discipline & Grievance Committee composed of a cross section of the hospital staff members and an independent diocesan representative¹.

The Board will ensure that the management team informs it regularly, about the findings and actions taken. In case necessary the Board will hear the Quality Assurance, Discipline & Grievance Committee on issues of concern or complaints that continue to return.

The Board can also initiate additional investigations or demand additional actions.

The Board will, upon presentation of the findings of the Quality Assurance, Discipline & Grievance Committee, decide on the action to be taken when a senior staff, management, or Board member is involved.

3.2. The Quality Assurance, Discipline & Grievance Committee:

¹ This should preferably be a Health Care worker, f.i. The Diocesan Health Co-ordinator or a senior Nurse or Medical Officer of another diocesan hospital.

The Committee has the duty and obligation to investigate every individual case presented to it, in writing, and to propose appropriate actions to be taken by the relevant authority. To this purpose it will hear the parties concerned, hear third parties when necessary, and have free access to and study any other information relevant to the case.

The Committee will sit at least once every two months and on the occurrence of any case in need of immediate attention.

The recommendations of Quality Assurance, Discipline & Grievance Committee will be based on the principles of quality, best practice and feasibility. The Committee members will also ensure that their proposals match with the health unit's financial possibilities and need to pursue the maximum level of sustainability. To this purpose the Committee will work out the cost implications of the proposed measures before submitting the recommendations.

The Quality Assurance, Discipline & Grievance Committee will forward its findings and recommendations, to improve the quality of services and / or to prevent similar complaints or grievances, to the management team.

In case disciplinary action against an employee is required the Committee will propose the required measure to the management team.

In case a senior staff member or management team member is one of the concerned parties the Quality Assurance, Discipline & Grievance Committee will present its findings and recommendations to the Board of Governors directly.

If one of the members of the Quality Assurance, Discipline & Grievance Committee is a party in the complaint, this member will leave the meeting (and the procedure) to allow the other Committee members to investigate the complaint independently².

The Committee members pledge to respect the confidential nature of their investigations and they will only present the objective findings and recommendations to all other parties. They will protect the integrity of the persons involved and the hospital.

3.3. The Management Team:

The management team will implement the actions proposed by the Quality Assurance, Discipline & Grievance Committee as soon as possible. If the interests of the hospital and the quality of services are served better by more drastic and / or additional actions the management team will install these.

In case the actions preferred entail a change of hospital policy the Board of Governors will be consulted and its advice followed.

In the event the management team comes to a different conclusion and / or deems a different action necessary than proposed by the Committee, the representative MT member will present the case to the Board for a decision.

The management team will report at each Board of Governors meeting an overview of the findings of the Quality Assurance, Discipline & Grievance Committee and the actions taken.

The management team will explain the actions required and quality improvement reasons for them at the heads of department and staff meetings. Clear guidelines will be issued to all wards to facilitate implementation.

With regards to proposals to improve the quality of services sent to the management by heads of departments:

The management team will consider these seriously and when these are found realistic and feasible adopt them or pilot them in the department concerned. Appropriate guidelines and explanations will be given in the same fora as mentioned above. These initiatives will also be reported to the Board of Governors.

² See also the Code of Conduct for RCC Senior Staff and Managers.

If the proposal can not be adopted the department head and staff will be contacted to explain the position of the management team and explore alternatives together.

3.4. Staff members:

Each and every staff member is aware of their duty to take suggestions, complaints of patients and colleagues seriously. If a complaint can be settled amicably between the staff member and the plaintiff this will be done forthwith. The staff members will report the complaints and the actions taken to their head of department.

In case the individual staff member can not solve the complaint, s/he will present the case to his/her superior at the earliest occasion to seek advice on possible actions to improve services and prevent similar complaints.

If a ward / department can not implement the improvements required the problem and possible solution will be presented to the management team.

Heads of departments will report all actions, taken to improve quality, at the department meetings and management team meetings.

If the complaint warrants investigation by the Quality Assurance, Discipline & Grievance Committee the staff member and / or the head of department will contact a member of the Committee or deposit a written report in the suggestion box.

If a quality problem or complaint is perceived as urgent by more than five staff members they can request the Quality Assurance, Discipline & Grievance Committee to hear them during an extra ordinary meeting.

4. Procedure for presenting complaints:

Suggestions, complaints, and grievances may be presented either through:

a) Immediate supervisors:

- i) Any aggrieved person may opt to channel their complaints through the ward supervisor or head of department.
- ii) On receiving the complaint, the supervisor or the head of department shall take immediate action to rectify the situation. Where the situation falls beyond the jurisdiction of such person he / she shall forward the issue to the next level of authority.
- iii) The management team shall sit and consider complaints that cannot be handled by lower levels of authority and take the appropriate action.
- iv) Complaints which require further investigation, or complaints which involve a member(s) of the management team, shall be passed on to the Quality Assurance, Discipline & Grievance Committee for further inquiries and the findings shall be passed on to the board of governors for appropriate action.
- v) An employee who has a grievance against his / her superior may have to launch the complaint with the higher level of authority above the party in the complaint or with the Quality, Discipline and Grievance Committee.

b) Suggestion boxes:

- i) There shall be suggestion box in each ward and department of the hospital through which both patients and hospital staff can easily channel their discontent³.
- ii) There shall be a notice board in clearly visible areas of the hospital explaining the standard procedure to be followed by both patients and members of staff in order to forward complaints.

³ It should be understood that it would be healthier that staff expresses their complaint or grievance directly to the person concerned and / or their direct supervisor. As this might be difficult in the beginning the suggestion box route can be accepted for some time. The management team will ensure that the need to use this route will disappear by dealing with staff grievances in a constructive and objective way and fostering trust among staff.

- iii) Any person with a complaint can write it down and deposit it in the suggestion box. Complaints shall be signed with the name and contact of the author in order to facilitate further investigation of the issues.
- iv) In the interests of transparency and in the view of avoiding rumour mongering, anonymous letters, which do not indicate the source/author of the complaint, shall not be entertained.
- v) All complaints shall be treated with the level of confidentiality that they deserve in order to preserve the integrity of the persons and the hospital.
- vi) Two members of the Quality Assurance, Discipline & Grievance Committee shall open the suggestion boxes every week. The complaints shall then be registered and presented at next Quality Assurance, Discipline & Grievance Committee meeting. The Committee will then decide on the steps and time schedule required to investigate, determine the required actions, and present the outcome to the responsible structure.
- vii) In case the severity of the complaint is such that immediate action is needed, the two members of the Quality Assurance, Discipline & Grievance Committee will call an extra ordinary committee meeting.

ANNEX 2:

GUIDELINES FOR THE HARMONISATION OF REMUNERATIONS, SALARY STRUCTURES AND AMOUNTS IN RCC HEALTH SERVICES

March 2003

PART I – GENERALITIES

1. Preamble

For some time the UCMB has been urged to provide guidance in harmonizing remuneration and salary structures for employees of the RCC Health Services. The underlying assumption is that terms of employment are also harmonized. This will be a given only after the adoption of the Manual of Employment of the RCC Health Services. The UCMB provided guidance on this issue in the early '90 but since then the situation has evolved: each institution has tried to adapt to the evolving situation by introducing new practices and at the moment a great variety of institutional terms and conditions of service, salary structures and remuneration packages exist.

A new Manual of Employment for RCC Hospital in Uganda has been approved by the Health Commission in a draft form. An up-dated version of the Manual is now available (Draft Version of March 2003) and constitutes the basis of these guidelines.

Harmonization does not mean making two things equal or identical. The very concept of “harmony” accepts the fact that differences do exist. Harmonizing means making two different situations comparable. In the case of salary structures it means that it should always be possible to allow, for any given position, a leeway for justified weighted decisions in each institution about actual salary. At the same time it should always be possible, starting from different actual salaries, to trace back the point of departure for each position in the employment scale.

The necessary adaptation of general guidelines or structures to local circumstances is an important and necessary process that has to be undertaken in each hospital. Only in this way the management can really own the Employment Manual and the decisions its adoption entails.

These guidelines aim at facilitating this process of ownership in decision making.

2. Definitions

Definitions used in these guidelines are the same as those in the Draft Manual of Employment. They shall be repeated here for an improved consistency.

2.1. Regarding Salary and remuneration **Salary**

We define salary the sum of moneys, paid on monthly basis (or with shorter periodicity according to terms and conditions of service), that enter into the composition of remuneration.

i) Basic salary

This is the salary as it appears from the schedules, spines, scales and points reported in the structure of salary.

Seniority in service is reflected uniquely by the basic salary.

ii) Allowances

These are the monetary benefits added to the basic salary and paid on regular basis, gauged on the type of work carried out, the profile of the person carrying out this work, the level of responsibility exercised, praemia and awards permanently accrued for good record of service etc.. Allowances earn money but no seniority in the scales.

iii) Refunds

These are moneys that the employee receives to cover direct costs personally incurred, on occasional basis, to produce work, documented and requested, for payment.

iv) Gross Salary

This is the final amount resulting from the addition of basic salary plus allowances, plus the estimated monetary value of non-monetary benefits enjoyed on regular basis (e.g. institutional housing is a non monetary benefit whose monetary value enters into the calculation of the gross salary).

The gross salary forms the basis for computation of PAYE and NSSF and/or other forms of insurance.

vi) Net salary

This is the amount of money an employee “takes home” at the end of the month. It results from the deduction of all statutory payments and other applicable deductions from the value of the gross salary.

Benefits

i) Monetary Benefits

These are moneys an employee occasionally receives from the employer over and above the salary.

ii) Non monetary benefits

These are the goods and services and employee receives from the employer, either occasionally or regularly to which the employee is entitled in virtue of his/her contract of employment.

Remuneration

We define remuneration the sum of all goods and benefits, monetary and non-monetary, that an employee receives from the employer in exchange for the labour provided, whether on regular basis during employment or at specific time during the employment and/or at its conclusion

In addition we define

Pension: pension is a salary paid monthly after termination of employment and after a certain age. This payment is not usually made by the employer but by an independent fund or organization.

NB: The Manual of Employment does not foresee title to any form of Pension for RCC Hospitals Employees.

Terminal Gratuity: it is a lump sum of money paid to the employee at the end of the period of employment, in proportion with the years of service.

NB: The Manual of Employment does not foresee the payment of gratuity to the employees under permanent employment. Subscription to NSSF discharges this kind of obligation.

2.2. Regarding terms of employment

All employment in RCC Hospitals fall under the following categories:

- Permanent terms: otherwise defined General or Open: all those appointments that have no specified end at the moment of appointment.
- Fixed terms: otherwise defined Personal: all those appointments with a specified end at the moment of appointment.

In addition:

Casual Employment

Vocational Employment

Fixed terms appointments (personal contracts) are applicable to employees

- over the age of *nn* years
- expatriate staff
- top management
- staff belonging to different administrations released for service in the hospital
- staff recruited for specific tasks and projects

<p style="text-align: center;">PART II</p> <p style="text-align: center;">GUIDING PRINCIPLES FOR THE ESTABLISHMENT OF THE VALUE OF REMUNERATION</p>

1. Guiding principles, elements and criteria applied

The starting point of these guidelines are the salary structures of public employment. These have already been thoroughly studied and assessed, and embody a set of principles we recognize as valid: rationality, comprehensiveness, proportionality, reward, equality, equity, fairness, exceptions, transparency..... We wish to make the clearer through some statements that follow here.

2. Elements to be reflected in the establishment of the remuneration

- The remuneration paid needs to reflect the amount of working time it intends to buy. For all means and purposes the basic assumptions in this paper is that the working week is of 40 effective hrs. An employment requiring a longer or shorter working week (as regular occurrence) needs to be paid, respectively, more or less.

As this is not a rare occurrence in RCC Hospitals, a multiple spine parallel structure (each spine reflecting different duration of the working week) will be adopted in these guidelines.

- The remuneration needs to reflect differences in the burden (not necessarily and exclusively physical) that the job creates to the employee (job demand) and therefore reward it. The more one job is burdensome, the more it needs to be paid.
- The remuneration also reflects the rarity of the skill and capacity for responsibility that the employment wants to secure to the institution. This element captures factors such as prior training and qualifications, but also experience, ingeniousness and creativity. The more a given skill or personal profile is rare the more it has to be paid.
- The remuneration needs to reflect the basic needs of the employee and his/her immediate family, in such a way that it has to consider the cost of meeting these basic needs in the context where the work is provided. This includes also the cost that the employee incurs in producing work. This element is very dear to the Catholic Social teaching and takes up a hue of equity.
- The remuneration needs to be comprehensive, that it to say it needs to capture the value of all the items that are considered in the structuring of the remuneration, and also all the sources of its financing. In other words we speak of remuneration intending the package and employee is entitled to earn. What the employee is

entitled to receive as money at the end of each month (net salary) is included in the remuneration. **Remuneration, gross and net salary are by necessity different. All these values need to be made known to the employee.**

- The remuneration needs to be one and consolidated, regardless of the way it is sourced and paid. This is particularly important for employees belonging to more than one administration (e.g. civil servants posted to RCC health units, deployed staff from NGOs etc.). In this sense the employer decides and negotiates with the employee both the final remuneration and the net salary the employee will receive at the end of the working period, regardless that all or part of these are paid by the employer or by another administration. Two or more different administration may separately concur in funding the remuneration package of an employee, but for all means and purpose the remuneration is a unitary package⁴.
- The remuneration needs to reflect the capacity of the employer to generate and sustain enough monetary resources to secure a timely and regular payment of salary and the fulfilment of all other obligations incurred, along with the possibility of avoiding excessive cost of service production that will be reflected in the charges to patients. It is matter of maintaining a balance between to moral obligations: that of paying a “fair wage” and that of charging a “fair price”.

3. Manageability, transparency and comprehensiveness of the remuneration

If we wanted to go further in accommodating all the elements expounded above, this will probably introduce a great variability in the remuneration, exposing it to the risk of subjectivity, arbitrariness, lack of transparency and making it difficult to manage. It will also make it almost impossible to project in the future the cost of the wage expenditure and therefore hamper accurate short and mid term budgeting. To limit the degree of uncertainty and unpredictability, we have used as starting point the structures adopted by public employment. These provide a good and rational starting point even though they are unable, at present, to capture to an adequate extent all of the above elements. Here follow some explanations and definitions.

4. The need to refer RCC remuneration and salary scales to civil service pay scales (harmonization)

For the purpose of harmonizing the terms of employment between RCC health services employment and civil service, it is necessary to be able to trace back the point reached in any given scale by each employee at any point in time of his employment. In other words: it should be possible to refer the position of an employee to the current Government structures, regardless of the amounts of salary actually paid and the size of the remuneration.

The first point to make clear is that there is an indirect relationship between position in the scales of Government and salaries actually paid and remunerations to the employee by RCC health services employers. These latter depend:

- On the prior choice of the employer about Grades of applicable schedules

⁴ In no instance it should happen that two employees have similar working conditions and receive two grossly different final packages because of their different employers. It happens in fact that two doctors, one posted by Government and one employed exclusively by the RCC health unit, receive two grossly different salaries because the first cumulates two salaries and the second only one. This practice creates a serious inequality of conditions of employment and introduces irrational privileges that lead to serious disgruntling of staff and provoke situations that end up by being un-manageable. The right practice would be: the final take home net salary is agreed upon with either employee. The employee who receives a government salary will see a correspondent amount deducted from the package he would be entitled to receive. He will then receive only the difference between what Government pays to her/him, and what s/he is entitled to receive under the employment with the RCC health units. In this way both s/he and her/his colleague will pocket a very similar net take home package.

- On the duration of working week
- On applicable allowances (those payment that earn money but no seniority) and
- On statutory deductions.

Non monetary benefits represent a kind of shadow allowance whose value needs to be kept into account.

5. Grades of applicable schedules

Options for applicable schedules offer four different possibilities. It is not assumed that the employer has an obligation to pay the same amounts as those payable in civil service. Only the structure used is the same as that of civil service. The choice concerning amounts pertains to the employer, once the overall availability of funds in the year of introduction of the manual has been assessed. The options (Schedules' Grades) proposed are 4:

- Grade 1: the same as that of civil service (corrected for the duration of the working week)
- Grade 2: 90% of civil service
- Grade 3: 80% of civil service
- Grade 4: 70% of civil service.

The choice of Grade depends also on other benefits applicable to the employee. An employer who extends substantial benefits to its employees may decide to adopt a lower grade, banking on the fact that the benefits added on the amount option chosen (i.e. the remuneration), compensate the employee for the lower grade. In summary: the first choice the employer has to make is if its salaries are the same of those of Government or lower, and how lower. Once this choice is made by the Board, all the rest becomes an automatic sequence described in Part III.

6. Maximum and minimum basic salaries

For employees on permanent terms of service

Grade 1 schedules will be the maximum basic salary applicable in RCC Health services

Grade 3 schedules will be the minimum basic salaries applicable in RCC Hospitals

Grade 4 schedules will be the minimum basic salaries applicable in RCC Health services of Lower Level.

PART III

PROCEDURES FOR THE CALCULATION OF SALARY AND REMUNERATION

NOTA BENE

The calculation of salary and remuneration is complex if matters are not clear in the Letter of Appointment or contract of the employee.

We outline here the process leading to the calculation of, respectively, the Payable Salary ("take home package") and the Value of the remuneration (the real value of the package the employee receives, either as money or as benefits), step by step. It is very important that the employee knows both, even if this entails a certain effort at providing clear explanations at the beginning.

Preliminary Step

Before proceeding to the calculation of salary and remuneration, **the employer has to make a first choice on the Schedule Grade** that will be applicable to its employees. In this the employer has to be guided by the current salaries paid, by the

values of the benefits accorded, by the capacity to generate enough resources to fulfil the obligations incurred with the employee and access to service for the people. Refer to the 4 Grades envisaged (3 for Hospitals and 4 for Units of lower level) and to the Minimum applicable salary. Once this choice has been made, the rest follows through a sequential flow described here below. These guidelines provide only Grade 1 schedules. Schedules for the other three grades can be requested from UCMB.

1. Calculation of Basic salary - STEP 1

For this reason we propose (once the prior choice of Schedule Grade has been made) to adopt **a multiple spine parallel set of scales in two different schedules**. Schedules apply, respectively, to clinical/medical and non clinical/medical employees. Spines reflect a particular situation of employment, as provided in the explanations about the different spines. Each RCC institution/diocese will have to adopt one or more specific spine, applicable to the situation, and indicate in the letter of appointment:

- ***The applicable schedule (medical or traditional/non medical)***
- ***The entry spine (four or more depending on the duration of the working week and other special criteria)***
- ***The entry scale (the various U and SS scales - in line with qualifications)***
- ***The entry point in the scale (determining the point of departure for annual increments – each year one point in the scale upwards) -***

1.a. Schedules

There are two different schedules

- One applicable to clinical/medical staff
- One applicable to non clinical/medical staff.

Also this has to be specified at the moment of employment.

1.b. Spines

How does one hospital/diocese/health unit decide which spine (or spines) is (are) applicable to the own context? On the basis of the duration of the working which, which must accurately be assessed for each category of employees (especially for nursing staff).

- Spine A: applicable to institutions (employees) applying an effective working week of 45 hrs.
- Spine B: applicable for a normal effective working week of 40 hrs.
- Spine C: applicable for an effective working week of 35 hrs.
- Spine D: applicable to part time employment of less than 35 effective working hrs per week or to institutions at lower level than hospitals if there is not enough work for a full 40 effective hours of employment.

One Institution may offer employment to employees of the same scale under different spines, depending on working hours.

Changes of spine may occur in the course of employment and have to be recorded and notified in writing to the employee.

1.c. Scales

Scales are determined by the qualification of the employee and the post occupied (see tables in annex). Scales may change in the course of the employment (e.g. when one employee undergoes training and on his/her return takes up a different post), and each change has to be notified in writing for permanent record.

1.d. Point in the scale

- The entry point at the beginning of employment soon after qualification is at the bottom of the scale.
- The entry point for an employee who has already served elsewhere is determined by his/her position in the scale from the prior employment, and needs to be certified by the letter of service released to each employee at the moment of discontinuation of service. The absence of letter of service forfeits the title of the employee to enter above the bottom point in the applicable scale.
- During employment, moving from one point to the next up-ward occurs instead automatically, at annual intervals.
- Additional movements upwards can be awarded because of positive performance assessment as premium.
- Conversely, the automatic advancement can be denied for unsatisfactory performance. It is also possible to move an employee downwards in the points of the scale for disciplinary reasons. Proper records need to be maintained.

SUMMARY 1

Value of Basic Salary (BS)

2. Calculation of taxable additions to the Basic salary – STEP 2

2.a. Addition of Allowances

Allowances in general are additions to the basic salary. They need to be added to it to compute the taxable basis (the gross salary). Once added to the basic salary they constitute the gross salary.

As matter of fact, only four allowances are considered in the RCC hospital employment:

- **Responsibility allowance:**

this allowance applies to employees that, although not occupying a higher post for which they do not have the right qualifications, bear on regular basis a special responsibility for service. In addition, several extra duty related compensations (e.g. teaching) can be accommodated under this category of allowance. In particular praemia or awards for which the employee gets permanent title on the basis of extraordinary merit, as established and decided by the Board of Governors, will be defined as responsibility allowance.

It is suggested that, in monetary terms, this allowance should vary **between 10 and 30% of the basic salary, on decision of the Board. Once its value is established on the basis of the salary, the allowance is frozen to that value** (i.e. it does not automatically increase with the automatic increases of salary).⁵

- **Acting allowance:**

this allowance applies to employees that, although not having the qualifications to occupy a certain post, are asked to act in that post, and take upon themselves an additional responsibility on regular basis for a prolonged period of time, exceeding one month. It is calculated as the responsibility/acting allowance on the basic salary.

⁵ One employee has a basic salary of 210,632 Ug Sh but carries a specific responsibility. The Board of the hospital establishes that his/her allowance will be 15% of the basic salary, meaning 31,595 Ug Sh. The gross salary of this employee reaches then 242,227 Ug Sh. From this moment on the basic salary will grow year after year, but the allowance will remain fixed at 31,595 Ug Sh. Responsibility allowances will be discontinued when the employee ceases to exercise the special responsibility for which the allowance was paid. All of this has to be recorded and communicated in writing to the employee.

It is suggested that this allowance should vary **between 10 and 30% of basic salary**.

Once its value is established on the basis of the salary, the allowance is frozen to that value (i.e. it does not automatically increase with the automatic increases of salary).

Acting allowance and responsibility allowance cannot be cumulated

▪ **Hardship/incentive/top up allowance:**

this allowance is intended to attract rare skills or personnel to the Hospital, who would not otherwise be attracted.

It is suggested that this allowance **should not exceed 30% of the basic salary**.

As for the other two allowances above, once calculated, it is frozen and does not automatically increase with the increase of salary

This allowance can be cumulated with one of the two above.

▪ **Overtime**

This allowance covers for extended hours of service over and above the established rosters and declared length of the working week. The value of one hour of work is calculated on the basis of the gross salary divided by the monthly number of hours of work.

2.b. Addition of Taxable Benefits

In the calculation of the gross salary (Taxable part of the salary), housing benefits and subsidies need to be considered.

As general rule the provision of housing by the employer implies and addition of 15% (calculated on the Basic Salary). The Hospital may decide to value the amount accrued by the provision of housing in a different way. The principle stands that the provision of housing increases the basis for PAYE.

SUMMARY 2

Sum of Allowances + Taxable benefits = Taxable additions (TA)

3. Calculation of Gross Salary – STEP 3

The Gross Salary is calculated by adding Taxable Benefits to the Basic Salary

SUMMARY 3

Basic Salary + Taxable benefits = Gross Salary (GS)

4. Calculation of Statutory Deductions from the gross salary – STEP 4

There are three statutory deductions: income tax (Pay as you earn – PAYE), National Social Security Fund (NSSF), and Graduated Tax.

All deductions are calculated separately on the gross salary. The deduction of PAYE and NSSF, and their payment to the respective funds, is a legal obligation of the Employer. No RCC Employer can overlook this legal obligation.

• **PAYE**

There are schedules guiding the computation of PAYE. The amount to be paid to URA for PAYE need to come in its entirety from the employee⁶.

⁶ Formula to calculate the PAYE deduction = Gross Salary * applicable rate

- **NSSF**

The NSSF is fed by a contribution coming from the employer and a contribution coming from the employee. The employer deducts from the salary the employee contribution, adds on its own and remits the total amount to the Fund⁷.

- **Graduated tax**

Depending on local council instructions, graduated tax may be deducted from the gross salary during the first quarter of the calendar year. They are usually a lump sum.

<p style="text-align: center;">SUMMARY 4</p>
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<p style="text-align: center;">NSSF 5% + PAYE + Graduated tax = Statutory deductions (SD)</p>

5. At this juncture a difference needs to be made between employees entitled to certain benefits and employees not-entitled to certain benefits. Title (or lack of) to benefits is declared in the Letter of Appointment or Personal contract.

- Entitled employee: For Entitled employees the value of benefits will be calculated and its total will have a (+) value.
- Not entitled employees: the non entitled employees that receive benefits will have to pay them and the total value of the benefits received will have a (-) value

5.a Calculation of additions for benefits granted to entitled employees (STEP 5 A)

- **Lunch:**

If lunch is provided by the employer to an entitled employee, its value needs to be calculated and added.

- **Transport:**

If an employee has title to receive free transport, the value of this service needs to be calculated and added.

- **Telephone:**

When telephone bills (or proportion) are paid by the hospital on behalf of an entitled employee, their value needs to be calculated and added.

- **Water and electricity:**

The value of utilities provided to entitled employees needs to be calculated and added.

The Board or Management may decide to attach a forfeit value to each of the above.

<p style="text-align: center;">SUMMARY 5 A</p>
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<p style="text-align: center;">Lunch + Transport + Telephone + Water + Electrivity = (+) Additions for Benefits (AFB)</p>

5.b Calculation of deductions for benefits granted to non-entitled employees (STEP 5b)

- **Housing:**

The consolidated allowance for housing is already covered in the basic salary. If a non-entitled employee is housed by the hospital, a deduction of a lump sum not exceeding in %value 15% of the basic salary is applied.

⁷ Contribution of the employer = Gross salary * 10% - Contribution of the Employee = Gross salary * 5%

- **Lunch:**

If lunch is provided by the employer, a suitable deduction from the salary needs to occur, at amounts established by the Board or Management.

- **Transport:**

Transport provided to the employees outside official transport for duty, needs to be charged to the employee at reasonable rates fixed by the Board or Management. Personal use of institutional vehicles cannot be allowed. If this is common practice, it needs to be thoroughly discouraged.

- **Telephone:**

Fixed telephones cost may need to be paid by the employer for special cases (e.g. doctors on call), but variable telephone costs are charged to the employee.

- **Utilities (water and electricity):**

Utilities provided to the employees need to be charged to the employee at rates fixed by the Board or Management.

SUMMARY 5 B

Housing + Lunch + Transport + Telephone + Water + Electricity = (-) Deductions for Benefits (DFB)

6. Calculation of additional expenses incurred by the Hospital – STEP 6

Besides what the Hospital pays or grants to the employee, there are expenses that the Hospital incurs of which the employee is not usually aware:

- **The Hospital 10% contribution to NSSF**
- **The cost of insurance for accidents (if the Hospitals has subscribed its employees to this insurance)**
- **The cost of medical services provided to the employee and family**
- **(The cost of gratuity accruals)⁸**

SUMMARY 6

NSSF 10% + Insurance + Medical bills = Hospital expenses (HE)

7. Calculation of additional deductions – STEP 7

There are also deductions for:

- **advances the employees has received on his/her salary**
- **payments effected by other agencies when his/her salary or part of it is outsourced (e.g. government salary of civil servants)**
- **for the re-payment of loans.**
- **There may be other deductions for damages caused by the employee to the hospital.**

SUMMARY 7

Outsourced pay + Salary advance + Loans repayment + Damages = Additional deductions (AD)
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8. Putting numbers together

It is now necessary to arrive at the important conclusion.

“How much money will the employee take home”? i.e. the Payable Salary (PS) and

“What is the actual comprehensive value of moneys and benefits received by the employee”? i.e. The Value of Remuneration (VR)

⁸ The Manual of employment does not foresee the payment of gratuity. For those Hospitals that wish to maintain this privilege refer to the following chapter for instructions.

8.a. Calculation of the payable salary– STEP 8A

The formula for the calculation of the payable salary is the following:

Starting from the Gross Salary, Statutory deductions must be subtracted, Additions for benefits must be added to entitled employees (or deduction for benefits must be subtracted for non-entitled employees) and finally Additional deductions must be subtracted.

SUMMARY 8A	
Entitled employees	$GS - SD + AFB - AD = \text{Payable Salary (PS)}$
Or	
Non entitled employees	$GS - SD - DFB - AD = \text{Payable Salary (PS)}$

8.b. Calculation of the Value of Remuneration

The formula for the calculation of the value of remuneration is the following:

Starting from the Gross Salary, Additions for benefits must be added for entitled employees (or deductions for benefits must be subtracted for non entitled employees), and finally Hospital expenses must be added.

SUMMARY 8B	
Entitled employees	$GS + AFB + HE = \text{Value of remuneration (VR)}$
Or	
Non entitled employees	$GS - DFB + HE = \text{Value of remuneration (VR)}$

PART IV

NECESSARY CLARIFICATIONS ON MISCELLANEOUS ISSUES

1. GRATUITY

Many RCC health institutions have introduced in the past the practice of gratuity. This is not an obligation by law – as said in the Manual of Employment it is in fact substituted by the NSSF. It becomes an obligation if the employer maintains that a gratuity needs to be paid over and above the institutional contribution to NSSF and introduces this commitment in the Terms and Conditions of Service (either for all employees or for employees on personal contract).

Per se this is a good practice but needs to be properly managed. Good management would require that the accrual of gratuity is reflected in the monthly budget. Instead of being paid to the employee the amount accrued is transferred to a special earmarked fund that needs to be prudently invested.

Custom wants that gratuity is paid at the rate on one month of basic salary for each year of service, at the average monthly salary of the last year.

For this reason an amount corresponding to 8.33% of the basic salary⁹, over and above the basic salary has to be set aside by the employer for safe custody.

UCMB strongly recommends that the current practices of gratuity should be phased out, through a plan of payment for titles accrued until now.

UCMB strongly recommends that all RCC Hospitals introduce NSSF.

⁹ Formula to calculate money to be set aside for gratuity = [Monthly basic salary * 8.3%]

UCMB strongly recommends that all hospitals intending to continue the practice of gratuity to establish and earmarked fund to be fed on a monthly basis . The newly established gratuity fund must not be used to pay gratuities accrued in the precedent period.

UCMB also encourages all the RCC institutions that opt to establish the gratuity fund and also subscribe to the NSSF, to:

- liquidate the accrued gratuity at annual intervals. In this way each employee will earn one month more of salary every year and the employer avoids excessive accumulation of payable gratuity that will need to be paid at a higher level of computation (last year's average basic salary).
 - encourage employees to use NSSF in its pension form. In any case a RCC Health employer that both subscribes its employees to NSSF and in addition pays a gratuity (either at the end of service or on annual basis), in practice endows the employee both with gratuity and pension benefits.
 - It is also a good and desirable practice to substitute loans to employees to the right of withdrawal from accrued gratuity.
- It goes by itself that each transaction concerning gratuity and its payment needs to be recorded.

NOTA BENE: at the moment of payment to the employee, gratuity is subject to taxation by URA (PAYE). This is why it represents an added advantage to pay gratuity at fixed intervals. Because if one waits until a large amount is cumulated, a much higher rate of taxation will apply.

2. INSURANCE FOR ACCIDENTS AND INVALIDITY:

Each employee needs to be compensated for accidents and invalidity, according to the provision of the Workers' compensation act 2000.

This can be done either by the employer directly or through subscription of the employer to an Insurance.

The annual insurance premium equals to 0.5% of 60 times the monthly basic salary. As consequence the employer has to set aside every month 2.5% of the basic salary to accrue in a special insurance fund in order to be able to pay the annual premia for the employees¹⁰.

UCMB suggest that all Hospitals introduce insurance against accidents and invalidity even though this has not been provided for as obligation in the employment manual.

3. OCCASIONAL PAYMENTS FROM OTHER AGENCIES

These are payments made to an employee of RCC Health Services because of services provided to another agency while working on paid time by the Employer, and exclude refunds for direct costs incurred by the employee¹¹.

¹⁰ E.g: If we take the same employee above, earning a monthly salary of Ug Sh 210,632, the annual premium to be paid to the insurance company is: Annual premium = $[210,632 * 60 * 0,005] = 63,189.6$ / What is then the monthly cost of this premium? Monthly cost of the premium = $[63,189.6 / 12] = 5,265.8$ / What percentage does this represent of the monthly basic salary? Percentage of the monthly basic salary = $[5265.8 / 63,189.6] = 2.5\%$ / Formula to calculate the money to be set aside for insurance = $[monthly\ basic\ salary * 2.5\%]$

¹¹ For example: an employee attends a Conference called by another agency during his/her work time. S/he travels by public means and pays the ticket with own moneys. S/he gives a presentation about a study carried out

A common example are emoluments and honoraria earned by the employees because of their involvement in research activities or other tasks promoted and solicited by an external agency. The Code of Conduct introduces an obligation by the Employee to disclose such emoluments and honoraria. The Employer can exercise the right to deduct either part or all these sums from the employee salary, as agreed in writing before the employee engages in such activities.

in the hospital and receives a substantial honorarium plus transport refund. The transport refund is not deductible while the honorarium can be shared with the hospital,

SUMMARY OF PROCESS FOR CALCULATION OF PAY AND REMUNERATION

1. Calculation of Basic salary - STEP 1
2. Calculation of taxable additions to the Basic salary – STEP 2
3. Calculation of Gross Salary – STEP 3
4. Calculation of Statutory Deductions from the gross salary – STEP 4
- 5.a Calculation of additions for benefits granted to entitled employees (STEP 5 A)
- or
- 5.b Calculation of deductions for benefits granted to non-entitled employees (STEP 5b)
6. Calculation of additional expenses incurred by the Hospital – STEP 6
7. Calculation of additional deductions – STEP 7
- 8.a. Calculation of the payable salary– STEP 8A
- 8.b. Calculation of the Value of Remuneration

STEP 1
Value of Basic Salary (BS)

STEP 2
Sum of Allowances + Taxable benefits = Taxable additions (TA)

STEP 3
Basic Salary + Taxable benefits = Gross Salary (GS)

STEP 4
NSSF 5% + PAYE + Graduated tax = Statutory deductions (SD)

STEP 5 A
Lunch + Transport + Telephone + Water + Electricity = (+) Additions for Benefits (AFB)

Or

STEP 5 B
Housing + Lunch + Transport + Telephone + Water + Electricity = (-) Deductions for Benefits (DFB)

STEP 6
NSSF 10% + Insurance + Medical bills = Hospital expenses (HE)

STEP 7
Outsourced pay + Salary advance + Loans repayment + Damages = Additional deductions (AD)

STEP 8A	
Entitled employees	$GS - SD + AFB - AD = \text{Payable Salary (PS)}$
Or	
Non entitled employees	$GS - SD - DFB - AD = \text{Payable Salary (PS)}$

STEP 8B	
Entitled employees	$GS + AFB + HE = \text{Value of remuneration (VR)}$
Or	
Non entitled employees	$GS - DFB + HE = \text{Value of remuneration (VR)}$

MEDICAL SCHEDULE (SIMPLIFIED) for further reference see Annex 3)

MEDICAL OFFICERS.	
SMO (Medical Director	U3
Medical Off.	U5a-3
DENTAL	
Dental Surgeon	U5a-3
PHDA	U6
PHARMACY	
Pharmacist	U5a-3
Dispensers	U6
NURSING	
SNO	U4
Reg NMW	U5c
Reg Nurse	U6
Reg Midwife	U6
Reg PHN	U6
Psychiatric Nu	U6
Enrolled Nurse	U7
Enrolled M/W	U7
Nursing Asst	U8
ALLIED HEALTH PROFESSIONALS	
PCO	U5b-a
OCO	U5c
Health Inspect	U6
MEO	U6
Radiographers	U6
Physiotherapist	U6
Occ/Therapist	U6
Orthop/Off.	U6
Health Educator	U6
Anaesth Off.	U6
Lab Technol	U5c
Lab. Technician	U6
Lab. Asst.	
Clinical Officer	U6

TRADITIONAL CIVIL SERVICE SCHEDULE (SIMPLIFIED) for further reference see Annex 3)

ADMINISTRATIVE AND OTHER STAFF	
Hospital Adm.	U5b-4
MSW	U5b-4
Nutritionist	U5b-4
Supplies Off	U5c
Steno-Secretary	U6
Stores Asst	U7
Records Asst	U7
Accounts Asst	U7
SUPPORT STAFF	
Darkroom Att	S3D
Mort. Att	S3I
Drivers	S3H
Cooks	S3E
Guards	S3G
Artisans	S3G
Support Staff	S3G

Year 2002-03

MEDICAL STAFF

Scale Point

UCMB SCALES – GRADE 1***

		GOVT				
			Spine A	Spine B	Spine C	Spine D
			ww 45 hrs	ww 40 hrs	ww 35 hrs	ww less
						than 34 h
		2002-3				
U1	18	1,313,780	1,445,158	1,313,780	1,156,126	985,335
	17	1,294,880	1,424,368	1,294,880	1,139,494	971,160
	16	1,275,980	1,403,578	1,275,980	1,122,862	956,985
	15	1,257,080	1,382,788	1,257,080	1,106,230	942,810
	14	1,238,180	1,361,998	1,238,180	1,089,598	928,635
	13	1,219,290	1,341,219	1,219,290	1,072,975	914,468
	12	1,219,290	1,341,219	1,219,290	1,072,975	914,468
	11	1,181,470	1,299,617	1,181,470	1,039,694	886,183
	10	1,162,570	1,278,827	1,162,570	1,023,062	871,928
	9	1,143,000	1,257,300	1,143,000	1,005,840	857,250
	8	1,122,875	1,235,163	1,122,875	988,130	842,156
	7	1,103,850	1,214,235	1,103,850	971,388	827,888
	6	1,084,265	1,192,692	1,084,265	954,153	813,199
	5	1,064,690	1,171,159	1,064,690	936,927	798,518
	4	1,045,110	1,149,621	1,045,110	919,697	783,833
	3	1,038,660	1,142,526	1,038,660	914,021	778,995
	2	1,020,610	1,122,671	1,020,610	898,137	765,458
	1	1,002,900	1,103,190	1,002,900	882,552	752,175
U2			0	0	0	0
	8	839,780	923,758	839,780	739,006	629,835
	7	836,560	920,216	836,560	736,173	627,420
	6	833,340	916,674	833,340	733,339	625,005
	5	830,140	913,154	830,140	730,523	622,605
	4	826,920	909,612	826,920	727,690	620,190
	3	823,670	906,037	823,670	724,830	617,753
	2	820,430	902,473	820,430	721,978	615,323
	1	817,440	899,184	817,440	719,347	613,080
U3			0	0	0	0
	9	652,070	717,277	652,070	573,822	489,053
	8	649,495	714,445	649,495	571,556	487,121
	7	664,910	731,401	664,910	585,121	498,683
	6	644,330	708,763	644,330	567,010	483,248
	5	641,755	705,931	641,755	564,744	481,316
	4	639,150	703,065	639,150	562,452	479,363
	3	636,700	700,370	636,700	560,296	477,525
	2	634,250	697,675	634,250	558,140	475,688
	1	632,030	695,233	632,030	556,186	474,023

*** Grade 2,3,and 4 Schedules can be calculated by applying a % reduction to the indicated amount of, respectively 10, 20 and 30%. The Bureau can supply on request the required schedules for each Grade.

Scale	Point	GOVT				
			Spine A	Spine B	Spine C	Spine D
			0	0	0	0
U4	12	598,900	658,790	598,900	527,032	449,175
	11	597,015	656,717	597,015	525,373	447,761
	10	596,125	655,738	596,125	524,590	447,094
	9	595,230	654,753	595,230	523,802	446,423
	8	594,340	653,774	594,340	523,019	445,755
	7	593,450	652,795	593,450	522,236	445,088
	6	592,560	651,816	592,560	521,453	444,420
	5	591,660	650,826	591,660	520,661	443,745
	4	590,770	649,847	590,770	519,878	443,078
	3	589,875	648,863	589,875	519,090	442,406
	2	588,990	647,889	588,990	518,311	441,743
	1	587,000	645,700	587,000	516,560	440,250
			0	0	0	0
U5A	6	545,760	600,336	545,760	480,269	409,320
	5	543,530	597,883	543,530	478,306	407,648
	4	541,300	595,430	541,300	476,344	405,975
	3	539,060	592,966	539,060	474,373	404,295
	2	536,810	590,491	536,810	472,393	402,608
	1	534,675	588,143	534,675	470,514	401,006
			0	0	0	0
U5B	6	359,370	395,307	359,370	316,246	269,528
	5	357,555	393,311	357,555	314,648	268,166
	4	355,740	391,314	355,740	313,051	266,805
	3	353,900	389,290	353,900	311,432	265,425
	2	352,080	387,288	352,080	309,830	264,060
	1	350,160	385,176	350,160	308,141	262,620
			0	0	0	0
U5C	8	289,480	318,428	289,480	254,742	217,110
	7	286,367	315,004	286,367	252,003	214,775
	6	283,298	311,628	283,298	249,302	212,474
	5	280,273	308,300	280,273	246,640	210,205
	4	277,292	305,021	277,292	244,017	207,969
	3	274,355	301,791	274,355	241,432	205,766
	2	271,468	298,615	271,468	238,892	203,601
	1	268,619	295,481	268,619	236,385	201,464

Scale	Point	GOVT				
			Spine A	Spine B	Spine C	Spine D
			0	0	0	0
U6	13	248,912	273,803	248,912	219,043	186,684
	12	248,087	272,896	248,087	218,317	186,065
	11	247,262	271,988	247,262	217,591	185,447
	10	246,443	271,087	246,443	216,870	184,832
	9	244,523	268,975	244,523	215,180	183,392
	8	243,423	267,765	243,423	214,212	182,567
	7	242,323	266,555	242,323	213,244	181,742
	6	241,509	265,660	241,509	212,528	181,132
	5	240,706	264,777	240,706	211,821	180,530
	4	239,903	263,893	239,903	211,115	179,927
	3	238,000	261,800	238,000	209,440	178,500
	2	237,824	261,606	237,824	209,285	178,368
	1	236,411	260,052	236,411	208,042	177,308
			0	0	0	0
U7	11	221,753	243,928	221,753	195,143	166,315
	10	220,653	242,718	220,653	194,175	165,490
	9	219,966	241,963	219,966	193,570	164,975
	8	218,178	239,996	218,178	191,997	163,634
	7	217,502	239,252	217,502	191,402	163,127
	6	216,792	238,471	216,792	190,777	162,594
	5	215,049	236,554	215,049	189,243	161,287
	4	214,378	235,816	214,378	188,653	160,784
	3	213,052	234,357	213,052	187,486	159,789
	2	212,387	233,626	212,387	186,901	159,290
	1	210,632	231,695	210,632	185,356	157,974
			0	0	0	0
U8	13	180,845	198,930	180,845	159,144	135,634
	12	180,220	198,242	180,220	158,594	135,165
	11	179,610	197,571	179,610	158,057	134,708
	10	178,990	196,889	178,990	157,511	134,243
	9	178,380	196,218	178,380	156,974	133,785
	8	177,775	195,553	177,775	156,442	133,331
	7	177,170	194,887	177,170	155,910	132,878
	6	176,580	194,238	176,580	155,390	132,435
	5	175,980	193,578	175,980	154,862	131,985
	4	175,390	192,929	175,390	154,343	131,543
	3	174,805	192,286	174,805	153,828	131,104
	2	174,210	191,631	174,210	153,305	130,658
	1	173,650	191,015	173,650	152,812	130,238

Scale	Point	GOVT				
			Spine A	Spine B	Spine C	Spine D
			0	0	0	0
SS1	4	83,140	91,454	83,140	73,163	62,355
	3	78,330	86,163	78,330	68,930	58,748
	2	75,530	83,083	75,530	66,466	56,648
	1	75,275	82,803	75,275	66,242	56,456
			0	0	0	0
SS2	5	75,270	82,797	75,270	66,238	56,453
	4	74,630	82,093	74,630	65,674	55,973
	3	73,575	80,933	73,575	64,746	55,181
	2	72,780	80,058	72,780	64,046	54,585
	1	71,930	79,123	71,930	63,298	53,948
			0	0	0	0
SS3	5	71,125	78,238	71,125	62,590	53,344
	4	70,640	77,704	70,640	62,163	52,980
	3	70,035	77,039	70,035	61,631	52,526
	2	69,710	76,681	69,710	61,345	52,283
	1	69,525	76,478	69,525	61,182	52,144

Year 2002-03

NON MEDICAL STAFF			UCMB SCALES – Grade 1***			
Scale	Point	GOVT	Spine A	Spine B	Spine C	Spine D
			ww 45 hrs	ww 40 hrs	ww 35 hrs	ww less than 34 h
		2002-03				
Head of the Public Service		2,036,780	2,240,458	2,036,780	1,792,366	1,527,585
Deputy Head of the Public Service		1,915,760	2,107,336	1,915,760	1,685,869	1,436,820
Permanent Secretary		1,794,740	1,974,214	1,794,740	1,579,371	1,346,055
Senior Consultants(Medical)		1,627,185	1,789,904	1,627,185	1,431,923	1,220,389
CEO		1,307,455	1,438,201	1,307,455	1,150,560	980,591
			0	0	0	0
U1	18	1,293,280	1,422,608	1,293,280	1,138,086	969,960
	17	1,273,220	1,400,542	1,273,220	1,120,434	954,915
	16	1,253,155	1,378,471	1,253,155	1,102,776	939,866
	15	1,233,090	1,356,399	1,233,090	1,085,119	924,818
	14	1,213,030	1,334,333	1,213,030	1,067,466	909,773
	13	1,192,975	1,312,273	1,192,975	1,049,818	894,731
	12	1,172,905	1,290,196	1,172,905	1,032,156	879,679
	11	1,152,830	1,268,113	1,152,830	1,014,490	864,623
	10	1,132,770	1,246,047	1,132,770	996,838	849,578
	9	1,111,720	1,222,892	1,111,720	978,314	833,790
	8	1,090,670	1,199,737	1,090,670	959,790	818,003
	7	1,069,810	1,176,791	1,069,810	941,433	802,358
	6	1,048,550	1,153,405	1,048,550	922,724	786,413
	5	1,027,500	1,130,250	1,027,500	904,200	770,625
	4	1,006,430	1,107,073	1,006,430	885,658	754,823
	3	999,500	1,099,450	999,500	879,560	749,625
	2	978,435	1,076,279	978,435	861,023	733,826
	1	958,160	1,053,976	958,160	843,181	718,620
			0	0	0	0
U2	8	825,380	907,918	825,380	726,334	619,035
	7	822,350	904,585	822,350	723,668	616,763
	6	819,315	901,247	819,315	720,997	614,486
	5	816,305	897,936	816,305	718,348	612,229
	4	813,270	894,597	813,270	715,678	609,953
	3	810,210	891,231	810,210	712,985	607,658
	2	808,260	889,086	808,260	711,269	606,195
	1	805,355	885,891	805,355	708,712	604,016
			0	0	0	0

*** Grade 2,3,and 4 Schedules can be calculated by applying a % reduction to the indicated amount of, respectively 10, 20 and 30%. The Bureau can supply on request the required schedules for each Grade.

Scale	Point	GOVT	Spine A	Spine B	Spine C	Spine D
U3	18	607,940	668,734	607,940	534,987	455,955
	17	605,865	666,452	605,865	533,161	454,399
	16	603,785	664,164	603,785	531,331	452,839
	15	601,710	661,881	601,710	529,505	451,283
	14	599,635	659,599	599,635	527,679	449,726
	13	595,885	655,474	595,885	524,379	446,914
	12	592,265	651,492	592,265	521,193	444,199
	11	589,585	648,544	589,585	518,835	442,189
	10	586,770	645,447	586,770	516,358	440,078
	9	546,960	601,656	546,960	481,325	410,220
	8	545,200	599,720	545,200	479,776	408,900
	7	543,430	597,773	543,430	478,218	407,573
	6	541,665	595,832	541,665	476,665	406,249
	5	539,905	593,896	539,905	475,116	404,929
	4	536,470	590,117	536,470	472,094	402,353
	3	533,145	586,460	533,145	469,168	399,859
	2	530,615	583,677	530,615	466,941	397,961
	1	527,980	580,778	527,980	464,622	395,985
U4			0	0	0	0
	12	483,860	532,246	483,860	425,797	362,895
	11	483,260	531,586	483,260	425,269	362,445
	10	482,670	530,937	482,670	424,750	362,003
	9	482,070	530,277	482,070	424,222	361,553
	8	481,480	529,628	481,480	423,702	361,110
	7	480,880	528,968	480,880	423,174	360,660
	6	480,280	528,308	480,280	422,646	360,210
	5	479,680	527,648	479,680	422,118	359,760
	4	479,090	526,999	479,090	421,599	359,318
	3	478,490	526,339	478,490	421,071	358,868
	2	477,900	525,690	477,900	420,552	358,425
	1	477,310	525,041	477,310	420,033	357,983
			0	0	0	0
U5A	6	426,630	469,293	426,630	375,434	319,973
	5	425,360	467,896	425,360	374,317	319,020
	4	424,080	466,488	424,080	373,190	318,060
	3	422,800	465,080	422,800	372,064	317,100
	2	421,445	463,590	421,445	370,872	316,084
	1	420,140	462,154	420,140	369,723	315,105
			0	0	0	0
U5B	6	348,470	383,317	348,470	306,654	261,353
	5	346,980	381,678	346,980	305,342	260,235
	4	345,500	380,050	345,500	304,040	259,125
	3	344,020	378,422	344,020	302,738	258,015
	2	341,930	376,123	341,930	300,898	256,448
	1	339,880	373,868	339,880	299,094	254,910
			0	0	0	0

Scale
U5C

Point	GOVT	Spine A	Spine B	Spine C	Spine D
8	168,085	184,894	168,085	147,915	126,064
7	165,630	182,193	165,630	145,754	124,223
6	163,220	179,542	163,220	143,634	122,415
5	160,840	176,924	160,840	141,539	120,630
4	158,500	174,350	158,500	139,480	118,875
3	156,190	171,809	156,190	137,447	117,143
2	153,920	169,312	153,920	135,450	115,440
1	151,680	166,848	151,680	133,478	113,760

U6

14	134,880	148,368	134,880	118,694	101,160
13	134,210	147,631	134,210	118,105	100,658
12	133,410	146,751	133,410	117,401	100,058
11	132,620	145,882	132,620	116,706	99,465
10	131,830	145,013	131,830	116,010	98,873
9	131,050	144,155	131,050	115,324	98,288
8	130,270	143,297	130,270	114,638	97,703
7	129,500	142,450	129,500	113,960	97,125
6	128,730	141,603	128,730	113,282	96,548
5	127,960	140,756	127,960	112,605	95,970
4	127,200	139,920	127,200	111,936	95,400
3	126,460	139,106	126,460	111,285	94,845
2	125,700	138,270	125,700	110,616	94,275
1	124,950	137,445	124,950	109,956	93,713

U7

		0	0	0	0
11	109,790	120,769	109,790	96,615	82,343
10	109,060	119,966	109,060	95,973	81,795
9	108,230	119,053	108,230	95,242	81,173
8	107,410	118,151	107,410	94,521	80,558
7	106,590	117,249	106,590	93,799	79,943
6	105,780	116,358	105,780	93,086	79,335
5	105,655	116,221	105,655	92,976	79,241
4	105,520	116,072	105,520	92,858	79,140
3	105,460	116,006	105,460	92,805	79,095
2	105,410	115,951	105,410	92,761	79,058
1	105,370	115,907	105,370	92,726	79,028
		0	0	0	0

Scale
U8

Point	GOVT	Spine A	Spine B	Spine C	Spine D
13	82,980	91,278	82,980	73,022	62,235
12	82,695	90,965	82,695	72,772	62,021
11	82,415	90,657	82,415	72,525	61,811
10	82,125	90,338	82,125	72,270	61,594
9	81,840	90,024	81,840	72,019	61,380
8	81,555	89,711	81,555	71,768	61,166
7	81,270	89,397	81,270	71,518	60,953
6	80,980	89,078	80,980	71,262	60,735
5	80,690	88,759	80,690	71,007	60,518
4	80,410	88,451	80,410	70,761	60,308
3	80,120	88,132	80,120	70,506	60,090
2	79,840	87,824	79,840	70,259	59,880
1	79,555	87,511	79,555	70,008	59,666

ANNEX 3

SCALES AND POINTS ASSESSMENT for the Employment of staff and the computation of salaries:

STARTING SALARIES ON FIRST APPOINTMENT AND ASSESSMENT OF SALARIES FOLLOWING POST QUALIFICATION EXPERIENCE OR TRAINING.

The starting salary of a candidate joining a service on first appointment is the minimum salary point of that scale unless his experience and added qualifications suggest otherwise.

Table 1 below gives a guide to setting salary structures for cadres whose qualifications may not be referenced, other wise use the referenced scales shown in Table 2. Both tables should be used together in case of conflict or confusion in one or the other.

Table 1

Minimum qualifications	Base salary point	Remarks
Below Uganda Certificate of Education "O" level without any departmental training or equivalent	The relevant Group wage in the Grouping Scheme (USS)	
Below Uganda Certificate of Education "O" level with 3 years departmental training or equivalent	Minimum of U8	
Uganda Certificate of Education "O" level with the required subject passes without any departmental training or equivalent	Minimum of U8	
Uganda Certificate of Education "O" level with the required number of subject passes, but with a minimum of two years departmental training or equivalent	Minimum of U7	Usually certificate courses Examples: Enrolled Nurses, Enrolled Midwives, Health Assistant Grade 2, Laboratory Assistant (2 yr post "O" level training)
Uganda Certificate of Education "O" level with the required number of subject passes, but with a minimum of three years departmental training or equivalent*	Minimum of U6	Usually Diploma Courses Examples: Registered Nurses, Registered Midwives, Registered Psychiatric Nurse (N.O Gr 2), Anesthetic Assistant Grade 2, Enrolled Comprehensive Nurse.
Uganda Certificate of Education "O" level with the required number of subject passes, but with a minimum of four years departmental training or equivalent	2 increments above the U6 base salary	

* If a O-level minimum course takes in an A-level with 2 principal passes, on qualification, the salary will be two increments above the minimum point of U5c, U6 or U7 for a course taking 5, 3 or two years respectively. A 4-year duration attracts two increments above the U6 salary.

Minimum qualifications	Base salary point	Remarks
Uganda Certificate of Education “O” level with the required number of subject passes, but with a minimum of five years departmental training (with or without a break) or equivalent	Minimum of U5c	
Uganda Advanced Certificate of Education “U.A.C.E.” with at least 2 subjects passed at Principal level, but without departmental training or equivalent	6 Increments above the Minimum of U8	
Uganda Advanced Certificate of Education “U.A.C.E.” with at least 2 subjects passed at Principal level, with at least two years departmental training or equivalent	2 increments above the Minimum of U6 Salary Scale	E.g. Laboratory Technician Gr. II. (2 yrs post A-level training)
Uganda Advanced Certificate of Education “U.A.C.E.” with at least 2 subjects passed at Principal level, with at least three years departmental training (with or without a break) or equivalent	Minimum of U5c	E.g. All paramedical courses with 3 yrs post A-level training, Clinical Officers, Anesthetic Officers, Dispensers e.t.c. All the older cadres who did a 3 yr post O-level training are referred as grade II and start at U6.
University Degree or equivalent without postgraduate qualification. (For Non-professional posts only)	2 increments above the minimum of U5b-4 salary scale	
University Degree or equivalent without postgraduate qualification. (For professional posts only)	Minimum of U5a3 Salary scale	See table 3 for the list of public service recognized professional posts.
University Degree or equivalent with any postgraduate qualification Dip., Master, PhD e.t.c. (For Non-professional posts only)	Unless otherwise stated, 1 increment for each calendar yr of training or experience. Whether or not training leads to a qualification	
University Degree or equivalent with any postgraduate qualification. (For Professional posts only)	Increments above U5a3 minimum 1 academic yr = 3 increment 2 academic yrs = 4 “ 3+ academic yrs = 5 “	Internship for medical officers will be regarded as a postgraduate qualification.

The Health Schedule

Below is the recommended Schedule for Health workers for the various staff found in our Hospitals, where the cadre of staff employed is not listed, then the salary can be set guided by Table 1. It is particularly important to refer to this for non-health qualifications. It must be noted that promotions are not automatic on attaining the next minimum qualifications or experience, there has to be a vacancy in the establishment to be appointed. It is also important to note that where there is conflict of salary scale in table 2, you should refer to table 1 for clarification. Note that the minimum added qualification of Diploma in Health Services Management is not a must but desirable.

Table 2

Cadre of Staff	Minimum Qualification	Minimum recommended experience	GoU Salary scale	Remarks
Doctors and Dentists				
Senior Consultant	MMED	3 years of being consultant	U1	
Consultant	MMED	3 years of being MoSG	U1	
Medical Officer Special Grade (MoSG)	MMED		U3	
Principal Medical Officer	MBChB, PG qualif. in Public Health	8 years as a health worker	U2	
Senior medical Officer (SMO)	MBChB	6 years as a health worker	U3	
Medical Officer (MO)	MBChB		U5a3	
Principal Dental Surgeon	BDS, PG qualif. In PH or Dentistry	8 years as a health worker		
Senior Dental Surgeon	BDS	6 years as a health worker	U3	
Dental Surgeon (DS)	BDS		U5a3	
Pharmacists				
Principal Pharmacist	Bpharm, PG qualif. In Pharmacy	8 years as a health worker	U2	
Senior Pharmacist (SP)	BPharm	4 years as a health worker	U3	
Pharmacist	BPharm		U5a3	
Nurses				
Principal Nursing officer	URN or URM or URPsyN, + Dip. In Nursing admin. Or H.S.Management	10 years as a health worker	U3	
Senior Nursing Officer Grade 1	URN or URM or URPsyN, + Dip. In Nursing admin. Or H.S.Management	4 years as a health worker	U4	

Cadre of Staff	Minimum Qualification	Minimum recommended experience	GoU Salary scale	Remarks
Senior Nursing Officer Grade II	URN or URM or URPsyN, + Dip. In Nursing admin. Or H.S.Management	4 years as a health worker	U5b-a	
Nursing Officer Grade 1	URN or URM or URPsyN		U5c	Refer to the U5c salary setting in table 1
Nursing Officer Grade II (Reg. Nurses or MW)	URN or URM or URPsyN		U6	For all additional qualifications before and after refer to table 1. E.g. an already double trained becoming a reg. Public health N. may start at U5c
Senior Enrolled Nurse	UEN cert.		U6	UCMB recommends 3 years as EN Gr II
Enrolled Nurse G II (EN)	UEN Cert.		U7	
Senior Enrolled Midwife	UEN cert.		U6	UCMB recommends 3 years as EM Gr II
Enrolled Midwife G II (EM)	UEM Cert.		U7	
Senior Enrolled PsyN	UEPsyN		U6	UCMB recommends 3 years as EPsyN Gr II
Enrolled Psychiatric Nurse G II (EP)	UEPsyN Cert.		U7	
Nursing Assistant (trained)	O level with formal health training		USS1	
Nursing Aide	Below O level without formal health training.		USS3	
Registered Comprehensive Nurse	RCN Cert.		U5c	
Enrolled Comprehensive Nurse	ECN cert.		U6	
Nurse Tutor	URN, URM, Dip. Tutors college		U4	Increments and other additional promotions or certificates from outside Uganda refer to Table 1.
Allied Health Professionals				
Clinical Officers				
Principal Clinical officer	Diploma in Clinical Medicine and Comm. Health + Dip. In Health Serv. Management	10 years as health worker	U3	

Cadre of Staff	Minimum Qualification	Minimum recommended experience	GoU Salary scale	Remarks
Senior Clinical Officer Gr I	Diploma in Clinical Medicine and Comm. Health + Dip. In Health Serv. Management	4 years as health worker	U4	
Senior Clinical Officer Gr II	Diploma in Clinical Medicine and Comm. Health + ≥ 1 in-service course	4 years as health worker	U5b-a	A promotional avenue for Clinical Officer Grade II
Clinical Officer Gr I	Diploma in Clinical Medicine and Comm.		U5c	Post A-level Clinical Officers Diploma
Clinical Officer Gr II	Diploma in Clinical Medicine and Comm.		U6	Post O-level Clinical Officers Diploma
Principal Psychiatric Clinical Officer	Must have Diploma in Mental health + Dip. In Health Serv. management	10 years as a health worker	U3	
Senior Psychiatric Clinical Officer Gr I	Must have Diploma in Mental health + Dip. In Health Serv. management	4 years as a health worker	U4	
Senior Psychiatric Clinical Officer Gr II	Must have Diploma in Mental health + ≥ 1 in-service course	4 years as a health worker	U5b-a	
Psychiatric Clinical Officer	Must have Diploma in Mental health		U5c	Post A-level diploma
Principal Ophthalmic Clinical Officer	Trained Clinical Officer or Double trained Nurse + Diploma in Clinical Ophthalmology + Dipl. In H. Serv. Management	10 years as a health worker	U3	
Senior Ophthalmic Clinical Officer Gr I	Trained Clinical Officer or Double trained Nurse + Diploma in Clinical Ophthalmology + Dipl. In H. Serv. Management	4 years as a health worker	U4	

Cadre of Staff	Minimum Qualification	Minimum recommended experience	GoU Salary scale	Remarks
Senior Ophthalmic Clinical Officer Gr II	Trained Clinical Officer or Double trained Nurse + Diploma in Clinical Ophthalmology	4 years as a health worker	U5b-a	
Ophthalmic Clinical Officer	Trained Clinical Officer or Double trained Nurse + Diploma in Clinical Ophthalmology		U5c	
Laboratory Officers				
Principal Laboratory Technologist	University Diploma in Med. Lab. Technology + Dip. In H. Serv. Management	10 years as a health worker	U3	
Senior Laboratory Technologist Gr. I	University Diploma in Med. Lab. Technology + Dip. In Health Service Management	4 years as a health worker	U4	
Senior Laboratory Technologist Gr. II	University Diploma in Med. Lab. Technology + ≥ 1 in-service course	4 years as a health worker	U5b-a	
Laboratory Technologist	University Diploma in Med. Lab. Technology		U5c	
Principal Laboratory Technician	National Diploma in Medical Laboratory Techniques + Dip. In Health Service Management	10 years as a health worker	U3	
Senior Laboratory Technician Gr. 1	National Diploma in Medical Laboratory Techniques + Dip. In Health Service Management	4 years as a health worker	U4	
Senior Laboratory Technician Gr. II	National Diploma in Medical Laboratory Techniques + ≥ 1 in-service course	4 years as a health worker	U5b-a	

Cadre of Staff	Minimum Qualification	Minimum recommended experience	GoU Salary scale	Remarks
Laboratory Technician Gr. 1	National Diploma in Medical laboratory Techniques		U5c	Post A-level Diploma lasting longer than 2 years
Laboratory Technician Gr. II	National Diploma in Medical laboratory Techniques		U6	Post A-level lasting 2 years
Senior Laboratory Assistant Gr. 1	Certificate in Medical Laboratory Techniques + ≥ 1 in-service course	4 years as a health worker	U5b-a	
Senior Laboratory Assistant Gr. II	Certificate in Medical Laboratory Techniques	4 years as a health worker	U5c	
Laboratory Assistant Gr. 1	Certificate in Medical Laboratory Techniques		U6	
Laboratory Assistant Gr. II	Certificate in Medical Laboratory Techniques		U7	Post O-level Certificate
Dental Officers				
Principal Public Health Dental Assistant	Diploma in Public Health Dentistry + Diploma in Health Serv. Management	10 years as a health worker	U3	
Senior Public Health Dental Assistant Gr. 1	Diploma in Public Health Dentistry + Diploma in Health Serv. Management	4 years as a health worker	U4	
Senior Public Health Dental Assistant Gr. II	Diploma in Public Health Dentistry + ≥ 1 in-service training	4 years as a health worker	U5b-a	
Public Health Dental Assistant Gr. 1	Diploma in Public Health Dentistry		U5c	Post A-level Diploma
Public Health Dental Assistant Gr. II	Diploma in Public Health Dentistry		U6	Post O-level Diploma
Principal Dental Technologist Gr. 1	Higher Diploma or Bsc. In Dental Technology + Dip. In Health Services Management	10 years as a health worker	U3	

Cadre of Staff	Minimum Qualification	Minimum recommended experience	GoU Salary scale	Remarks
Senior Dental Technologist Gr. I	Higher Diploma or Bsc. In Dental Technology + Dip. In Health Services Management	4 years as a health worker	U4	
Senior Dental Technologist Gr. II	Higher Diploma in Dental Technology + ≥ 1 in-service training	4 years as a health worker	U5b-a	
Dental Technologist Gr. I	Higher Diploma in Dental Technology		U5c	
Dental Technician Gr. II	Ordinary Diploma in Dental Technology		U6	Post O-level diploma
Dispensing Staff				
Principal Dispenser	Diploma in Pharmacy or equivalent + Dip. In Health Serv. management	10 years as a health worker	U3	
Senior Dispenser Gr. I	Diploma in Pharmacy or equivalent + Dip. In Health Serv. management	4 years as a health worker	U4	
Senior Dispenser Gr. II	Diploma in Pharmacy or equivalent + ≥ 1 in-service training	4 Years as a health worker	U5b-a	A promotional avenue for Dispenser Gr. II
Dispenser G I	Diploma in Pharmacy or equivalent		U5c	
Dispenser G II	Diploma in Pharmacy or equivalent		U6	Post O-level Diploma
Anesthetic Officers				
Anesthesiologist	MMED		U3	Concurrent promotions follow the Doctors schedule above.
Principal Anesthetic Officer	Trained Clinical Officer or Double trained Nurse + Higher Diploma in Anesthesia + Diploma in H. Serv. Management	10 years as a health worker	U3	

Cadre of Staff	Minimum Qualification	Minimum recommended experience	GoU Salary scale	Remarks
Senior Anesthetic Officer Gr I	Trained Clinical Officer or Double trained Nurse + Higher Diploma in Anesthesia + Diploma in H. Serv. Management	4 years as a health worker	U4	
Senior Anesthetic Officer Gr. II	Trained Clinical Officer or Double trained Nurse + Higher Diploma in Anesthesia	4 years as a health worker	U5b-a	
Anesthetic Officer	Trained Clinical Officer or Double trained Nurse + Higher Diploma in Anesthesia.		U5c	
Anesthetic Assistant Gr II	Certificate in Anesthesia		U6	Should include Nurse Anesthetists
Radiography Officers				
Radiologist	MMED		U3	Concurrent promotions follow the Doctors schedule above.
Principal Radiographer	Diploma in Radiography, Dipl. In H. Service Management, Bsc. Radiology added advantage	10 years as health worker	U3	
Senior Radiographer Gr. 1	Diploma in Radiography, Dipl. In H. Service Management, BSc. Radiology added advantage	4 years as health worker	U4	
Senior Radiographer Gr. II	Diploma in Radiography + ≥ 1 in-service training	4 years as a health worker	U5b-a	A promotional avenue for Radiographer Gr. II
Radiographer Gr. 1	Diploma in Radiography		U5c	
Radiographer Gr. II	Diploma in Radiography		U6	Post O-level diploma in Radiography
Orthopedic officers				
Principal Orthopedic Officer	Diploma in Orthopedics + Diploma in Health Serv. Management	10 years as a health worker	U3	

Cadre of Staff	Minimum Qualification	Minimum recommended experience	GoU Salary scale	Remarks
Senior Orthopedic Officer Gr. I	Diploma in Orthopedics + Diploma in Health Serv. Management	4 years as a health worker	U4	
Senior Orthopedic Officer Gr. II	Diploma in Orthopedics + ≥ 1 in-service training	4 years as health worker	U5b-a	A promotional avenue for Orthopedic Officer Gr. II
Orthopedic Officer Gr. I	Diploma in Orthopedics		U5c	
Orthopedic Officer Gr. II	Diploma in Orthopedics		U6	Post O-level Diploma
Principal Orthopedic Technician	Diploma in Orthopedic technology + Dip. In Health Serv. Management	10 Years as a health worker	U3	
Senior Orthopedic technician Gr. I	Diploma in Orthopedic technology + Dip. In Health Serv. Management	4 Years as a health worker	U4	
Senior Orthopedic technician Gr. II	Diploma in Orthopedic technology + ≥ 1 in-service training	4 years as a health worker	U5b-a	Promotional avenue for Orthopedic technician Gr. II
Orthopedic technician Gr. I	Diploma in Orthopedic technology		U5c	
Orthopedic technician Gr. II	Diploma in Orthopedic technology		U6	Post O-level Diploma
Physiotherapy Officers				
Principal Physiotherapist	Diploma in Physiotherapy or equivalent + Dip. In Health serv. Management. Bsc. Physiotherapy an added advantage	10 years as a health worker	U3	
Senior Physiotherapist Gr. I	Diploma in Physiotherapy or equivalent + Dip. In Health serv. Management. Bsc. Physiotherapy an added advantage	4 years as a health worker	U4	
Senior Physiotherapist Gr. II	Diploma in Physiotherapy + ≥ 1 in-service training	4 years as a health worker	U5b-a	Promotional avenue for physiotherapist Gr. II

Cadre of Staff	Minimum Qualification	Minimum recommended experience	GoU Salary scale	Remarks
Physiotherapist Gr. 1	Diploma in Physiotherapy		U5c	
Physiotherapist Gr. II	Diploma in Physiotherapy		U6	Post O-level Diploma
Occupational therapists				
Principal occupational therapist	Diploma in Occupational therapy + Dip. In Health Serv. Management	10 years as a health worker	U3	
Senior Occupational Therapist Gr. 1	Diploma in Occupational therapy + Dip. In Health Serv. Management	4 years as a health worker	U4	
Senior Occupational therapist Gr. II	Diploma in Occupational Therapy + ≥ 1 in-service training	4 years as a health worker	U5b-a	A promotional avenue for Occupational Therapist Gr. II
Occupational Therapist Gr. I	Diploma in Occupational Therapy		U5c	
Occupational Therapist Gr. II	Diploma in Occupational Therapy		U6	Post O-level Diploma
Health Inspectors				
Principal health Inspector (District Health Inspector)	Diploma in Environmental health + Dip. In Health Serv. Management BSc. Environmental Health Science an added advantage	10 years as a health worker	U3	
Senior health Inspector Gr. 1	Diploma in Environmental health + Dip. In Health Serv. management	10 years as a health worker	U4	
Senior health Inspector Gr. II	Diploma in Environmental health Science + ≥ 1 in-service training	4 years as a health worker	U5b-a	
Health Inspector Gr. 1	Diploma In Environmental health Science		U5c	
Health Inspector Gr. II	Diploma in Environmental Science		U6	Post O-level Diploma

Cadre of Staff	Minimum Qualification	Minimum recommended experience	GoU Salary scale	Remarks
Health Assistants				
Senior health Assistant Gr. 1	Certificate in Environmental health Science + \geq 1 in-service training	4 years as a health worker	U5b-a	You may need to refer this to table 1 since the salary scale looks identical with the health inspectors above
Senior Health assistant Gr. II	Certificate in Environmental health Science	4 years as a health worker	U5c	You may need to refer this to table 1 since the salary scale looks identical with the health inspectors above
Health assistant Gr. I	Certificate in Environmental health Science			You may need to refer this to table 1 since the salary scale looks identical with the health inspectors above
Health assistant Gr. II	Certificate in Environmental health Science			You may need to refer this to table 1 since the salary scale looks identical with the health inspectors above
Entomological Officers				
Principal Assistant Entomological Officer	Diploma in medical Entomology and parasitology + specialization in 2 areas of Vector Control programme + Dip. In H. Service Management	10 years as a health worker	U3	
Senior Assistant Entomological Officer Gr. 1	Diploma in medical Entomology and parasitology + specialization in 1 area of Vector Control programme + Dip. In H. Service Management	4 years as a health worker	U4	
Senior Assistant Entomological Officer Gr. II	Diploma in Medical Entomology and Parasitology + \geq 1 in-service course	4 years as a health Worker	U5b-a	

Cadre of Staff	Minimum Qualification	Minimum recommended experience	GoU Salary scale	Remarks
Assistant Entomological Officer Gr. I	Diploma in Medical Entomology and Parasitology		U5c	
Assistant Entomological Officer Gr. II	Diploma in Medical Entomology and Parasitology		U6	Post O-level Diploma
Health Educator				
Principal Assistant Health Educator	Clinical officer or Health Visitor or Health Inspector + Dip. in Health Education or equivalent + Dip. in Health Serv. Management	10 years as a health worker	U3	
Senior Assistant Health Educator Gr. 1	Clinical officer or Health Visitor or Health Inspector + Dip. in Health Education or equivalent + Dip. in Health Serv. Management	4 years as a health worker	U4	
Senior Assistant Health Educator Gr. II	Clinical officer or Health Visitor or Health Inspector + Dip. in Health Education or equivalent	4 years as a health worker	U5b-a	
Assistant Health Educator	Clinical officer or Health Visitor or Health Inspector + Dip. in Health Education or equivalent		U5c	

The Traditional Civil Service Schedule

Owing to the variability in the cadre of staff in this schedule, it is difficult to give a comprehensive table yet, but the major cadres as in the revised proposals for staffing norms in district hospitals are shown below. Minimum qualifications and recommended experience are all UCMB proposals based on the tables 1 and 2 above. It is important to always refer to table 1 if in doubt. All the salary scales here are for the non-medical schedule, therefore the matching salary amounts are lower than those of the medical personnel. Where staff may hold an office with out the recommended minimum qualifications, table 1 should guide their payment schedule, they may qualify for a responsibility allowance top up.

Cadre of Staff	Minimum Qualification	Minimum recommended experience	GoU Salary scale	Remarks
Finance and Administration				
Principal Hospital Administrator	Relevant Univ. degree, + Post grad. Qualification in health service management	10 years	U2	The proposals are those of UCMB
Senior Hospital Administrator	Relevant University degree, + Post graduate qualification in health service management	4 years as an administrator	U3	The proposals are those of UCMB
Hospital Administrator	Relevant University Degree		U5b-4	If with a professional degree U5a-3. For a list of professional courses as recognized by the public service commission refer to table 3.
Medical Social Worker	BA. Sociology or equivalent		U5b-4	
Nutritionist	Bsc Nutrition, food science or equivalent		U5b-4	
Personnel officer	BA, BA. SWSA, e.t.c with a paper on personnel administration done. Or equivalents		U5b-4	
Accounts Assistant	UDBS or equivalent		U5c	
Stores assistant	Relevant certificate in stores management			Se salary scale according to table 1
Medical Records	Relevant certificate in medical records management			Set salary scale according to table 1

Cadre of Staff	Minimum Qualification	Minimum recommended experience	GoU Salary scale	Remarks
Records Assistant	Relevant certificate in records management			Set salary scale according to table1
Stenographer/secretary	Certificate or diploma in stenography			Set Salary scale according to table 1
Support staff				
Dark room attendant	Relevant Certificate or equivalent			Set Salary scale according to table 1
Dental Attendant	Relevant Certificate or equivalent			Set Salary scale according to table 1
Mortuary attendant	Relevant Certificate or equivalent			Set Salary scale according to table 1
Cooks			USS3	
Artisans			USS3	
Office Attendant			USS3	
Copy Typist			USS3	
Drivers	Drivers Permit		USS3	
Askaris			USS3	

List of professional posts and the basic grades

Table 3

Designation	Grading
Medical Officer	U5a - 3
Dental Surgeon	-do-
Pharmacist	-do-
Engineer (all categories)	-do-
Scientific Officer (all categories)	-do-
Statistician (all categories)	-do-
Factories Inspector	-do-
Economist (all categories)	-do-
Agricultural Officer (all categories)	- do -
Forestry Officer	-do-
Livestock Improvement Officer	- do -
Registrar of High Court	- do -
Magistrate Grade I	-do-
State Attorney	-do-
Accountant (all categories)	-do-
Planner (all categories)	-do-
Architect.	-do-
Quantity Surveyor	-do-
Building Surveyor	-do-
Staff Surveyor	- do -
Veterinary Officer	-do-
Fisheries Officer	-do-
Staff Computer	- do -
Government Valuer	-do-
Game Warden	-do-
Analyst (all categories)	-do-
Auditor	-do-
Education Officer	-do -
Systems Analyst/Programmer	-do-
Registrar of Titles and Conveyancer	- do -
Geologist	- do -
Hydrologist	- do -
Photogrammetrist	-do-
Land Officer	- do -
Research Officer	-do-
Assistant Lecturer/Lecturer	-do-
Radiation Safety Officer	- do -

References

1. The Republic of Uganda: Government Standing Orders Volume I (1991)
2. Ministry of Health: Staffing Norms for District Health Units (2002)
3. The Health Service Commission: Guidelines for the recruitment of health professionals in district and urban authorities (1998)
4. Ministry of Public Service: Circular Standing Instruction No. 2 of 2002
5. Mulago Hospital: Staff Establishment 2000.

ANNEX 4.

CODE OF CONDUCT OF OFFICE BEARERS AND PERSONNEL IN CATHOLIC HEALTH SERVICES

Whoever holds a management or other position of responsibility or service in an Institution of the Catholic Church is guided by the awareness that this position has to be held in a spirit of stewardship, as portrayed in the Holy Scripture: *“When you have done all that you have been told to do say: We are merely servants, we have done no more than our duty.”*(Lk 17,10).

This code of conduct is inspired by the Vth Book of the Code of Canon Law, 1983 (Can. 1283 to 1289), detailing and giving practical guidance to all those who are called to exercise of the powers of administration in spirit of stewardship, as well as to all those who serve in the Catholic health services. It expresses the developments taking place in the national legal systems and international environment, complementing the Mission Statement and Policy of the Catholic Health Services (section D. I. 1.2. ii). It also complements the Code of Conduct and Ethics for Health Workers of the Uganda Health Services Commission (HSC, May 2002).

This code expresses therefore the concern of the Church for all her sons and daughters who, while serving, also exercise power, and are thus exposed to various forms of temptation and corruption. Its value does not lie in external coercion, but on the fact that those concerned feel bound by what they themselves freely decide to adhere to and undertake, once their conscience has been dutifully and rightly informed.

The Church wishes for all men and women that the words of Our Lord *“Well done, my good servant. As you have proved yourself faithful in a very small thing, you shall have the government of ten cities”* (Lk 19,17) may apply to them at the time they will be called to give account.

In itself this Code of Conduct does not add anything to what is already enshrined in principles, values, customs and traditions upheld by the Catholic Church for centuries and implicitly adhered to by generations of administrators of ecclesiastical institutions in various fields. Making them explicit and declared helps both memory and conscience, creating the occasion of a renewed awareness for those taking office in an institution of the Church.

This document has been examined and approved after the necessary amendments by the Health Commission of the Episcopal Conference on 27th November 2002.

Objective of the document:

This document explicitly states the standards of conduct to which all persons holding a senior position¹², those administering or governing, or simply serving as employees in the Catholic Health Services are invited to choose, pursue and adhere to as matter of personal choice and commitment.

Use of the document:

This Code of Conduct needs to be circulated to all Catholic Health Services, presented to and gradually adopted by all those to whom it is addressed in the most convenient manner. All Hospital Board of Governors and Diocesan Health Board will decide on the best approach to introduce its use and secure consistent practice.

Structure of the document and its application:

The document is composed by four sections.

- **The first and second sections** constitute the Statement of Commitment applicable to, respectively, Senior Staff and Members of the Management Team of Catholic Health services.

Action required

In order to make the person already holding a senior position in the Catholic Health services aware of the commitment s/he has undertaken, the Code of Conduct is adapted to constitute a Statement of Commitment. The Employing authority in each Hospital/health units will ask all those concerned to read and sign the applicable section at an opportune time and in the most suitable way. The signed copy will be stored in the archive/personal file.

For newly appointed persons the signature of the Statement of Commitment will become standard practice of the employment and appointment process.

Nobody that has not agreed to sign the Statement of Commitment can hold or take up a Senior position, and less so a Managerial position in the Catholic Health Services.

- In the **third section** the Code of Conduct for members of the Board of Governors of Hospitals/health units and Diocesan health Boards is presented.

Action required

Each existing Board will read in formal session, at a convenient time, the Third section of this document and minute the act. The Bishop will circulate this document to each newly appointed member of Boards, along with the letter of appointment.

- In addition, the general Code of Conduct applicable to all employees of Catholic Health Services is also presented in the **fourth section**.

Action required

The Management of each hospital/health unit will, at the convenient time, present the Fourth section of this document in a general staff meeting or other suitable occasion, and minute the act. Each new Employee will be asked to read the Fourth section of this document, and the Code of Ethics of the Catholic Health services in Uganda before accepting his/her employment, and state in writing the acceptance of both.

¹² By Senior position it is intended a position entailing supervisory function of personnel, responsibility for running and accountability of one of the departments of the organization and/or for more than one department. Each organisation clearly defines those positions that are considered to be of senior nature. Senior positions are not necessarily limited to the members of the Management Team. The members of the Management Team together hold a collective accountability to the legal owner of the organization, its Board, the people served and to other specific stakeholders and partners for the operation of the organisation as a whole. Holding a senior position in an organisation entails a additional responsibility and abidance to Code of conduct where the Organizational Culture is expressed.

SECTION 1

STATEMENT OF COMMITMENT for SENIOR STAFF OF CATHOLIC HOSPITALS/HEALTH UNITS

I undersigned _____ undertake to uphold the standards and honour the commitment hereby stated.

1. Hospital/Health Unit Mission and Plans:

I will at all times pursue the mission and plans of the hospital/health unit in a consistent and transparent way in all my internal and external working relations and actions.

I will at the same time fully respect the Code of Ethics of the Catholic health services.

2. Integrity and openness:

I will assure and uphold my own integrity, and foster openness and honesty within my team and among all staff members.

3. Exemplary behaviour:

I am aware that my behaviour is a key instrument to inspire, lead, and motivate my fellow workers in view of continuous quality and performance improvements. I will reflect the high standards the hospital/health unit wishes to attain.

4. Professional practice

I recognise that the knowledge and skills of my profession need to be constantly up-dated and nourished by a continuous learning attitude and practice. I commit to using all possible means to improve my professional proficiency. I also commit to abide to the specific deontology of the profession exercised, if any.

In the practice of the medical/nursing and allied clinical professions I will be available to answer emergency calls at any time during day and night, placing the interest of the patient in distress before any other legitimate consideration (e.g. off duty). I will post-pone every discussion about the pertinence of the emergency call to other subsequent moments and in the right fora.

5. Equality:

I will treat patients, fellow-workers, and external colleagues as equal partners and with full respect for their personal dignity. I will pursue team spirit and team work to ensure that staff participate fully and feel co-responsible for the achievements of the institution.

I will ensure that views and complaints of fellow workers are considered seriously and addressed when valuable, applicable, and / or justified

6. Accountability, transparency, and communication:

I will ensure that all information and communication exchanges will be complete and transparent to enable all hospital/health unit teams to achieve the departmental and institutional objectives. If asked to provide reports, both internal and to external partners, I will ensure that all reports and accounts will provide true, accurate and transparent narrative and financial information on all the operations of the department/hospital/health unit as applicable.

7. Personal accountability:

I will also assure that my personal performance objectives are achieved and that I can account clearly for results during ordinary and extraordinary reviews.

I acknowledge and agree that I can be held personally accountable for misuse of funds or hospital/health unit property, unauthorized expenditures, and Public Relations damage to the hospital/health unit, caused or allowed by my actions.

8. Conflict of interest

I will also declare all situations arising in the practice of my profession where my personal interest conflicts with the interest of the hospital/health unit. In doubt about the best course of action, I will consult with the hierarchical superiors in the hospital/health unit and abide with their suggestions.

9. Private practice

I will not engage in private practice of my profession unless cleared to do so by the hierarchical superiors in the hospital/health unit, and I will do so, once cleared, under written agreement and in any case in ways that are not detrimental to the welfare of the hospital/health unit and of patients.

10. Engagement in research activities

I will not engage in research activities promoted/solicited by agencies other than the hospital/health unit entailing publication of data/information without prior written consent of the hierarchical superiors in the hospital/health unit and its ethical committee. I accept that this consent will be given only after full disclosure of the aims and objectives of the research, methodology, time commitment and emoluments or other honoraria I may become entitled to.

11. Engagement in election for public office or appointment to public/private office.

I will inform the hierarchical superiors in the hospital/health unit about my intention to stand for election to a public office before actual engagement and I will accept their discernment and decision about the necessity of obtaining a leave of absence for the necessary period. I will also inform the hierarchical superiors of the hospital/health unit of my appointment to public or private office before accepting, discuss with them about the consequences for my service to the hospital/health unit and agree on the course of action.

12. Transparent decision making policies and procedures:

I will pursue the development of clear policies, procedures, and rules to facilitate decision making at the most appropriate level in the organisation. These policies and procedures will respect the objectives of the hospital/health unit and the principles of equality and transparency among all workers. Particular attention will also be paid to developing procedures for handing over responsibilities to new office bearers.

13. Respect for decision making procedures:

I will respect the channels and procedures determined to arrive at management and implementation decisions at all times. I will ensure that fellow workers understand, respect, and apply the same channels and procedures.

14. Confidentiality:

I will uphold the confidentiality of information disclosed as such to me.

In the event, I feel, disclosure of confidential information is necessary for the interests of the hospital/health unit or staff member(s), I will first discuss the matter in the Management Team. The aim of this discussion will be to arrive at a common decision and an approach which prevents personal damage as much as possible.

If the Management Team cannot arrive at a unanimous decision the matter will be brought to the Chairman of Board of Governors.

15. Correct use of hospital/health unit financial resources:

I will adhere to the standard reimbursement and compensation rules and regulations of the hospital/health unit for allowances, board and lodging, and travel expenses for duty travels and other duty activities outside the workplace. When arranging travel, board and lodging I will ensure that the arrangement is the least expensive and concurs with the agreed ceilings. If additional costs are expected, I will first seek approval from the Management Team or Board of Governors, as it may apply, before incurring or committing to any expenses.

16. Refusal of donations or gifts:

In the event that a party offers me a significant¹³ gift or any amount of monetary donation, for duties performed as a hospital/health unit officer, I will refuse to accept them. In the case the donor precludes refusal I will hand the gift / donation over to the hospital/health unit.

17. Disciplinary action:

Lastly and conclusively I acknowledge and agree that breach of any of the above principles will result in disciplinary action from the side of the Board of Governors of the Hospital/health unit.

Place:

Date:

Signed

Chairman of the Management Team

or

Chairman of the Board

Signed

Senior Staff

¹³ By “significant” it is intended a gift whose value goes beyond the expression of pure gratitude for services well provided and satisfactorily received.

SECTION 2

STATEMENT OF COMMITMENT for Members of the Catholic Hospitals and Health Units' Management Team
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I undersigned _____ undertake to uphold the standards and honour the commitment hereby stated.

1. Hospital/health unit Mission and Plans:

I will at all times pursue the mission and plans of the hospital/health unit in a consistent and transparent way in all my internal and external working relations and actions.

I will at the same time fully respect the Code of Ethics of the Catholic health services.

2. Integrity and openness:

I will assure and uphold my own integrity, and foster openness and honesty within the hospital/health unit Management Team and among all staff members.

3. Exemplary behaviour:

I am aware that my behaviour is a key instrument to inspire, lead, and motivate my fellow workers in view of continuous quality and performance improvements. I will reflect the high standards the hospital/health unit wishes to attain.

4. Professional practice

I recognise that the knowledge and skills of my profession need to be constantly up-dated and nourished by a continuous learning attitude and practice. I commits to using all possible means to improve my professional proficiency. I also commits to abide to the specific deontology of the profession exercised, if any.

In the practice of the medical/nursing and allied clinical professions I will be available to answer emergency calls at any time during day and night, placing the interest of the patient in distress before any other legitimate consideration (e.g. off duty). I will post-pone every discussion about the pertinence of the emergency call to other subsequent moments and in the right fora.

5. Equality:

I will treat patients, fellow-workers, and external colleagues as equal partners and with full respect for their personal dignity. I will pursue team spirit and team work to ensure that staff participate fully and feel co-responsible for the achievements of the institution.

I will ensure that views and complaints of fellow workers are considered seriously and addressed when valuable, applicable, and / or justified

6. Accountability, transparency, and communication:

I will ensure that all information and communication exchanges will be complete and transparent to enable all Hospital/health unit teams to achieve the departmental and institutional objectives. If asked to provide reports, both internal and to external partners, I will ensure that all reports and accounts will provide true, accurate and transparent narrative and financial information on all the operations of the hospital/health unit as applicable.

7. Personal accountability:

I will also assure that my personal performance objectives are achieved and that I can account clearly for results during ordinary and extraordinary reviews.

I acknowledge and agree that I can be held personally accountable for misuse of funds or Hospital/health unit property, un-authorized expenditures, and Public Relations damage to the Hospital/health unit, caused or allowed by my actions.

8. Conflict of interest

I will also declare all situations arising in management where my personal interest conflicts with the interest of the hospital/health unit. In doubt about the best course of action, I will consult with the hierarchical superiors in the hospital/health unit and abide with their suggestions.

9. Private practice

I recognize that private practice of my profession may place my interest at odds with the interest of the Hospital/Health unit. I will not therefore engage in regular private practice of my profession unless cleared to do so by the hierarchical superiors in the hospital/health unit, and I will do so, once cleared, under written agreement and in any case in ways that are not detrimental to the welfare of the Hospital/Health unit, of patients and my managerial duties and functions.

10. Engagement in research activities

I will not engage in research activities promoted/solicited by agencies other than the hospital/health unit entailing publication of data/information without prior written consent of the hierarchical superiors in the hospital/health unit and its ethical committee. I accept that this consent will be given only after full disclosure of the aims and objectives of the research, methodology, time commitment and emoluments or other honoraria I may become entitled to.

11. Engagement in election for public office or appointment to public/private office

I will inform the hierarchical superiors in the hospital/health unit about my intention to stand for election to a public office before actual engagement and I will accept their discernment and decision about the necessity of obtaining a leave of absence for the necessary period. I will also inform the hierarchical superiors of the hospital/health unit of my appointment to public or private office before accepting, discuss with them about the consequences for my service to the hospital/health unit and agree on the course of action.

12. Transparent decision making policies and procedures:

I will pursue the development of clear policies, procedures, and rules to facilitate decision making at the most appropriate level in the organisation. These policies and procedures will respect the objectives of the Hospital/health unit and the principles of equality and transparency among all workers. Particular attention will also be paid to developing procedures for handing over responsibilities to new office bearers.

13. Respect for decision making procedures:

I will respect the channels and procedures determined to arrive at management and implementation decisions at all times. I will ensure that fellow workers understand, respect, and apply the same channels and procedures.

14. Confidentiality:

I will uphold the confidentiality of information disclosed as such to me.

In the event, I feel, disclosure of confidential information is necessary for the interests of the hospital/health unit or staff member(s), I will first discuss the matter in the Management Team. The aim of this discussion will be to arrive at a common decision and an approach which prevents personal damage as much as possible.

If the Management Team cannot arrive at an unanimous decision the matter will be brought to the Chairman of Board of Governors.

15. Correct use of hospital/health unit financial resources:

I will adhere to the standard reimbursement and compensation rules and regulations of the hospital/health unit for allowances, board and lodging, and travel expenses for duty travels and other duty activities outside the workplace. When arranging travel, board and lodging I will ensure that the arrangement is the least expensive and concurs with the agreed ceilings.

If additional costs can be expected, I will first seek approval from the Management Team or Board of Governors, as it may apply, before incurring or committing to any expenses.

16. Refusal of donations or gifts:

In the event that an external party, member of staff or Board Member, offers me a significant¹⁴ gift or any amount of monetary donation, for duties performed as a hospital/health unit officer, I will refuse to accept them. In the case the donor precludes refusal I will hand the gift / donation over to the hospital/health unit.

17. Respect for the decision making process in the management team:

I will ensure that the debates in the management team can be open and unrestricted so that each member can bring his / her ideas, proposals, concerns and fears to the table. Once a decision has been taken, either by consensus or majority, I will explain the decision and the motivations to all staff and any other person who requests clarification. At no time will I disclose opposing opinions of co-management team members nor endeavour to mobilise opposition against a Management Team decision among fellow workers.

18. Avoid solo decisions and actions:

I will not act in isolation or take a decision unilaterally when an incident or emergency occurs, for which no policy applies, or no preceding solution is evident. In such cases, I will actively seek advice from co-management team members. The decision or action, then taken in consultation, will be discussed in the next full Management Team meeting.

19. Declaration of (absence of) conflict of interests:

I declare that at this time no situation of incompatibility of interests between myself and other duties or persons in the hospital/health unit exists (f.i. blood relationship with a member of staff, provision of services or goods to the hospital/health unit, etc). In the event that such a situation may arise in the future I will inform the Management Team and abide by its decisions and/or the decisions of the Board.

In alternative:

I declare that a potential incompatibility of interests exists between myself and, and that this will not affect the fairness and neutrality of my decision making and behaviour. In the event that a similar situation may arise in the future I will inform the Management Team and abide by its decisions and/or the decisions of the Board.

20. Non participation in discussion or decisions regarding myself:

I will not take part in discussions or decisions in matters directly affecting my person pertaining to matters of re-election, remuneration, approval of transactions involving me, or about any other matter of which I would benefit personally, unless asked to make a submission as may be necessary for clarification or for stating my position..

21. Disciplinary action:

Lastly and conclusively I acknowledge and agree that breach of any of the above principles will result in disciplinary action from the side of the Board of Governors of the Hospital/Diocesan Health Board.

Place:

Date:

Signed
Chairman of the Board

Signed
Member of the Management Team

¹⁴ By “significant” it is intended a gift whose value goes beyond the expression of pure gratitude for services well provided and satisfactorily received.

SECTION 3

CODE OF CONDUCT OF MEMBERS OF THE BOARD GOVERNORS OF CATHOLIC HEALTH SERVICES AND DIOCESAN HEALTH BOARDS

Each member of the Board is a steward having a personal responsibility, shared with the other members the Board to ensure

- *custody of the Mission of the Catholic Health Services*
- *custody of the Constitution of the Hospital/health unit*
- *custody of the Code of ethics of the Catholic health services*

S/he knows all these documents and is committed to the pursuance of their aims and objectives.

1. Policy and planning:

In the guidance provided to the Hospital management team s/he constantly refers to the above documents, especially when policies are considered and future actions (plans) envisaged. S/he also endeavours to remain constantly up-dated with the evolution of the external policy and regulatory environment to ensure that the hospital/health unit operates in harmony with it as well as without detriment to its identity, mission and culture.

2. Integrity and openness:

S/he upholds personal integrity, and foster openness and honesty within the Hospital Management Team and among all staff members. S/he is aware that personal behaviour is a key instrument to inspire, lead, and motivate fellow members of the Board and hospital/health unit workers in view of continuous quality and performance improvements.

3. Fairness in the loyalty to different administrations

If representing another Organisation/Administration in the Board, s/he ensures that the double loyalty and line of accountability is exercised with fairness and honesty, and in any case is not detrimental to the mission, identity, culture, autonomy and sustainability of the Hospital. When facing a dilemma between different organisational priorities and policies s/he openly declares it.

4. Equality and equity:

S/he takes particular care to foster equality and equity in the dealings of the hospital/health unit with patients and of the management team with employees, in full respect for their personal dignity and rights. S/he listens to complaints raised by the population and by the employees and ensures that they are followed up after adequate inquiry.

5. Accountability, transparency, and communication:

S/he ensures that all information and communication exchanges are complete and transparent, understandable also by non specialists, both in the hospital/health unit dealings and in the Board proceedings. S/he actively solicits reception of reports, both internal and to external partners, diligently studies them and inquires about timely, true and accurate forwarding to the right destination. S/he is aware that negligence in these aspects or lack of vigilance may cause Public Relations damage to the hospital/health unit.

6. Transparent decision making policies and procedures:

S/he pursues the development of clear policies, procedures, and rules to facilitate decision making at the most appropriate level in the hospital/health unit, including the Board. Aware that the institutional culture and tradition is a precious heritage to be safe-guarded, s/he pays particular attention to the development of procedures for handing over responsibilities to new office bearers, thus securing the necessary historical memory. This applies both to the hospital/health unit and to the Board.

7. Respect for decision making procedures:

S/he respects the channels and procedures determined to arrive at discernment and decision making at all times. S/he ensures that fellow Board members understand, respect, and apply the same channels and procedures.

S/he ensures that the debates in the Board are open and unrestricted so that each member can bring his / her ideas, proposals, concerns and fears to the table.

Once a decision has been taken, either by consensus or majority, s/he explains the decision and the motivations to all entitled parts/persons. At no time s/he discloses opposing opinions of Board members nor endeavour to mobilise opposition against a Board decision in external fora.

8. Avoid solo decisions and actions:

S/he does not act in isolation or take a decision unilaterally when an incident or emergency occurs, for which no policy applies, or no preceding solution is evident. In such cases, s/he actively seeks advice from co-Board members.

9. Confidentiality:

S/he maintains absolute confidentiality of information acquired in the Board, unless otherwise dictated by a Board decision or by the very public nature of the information itself, as established by the Board.

10. Refusal of donations or gifts:

S/he refuses any gift or monetary donation from external actors, other Board members or members of the Management Team for duties performed and decisions considered or taken as member of the Board, other than the statutory refunds and honoraria. In the case the refusal of the gift or donation may cause Public Relations harm, s/he discusses the matter with the Board. If a gift or donation is accepted by common consensus, s/he formally hands it over to the hospital/health unit.

11. Declaration of conflict of Interests:

S/he openly declares to other Board members when a situation of incompatibility or conflict of interests between official duties as Board Member and other official or personal interest arises (such as blood relationship with a member of staff/candidate for employment, vested interest in the provision of services or goods to the hospital/health unit, etc), and helps the Board in understanding the degree of incompatibility or conflict of interest. S/he offers to abandon the Board room for the time it will take to the Board to reach a decision, and in any case does not exercise voting powers on the matter.

12. Statutory refunds and honoraria for professional services

S/he accepts to be compensated for expenses incurred or services provided as members of the Board only when these are fixed to an amount that is deemed reasonable and aligned with the customs of the place and with the non-profit nature of the hospital/health unit as hospital/health unit of the Catholic Church. In doing so she acknowledges that membership of the Board entails a reasonable degree of voluntary and selfless attitude. S/he opposes any internal or external attempt at creating situations of unjustified privilege for the Board and for the hospital managers.

SECTION 4

CODE OF CONDUCT OF PERSONNEL OF CATHOLIC HEALTH SERVICES

Each employee of the Catholic Health Services is a steward having a personal responsibility to ensure the operation of the hospital/health unit in line with its Mission, its Constitution and its Code of ethics. S/he knows all these documents and is committed to the pursuance of their aims and objectives, participating to this by providing the highest standard of service expected from him/her. For this reason the employee ensures that:

1. Policy and planning:

In the exercise of his/her profession or service, s/he constantly refers to the above documents, the standing policies and regulations. S/he also endeavours to remain constantly up-dated with the evolution of the internal policy and regulatory environment to ensure that service is provided in harmony with them, according to plans and without detriment to hospital/health unit's identity, mission and culture.

2. Integrity and openness:

S/he upholds personal integrity, and foster openness and honesty in the relationship with the hospital/health unit's management and among all staff members. S/he is aware that personal behaviour is a key instrument to inspire, lead, and motivate fellow employees in view of continuous quality and performance improvements. S/he is also aware that personal behaviour, even outside working hours, affects his/her credibility and the image of the hospital/health unit, and therefore abstains from improper behaviour. In particular s/he avoids excessive consumption of alcohol, abstains from use of illegal drugs, exercises responsibility and fairness of relationship in his/her private and family life.

3. Equality and equity:

S/he takes particular care to foster equality and equity in her/his dealings with patients, in full respect for their personal dignity and rights. S/he listens to complaints raised by them and ensures that they are reported to the management.

4. Accountability, transparency, and communication:

S/he ensures that all information and communication generated and acquired are complete, accurate, transparent and understandable. S/he acknowledges that this is particularly important when service provision is passed over from one working shift to the next and therefore ensures proper handing and taking over of duties. S/he is aware that negligence in these aspects or lack of vigilance may cause serious harm to the patients and damage the hospital/health unit's image.

5. Conflict of interest

S/he declares all situations arising in the professional practice where her/his personal interest conflicts with the interest of the hospital/health unit. In doubt about the best course of action, s/he consults with the hierarchical superiors in the hospital/health unit and abides with their suggestions.

6. Private practice

S/he does not engage in private practice of her/his profession unless cleared to do so by the hierarchical superiors in the hospital/health unit, and does so, once cleared, under written agreement and in any case in ways that are not detrimental to the welfare of the Hospital/Health unit and of patients.

7. Engagement in research activities

S/he does not engage in research activities promoted/solicited by agencies other than the hospital/health unit entailing publication of data/information without prior written consent of the hierarchical superiors in the hospital/health unit and its ethical committee. S/he accepts that this consent will be given only after full disclosure of the aims and objectives of the

research, methodology, time commitment and emoluments or other honoraria s/he may become entitled to.

8. Engagement in election for public office or appointment to public/private office

S/he will inform the hierarchical superiors in the hospital/health unit about the intention to stand for election to a public office before actual engagement and s/he will accept their discernment and decision about the necessity of obtaining a leave of absence for the necessary period. S/he will do the same for any other public or private office s/he may be appointed to.

9. Confidentiality:

S/he maintains absolute confidentiality of information acquired in provision of service, unless otherwise dictated by the very nature of the information itself. S/he acknowledges that this applies in an even stricter way to information concerning patients. In case of doubt about the confidential or public nature of the information, s/he first consults and seeks advice of the immediate superior.

10. Professional practice:

S/he recognises that the knowledge and skills of her/his profession need to be constantly up-dated and nourished by a continuous learning attitude and practice. S/he commits to use all possible means to improve his/her professional proficiency. S/he also commits to abide to the specific deontology of the profession exercised, if any.

In the practice of the medical/nursing and allied clinical professions s/he is available to answer emergency calls at any time during day and night, placing the interest of the patient in distress before any other legitimate consideration (e.g. off duty). S/he post-pones every discussion about the pertinence of the emergency call to other subsequent moments and in the right fora.

11. Refusal of donations or gifts:

S/he refuses any gift or monetary donation from patients for duties performed. In the case the refusal of the gift or donation may cause Public Relations harm, s/he discusses the matter with the management. If a gift or donation is accepted by common consensus, s/he formally hands it over to the hospital/health unit

12. Correct use of the hospital/health unit resources:

S/he uses/manages the resources (moneys, consumable goods, equipment and other assets) entrusted to her/him with the same care applied to own resources. S/he adheres to the standard reimbursement and compensation rules and regulations of the hospital/health unit for allowances, board and lodging, and travel expenses for duty travels and other duty activities outside the workplace. When arranging travel, board and lodging s/he ensures that the arrangement is the least expensive and concurs with the agreed ceilings. If additional costs can expected, s/he first seek approval from the hospital/health unit's management, before incurring any expenses.

13. Discipline

S/he understands that rules and regulations are necessary for a harmonious institutional life and smooth provision of service and accepts to undertake self discipline with this regard. S/he also accepts that breach of the rules and regulations, and of this very code of conduct, will cause damage also to her/his status of service and may lead to punitive remedial action or dismissal.

ANNEX 5

GUIDELINES FOR REFUNDING MEDICAL TREATMENT COSTS OF STAFF MEMBERS IN RCC HEALTH FACILITIES.

1. Objective:

This document aims to ensure that the refund of medical costs to staff members of RCC health facilities is rational, transparent and fair. Next to this it aims to ensure that the health facility management can manage and control the cost of treatment of staff adequately to safeguard the efficient use of the available financial resources.

2. Background:

The RCC Health Service Authorities attach great value to the health and well being of their most valuable resources: the staff members of the facilities.

In the past this was expressed, amongst others, by providing free medical treatment for health workers and their family. The latter could consist of the family in the extended sense or it could be limited to the nucleus of spouse and two or three children.

Unfortunately there are two reasons which oblige us to put a ceiling on the amount the health facility can spend on these treatments. The first reason is that it has proven to be very difficult to prevent misuse of the existing regulations, leading to undue rises in the expenditures on this budget line. Secondly our health units are facing tremendous financial constraints which entail that financial resources have to be managed diligently to avoid endangering access to the poor.

3. Options:

There are two possible options to rationalise refund of treatment costs:

1. Subscribing to a health insurance scheme for the staff.

In the capital and the largest cities, RCC hospitals have access to insurance companies. In the catchment area of a number of hospitals community health insurance schemes exist which could be open to subscription of a group of employees.

2. Setting up a treatment fund for staff.

Instead of having an open credit line for treatments of all workers, and therefore for each employee, a fixed amount is set aside each year for treatments. This amount is divided into a fixed credit amount per employee.

4. Approach:

For both options the first step is to establish what the average cost for treatment per employee has been over the last three years and which are the most important reasons to seek treatment.

For the first: the financial reports will be studied to determine which exact amount has been spent on medical treatments for all staff members. Then the number of staff for each year will be assessed. The annual amount will be divided by the number of employees of that year. In case the three annual average amounts, per employee, differ greatly the three averages will be added up and divided by three to arrive at an overall average. This outcome will be the basis of the calculations and comparisons to determine which option fits the best with the interests of the employees and the health facility budget. For the second: the records of each of the three years will be examined to establish the ten most occurring medical conditions for which employees were treated.

1. Health Insurance Scheme:

In the capital a thorough assessment of the companies and their packages will be necessary. Key questions, amongst others, are:

- Does the company have a good reputation?

- What is the annual premium per employee? How does this compare to the present average cost for treatment per employee?
- What medical costs are covered in the insured package? Which medical costs or risks are excluded from the package? How do these compare to the list of conditions / services mostly provided during the last three years?
- What are the criteria and procedures set to enable a subscriber to access refund of costs incurred?
- Which health service providers does the company have a contract with? If it is with the own hospital: does providing services to the subscribers of the Insurance company represent an additional subsidy?

In the case of a community, or group, health insurance scheme in the catchment of the health facility the above questions also apply. But in addition the following questions need to be considered:

- Who is the underwriter of the community health financing scheme?
- If the hospital itself is the underwriter: does the subscription of the staff members and the ensuing additional utilisation of the scheme and / or risks weigh up against the old system?
In explanation: if the hospital subsidises the community scheme and the risks are greatly increased by subscribing the staff, the hospital may end up paying double. In addition the annual subscription amount then represents “tied up” money.
- What are the risks for the Diocese, as owner of the hospital (and ultimate underwriter), if the insurance scheme runs into financial problems?

If the findings of the above assessment are all positive / favourable of a block subscription, for all employees of the health facility, to the health insurance scheme the case can be presented to the Board of Governors for consideration.

2. The Treatment Fund:

The principle of such a fund is that each employee is informed of the determined amount per year which s/he can access to cover treatment costs at his/her own discretion. If the employee wishes to use more than the amount fixed this will be his/her own responsibility.

The fund will consist of an amount equal to the average amount paid per staff over the last three years multiplied by the number of employees on the payroll at the beginning of the year. In case it is clearly established and agreed with the Board of Governors that the number of employees needs to be extended or reduced, during the coming year, the Treatment Fund will be increased or reduced accordingly.

Each following budget exercise the Treatment Fund will be determined on the basis of the number of employees on the payroll and the agreed establishment for the new year. A percentage correction for inflation and / or price increases will be applied as well.

The individual amount per employee is then derived at by dividing the amount in the Treatment Fund by the number of staff to be employed during that year.

At the beginning of each year the employees are informed of the amount which has been reserved for each of them in the treatment fund.

If the Board decides to include a provision for exceptions / emergencies an additional amount is reserved in the Treatment Fund for this purpose (f.i. the total amount required to cater for all the employees of that year is increased with 10% to provide for exceptions / emergencies)

5. Implementation:

In the case the two options break even, financially and in terms of management, for the health facility, the Board may decide that the staff should be consulted. The Management Team will organise and implement this step. It will make sure that staff understand the different options clearly and can choose on the basis of objective information. Their choice is then conveyed to the Board.

1. Health Insurance Scheme:

Once the Board of Governors has decided on the option of health insurance, the management will implement the decision. A clear contract will be drawn up between the health facility and the insurance company. An annual review of the contract will be included to ensure that the hospital can annul the contract if the performance is below standard or the premium rises beyond the amount set by the Board for treatment costs.

The Health insurance company chosen will be requested to inform the staff during a general staff meeting. In addition all staff members will receive a copy of the insurance policy. This policy should include the description of the package and its exclusions, the criteria for accessing refunds, a clear complaint procedure, and any further rules and regulations.

The Management will make sure that all new staff members receive clear explanations and their copy of the insurance policy.

Whenever the insurance company changes the insurance policy, during the annual renewal process, all staff members will be informed immediately and receive a copy of the new description.

Annually the Board and Management will review both the performance of the insurance company and the changes to the package proposed by the company in combination with the new premium proposal of the company.

To this effect it will ensure that complaints of staff, regarding the insurance company's adherence to the insurance policy, are known to Management and Board through copies of the complaints deposited at the address of the company.

In case, during the year, a serious complaint comes to the attention of the Management and the Board an immediate investigation will be initiated. If required the Management will ensure that the company adheres to its insurance policy and the contract.

2. Treatment Fund:

Once the Board of Governors has decided to establish the Treatment Fund, the Management team will implement this decision.

The staff will be informed during a general staff meeting and clear written guidelines will be issued to each staff member.

Annually the utilisation of the Treatment Fund and the functioning of the rules and regulations will be reviewed and adapted according to the need to safeguard the budget and ensure fairness, transparency, and accountability.

6. Rules and regulations for the use of the Individual Treatment Credit Line:

Four principles guide the utilisation of the annual individual amount for treatment, or individual treatment credit line:

- i.) The amount represents the absolute ceiling of the amount the employee can use for treatments of her / him self, family members and / or acquaintances. Beyond this ceiling the employee will have to bear the costs him/herself.
- ii.) S/he can decide for who they want to use this amount.
- iii.) The amount reserved for an individual employee will not be paid out in cash at any time.
- iv.) In the event that, at the end of the year, a part of the treatment fund remains, the unused the amount is returned to the hospital overall accounts or is entered into the Samaritan fund (fund for the poor).

Use and administration of the Individual Treatment Credit Line:

- At the beginning of each fiscal year the Administration will open an 'account' (in the ledger) for each employee and enter the amount allocated for that year.
- When the employee needs treatment s/he will request the OPD or IPD department to bill the costs to her/his treatment account. (An alternative is to develop a form specifically for this purpose for the use of all departments)
- All the bills will be marked accordingly and sent to administration for further handling and administration will debit the treatment credit account of the employee.

- When the employee wishes to have a relative treated s/he will accompany the patient and request the OPD or IPD to mark the bills towards her/his treatment account, or fill the specific form for this purpose.
- The administration debits the employer's treatment credit line (account) in the same way as above.
- The administration informs the employee monthly, on the pay slip, what amount has been used and what amount remains available on the employee's individual treatment credit line.
- At the moment that the employee's individual credit line has been exhausted the administration will notify the employee concerned immediately.
- From then on the employee can use the same routing as before but the expenditures made on his behalf will be deducted from the next month's salary. S/he can also opt to pay directly at the OPD or IPD.

Exceptions:

- When the employee's individual treatment credit line has been exhausted and an emergency occurs, for which the employee can not cater, s/he can request the Management Team for an extra credit.
- The Management Team together with the Board will decide if this can be awarded, which conditions will apply, and what the maximum amount is that can be allocated.
- The Board can also instruct the Management, at the beginning of the year, in which cases and to which amounts extra credit for treatments can be allocated. In this case the criteria determined and the maximum amounts will be published to ensure transparency and fairness.

ANNEX 6

GUIDELINES FOR RECRUITMENT

Recruitment:

The recruitment of new staff in the hospital, to any position below the HMT and Senior Staff, shall be the responsibility of the Recruitment and Training Committee. The aim of the Committee is to ensure that the hospital obtains at minimum cost, the desired number and quality of employees required to satisfy the human resource needs of the hospital in accordance with the mission and objectives of the hospital.

Criteria for recruitment:

1. In the first instance recruitment takes place to fill an established position in the staff that is vacant or has fallen vacant.
2. New positions in the establishment staff shall be created after identifying gaps through a capacity needs assessment in the hospital to ensure that recruitment is a result of an established actual need.
3. New positions in the establishment staff shall only be created when it has been confirmed that the workload in the hospital requires an extra cadre.
4. The financial resources available should be able to sustain the post for the envisaged period of employment.
5. The creation of a new or additional position in the establishment should have been found to be the most appropriate alternative for addressing the need.

Recruitment procedure:

1. Job analysis:
The Recruitment and Training Committee shall first of all carry out a job analysis for the post to be created. The process shall involve examining that particular job in order to identify the main features of the job and the duties to be fulfilled by the incumbent. The Committee shall also identify the results s/he is expected to achieve, the tasks to be undertaken by the job holder and the job relationship with other jobs in the hospital hierarchy.
2. Job Description:
On the basis of the above findings the Committee shall then write a job description (profile) for the post specifying the
 - job title
 - the department to which the post belongs
 - the tasks, duties and responsibilities of the incumbent
 - the required qualifications for the job
 - the personal specifications of the desired person
 - the salary package, benefits and remuneration to be paid for the post.
3. The Recruitment and Training Committee shall forward the job description to the HMT and / or BoG, with an advertisement notice, for approval and to seek permission for placing the advertisement.
4. The job shall be advertised in the relevant for a (notice boards, news papers, media, etc) and a deadline set for receiving applications.

5. Applications shall be received, sorted and suitable applicants shall be invited for interviews.
6. The successful candidates from the interview shall be notified of their success, while regrets are communicated to the unsuccessful candidates.
7. The process of engagement shall follow its normal course and the new staff shall receive appointment letters (or fixed terms contract as applicable) for countersignature as acceptance, accompanied with a job description and a copy of the employment manual.
8. The new staff is given a comprehensive induction into the job and the hospital environment to facilitate their adaptation to the job requirements.

The recruitment of staff to any position on the Management Team shall be done by the BoG, and it will follow the same procedure as outlined above.

ANNEX 7

GUIDELINES FOR PERFORMANCE APPRAISAL

The RCC health facilities aim at providing high quality health care services, to ensure patient friendliness and professionalism among the workers and the managers of the health facilities.

The Recruitment and Training Committee is responsible for enabling the hospital bodies and workers to uphold transparent personnel development and promotion standards as determined by the RCC in Uganda the hospital charter and as per the human resource establishment and development plan.

The Committee is responsible for ensuring that periodic performance appraisals of all junior staff in the hospital is carried out in a transparent and professional manner to enhance the provision of high quality services.

Definition:

Performance appraisal or performance evaluation, basically refer to the same thing. Performance appraisal is the assessment of the performance of an individual in relation to the objectives, activities, outputs and targets of a job over a specific period of time. It is an evaluation of people's performance in the way they perform their jobs or interact with co-workers and superiors, the way they interact with patients and the public at large, etc. Performance appraisal is a management tool for establishing the extent to which are achieved within the overall goals of the hospital.

Objectives of performance appraisal/evaluation:

The overall objectives of an employee performance evaluation are to measure, maintain, and improve job performance.

- The exercise aims at identifying the performance gaps and development needs of an individual employee.
- It provides feed back to the individual employee on how well or how badly they are performing.

The staff cannot perform to their full potential unless they are told how well they are doing and helped to improve performance.

- It helps to motivate employees to improve their performance and provides an open communication channel between superiors/supervisors and subordinates.
- It serves as an inventory on the hospital's human resources in terms of skills and competencies available as well as the numbers.

The appraisal gives the hospital managers a good idea of where their employees stand in terms of job satisfaction, career goals, training needs, and other vital personnel issues at all times. This helps when making decisions regarding transfers, promotions, salary increments, training programmes, terminations, etc.

- It provides information for developing action and training plans to correct performance problems and to establish goals for the next time period.

Procedure for assessing performance:

Under normal circumstances, an employee's performance is rated by the immediate supervisor indicated in the job description.

The final appraisal will pertain to the appraising authority

- The HMT for junior staff through the Recruitment and Training Committee
- The HMT for the senior staff
- The B.O.G. for the HMT members or of senior staff if so specified in their job description.

There are several approaches to performance appraisal and there is no one right way to do it.

Whatever method is chosen, it is important that

- it is participatory (i.e. requires openness and dialogue between the appraised staff and the supervisor(s))
- that all those involved in the process focus objectively on the particular job's requirements, the individual employee's level of skills and abilities, and the potential for future improvement in the job
- it is a continuous process that once a year is formalized through a written record (appraisal/evaluation forms)

The appraisal process

The hospital shall have standard performance appraisal/evaluation review (Performance review) forms. The exercise for filling out the evaluation forms shall be done once a year. The hospital shall decide on the timing of the appraisal whether to coincide with the end of the financial year or to coincide with the date of appointment to the post

However, the monitoring of performance shall be on going and where necessary informal immediate feedback shall be given to the individual staff.

Performance appraisal shall be done in a participatory atmosphere with open dialogue between the supervisor and the employee to enhance the spirit of co-operation and free expression.

Filling out the form:

Performance review forms have to be developed to promote consistency, objectivity, and to oblige supervisors to evaluate employees in specific areas. Whatever form is used, it should be thoroughly explained to all who evaluate employees so that everyone will use such terms as "good", "excellent", or "poor" with the same meaning.

The forms should have space

- for the individual employee to assess their own performance and give their comments
- for the immediate supervisors to give their assessment and comments on the employee's performance
- for the employee and direct supervisor to sign in confirmation of the performance appraisal
- for the Recruitment and Training Committee to give further comments and suggest suitable actions for junior staff
- for the HMT or Board (appraising authority) as applicable to decide course of action if necessary.

Steps for filling the assessment forms:

- a) The Recruitment and Training Committee (or HMT/Board as applicable) shall issue the evaluation forms to the individual staff to make a self-assessment of their performance.
- b) After filling the self-assessment part, the individual shall return the filled form to the direct supervisor(s) to fill their part.
- c) The direct supervisor shall then fix a date to sit with the individual to discuss and compare notes on the evaluations, and to chat the way forward. In the discussion they shall look at the achievements made, the reasons for the weaknesses and the steps/actions to be taken to correct and improve the weaknesses as well as agree on the tasks and duties for the future period.
- d) The forms shall then be signed by the two parties in the evaluation exercise. The individual staff shall keep a copy while another copy shall be forwarded to the Recruitment and Training committee for junior staff or directly to the pertinent appraising authority

The information obtained and the comments made, including prior appraisals, shall be crucial for management when making decisions on promotions, training programmes, salary increments, transfers and future recruitment, etc.

- e) On completion of the process by the appraising authority the form shall be kept in the employee's personal file for future reference.

<p style="text-align: center;">NN HOSPITAL PERFORMANCE APPRAISAL FORM</p>

Instructions:

Part A: Employee section: to be completed by the employee prior to the appraisal meeting.

Part B: Direct Supervisor Section: this section should be completed by the Direct Supervisor before the appraisal meeting.

Part C: The jointly agreed action plan, activities and outputs between the employee and the supervisor for the following assessment period are summarised and recorded in this section, together with the overall assessment of the supervisor and his/her suggestions for the appraising authority.

Part D: The Recruitment and training committee records in this part suggestions, proposed actions and further comments for the HMT.

Part E: The appraising authority records here the final decision taken and actions.

PART A
EMPLOYEE SECTION

(Bio – data and self – assessment questionnaire)

This section is to be completed by the employee. S/he is required to state personal data and to complete the self – assessment questionnaire with a very open attitude.

A.1

Name of Employee

Name of Supervisor

Job title

Department

Date of recruitment

Date of confirmation

Last training undertaken

Disciplinary measures and sanctions in the period

Period of assessment: From

To

A 2.

Name	
Date of Birth	
Sex (Male/Female)	
Marital Status	
No. of Children and their age	

A 3. ACADEMIC AND PROFESSIONAL QUALIFICATIONS

AWARD (DEGREE/DIPLOMA/CERTIFICATE)	INSTITUTIONS	FROM - TO

A 3. SHORT TERM TRAINING COURSES (Including formal or attendance certificates and other development activities in the last three years.)

TRAINING COURSE	INSTITUTIONS	FROM – TO

A 4. SELF – ASSESSMENT QUESTIONNAIRE

a) What is the overall purpose of your job in relation to the objectives of your hospital?

b) What is your schedule of duties? (Please indicate key areas in summary form)

c) What key skills and qualities (competencies) are of great help to you in performing your job?

d) Which of the job activities and outputs in the review period are you most satisfied with?

e) What activities would you have liked to have done better over the review period?

f) Were there any difficulties or conditions that affected your performance? (Please indicate them and propose solutions)

g) In what areas would you like more support?

h) What is your overall comment on your performance during the period of review?

i) What proposals do you make for the future concerning:

Your job?

Your department?

Your hospital?

A 5.

Name of the Supervisor:

Title:

Period of Supervision:

A 6.

Signature of the Employee:

Date Passed to Supervisor

Signature of Supervisor:

Date Received:

PART B
DIRECT SUPERVISOR SECTION
TO BE DONE BEFORE THE APPRAISING MEETING WITH THE EMPLOYEE

ANALYSIS AND ASSESSMENT OF CRITICAL COMPETENCIES APPLIED TO PERFORM THE ACTIVITIES

The employee should be rated only in areas which are relevant to his/her job. The maximum points per quality/competency are 10 while 1 is the lowest. The overall score is 100%. Please tick the relevant box thereafter add up the points which correspond to the ticks to get the total.

CORE JOB COMPETENCY	COMMENT	ASSESSMENT POINTS (Please tick)										
		10	9	8	7	6	5	4	3	2	1	NA
Ability to apply professional / technical knowledge and skills. - applies the appropriate up to date knowledge and skills												
Has clear understanding of the job, what it involves, the relevant policies and practices.												
Conceptualises broad term issues, their implications; plans and organises work and resources. Is strategic.												
Makes logical analysis of relevant information and factors; develops appropriate solutions and takes action; generates ideas that provide new insight; provides reasons for actions taken.												
Organises and inspires staff to work towards clearly defined common objectives; willingly assigns tasks and gives appropriate authority; stimulates initiatives; organises suitable staff development programs; acknowledges progress. Encourages teamwork and is sensitive to other people's feelings. Effectively deals with staff and the general public.												
Management of Financial and Other Resources: Makes rational use of financial and other resources; equitably and fairly facilitates staff. Provides periodic reports on resource use for accountability and transparency.												
Expresses oneself clearly verbally and in writing. Adheres to laid down communication procedures.												
Observes laid down regulations / procedures; does not divulge information with any intention to harm or for personal benefit.												

CORE JOB COMPETENCY	COMMENT	ASSESSMENT POINTS (Please tick)										
		10	9	8	7	6	5	4	3	2	1	NA
Honest and of high moral character; has self respect and respect for others. Courteous and mindful to all staff and the public. Reflects a good image of the RCC health services.												
Reliable in carrying out the commitments and obligations of the position; Accepts instructions, advice and correction, demonstrates competency and ability to complete assignments and produce desired results on time; responds to patients promptly. Is committed and dependable.												
TOTAL PER COLUMN												
TOTAL SCORE												

=====

PART C

TO BE DONE BY THE SUPERVISOR DURING THE APPRAISING MEETING WITH THE EMPLOYEE

C1. OVERALL ASSESSMENT (TO BE DONE TOGETHER WITH THE EMPLOYEE)

Overall ranking/assessment should only include outputs, competencies and qualities, which have been assessed, are relevant to the job and are consistent with the rating in B1; and should be as follows:

90+	A+	Outstanding
80 - 89	A	Excellent
70 – 79	B	Very Good
60 – 69	C	Good
50 – 59	D	Average
40 – 49	E	Poor
0 – 39	F	Very Poor

Note that the rating should also reflect the agreements/decisions of the appraisal interview and that it will be open to the employee.

Overall Comment	Overall rating: Please use words like good, fair,etc which ever is applicable.
On agreed activities / outputs	
On core competencies / qualities	

The supervisor completes this part following agreement with the employee on a joint action plan to improve performance and the activities and outputs for the following assessment period.

C 2. JOINT ACTION PLAN TO IMPROVE PERFORMANCE

(This may include: training, coaching, mentoring, provision of other facilities and resources, etc)

AGREED ACTIONS(S)	DURATION	ESTIMATED COST	FOLLOW UP BY

C 3. JOINTLY AGREED ACTIVITIES AND OUTPUTS FOR THE FOLLOWING ASSESSMENT PERIOD

ACTIVITY	OUTPUT	TIMESCALE	POINTS PER TASK

C 4. COMMENTS AND SIGNATURES

This is to be completed by the supervisor and the employee. It is a confirmation that the appraisal meeting took place and that there was agreement, or if there was disagreement, it was resolved. It is also a confirmation that the development needs of the employee were discussed and an action plan to improve performance agreed. Countersigning officers should not merely endorse the forms. They have the responsibility for ensuring that assessment is done correctly and genuinely.

<p>ANY OTHER COMMENTS BY EMPLOYEE</p> <p>Name of Employee.....Signature Date</p>
<p>ANY OTHER COMMENTS BY SUPERVISOR</p> <p>Name of Supervisor.....Signature Date</p>

PART D

to be done by the Recruitment and Training Committee for junior staff


RECOMMENDATION FOR FUTURE ACTION ON THE BASIS OF ASSESSMENT ABOVE
(Please complete only the relevant recommendation. For each recommendation, specific reason/
circumstance must be indicated)

ACTION	RECOMMENDATION	TIMEFRAME
PROBATIONARY PERIOD (Please indicate: Employee is still serving on probation; Probation should be extended; Should be terminated)		
CONFIRMATION		
PROMOTION		
CONSIDERATION FOR TRANSFER WITHIN DEPTS.		
DISCIPLINARY ACTION		
TRAINING		
EARLY RETIREMENT (specify reason)/RETIREMENT		
OTHER (specify)		

Signature of the Chairperson of the committee

Date

To be filled by the HMT or BoG as applicable
FINAL DECISION OF THE APPRAISING AUTHORITY



Date _____

Date

74

ANNEX 8

Guidelines for the formulation of letters of appointment/confirmation and fixed terms contracts

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Specimen of

LETTER OF APPOINTMENT for personnel under permanent terms of employment

To:

Name of the employee

Age

Address

I wish to inform you that with effect on*date*..... you have been appointed to the post of

Job Title:, in this Hospital.

For all information concerning the terms of your appointment and the conditions of service I refer you to the "Manual of employment of the Hospital" and its appendices, to the Code of Conduct and Code of Ethics of RCC health services employees.

The Job Description of the post is in annex to this letter and constitutes an integral part of it.

You are kindly requested to read all the mentioned documents before countersigning and returning a copy of this letter.

Your signature of this letter of appointment with its annex constitutes your contract of employment under the terms stipulated in the aforementioned manual and all its subsequent updates as approved by standing order of the Hospital Board. The terms of your employment will become permanent on successful completion of the probationary period and reception of a letter of confirmation in appointment.

Your entry point in the salary scales will be:

Schedule:

Spine:

Scale:

Point in scale:

Your basic salary at entry will be Ugx per month.

You will be entitled to the following benefits

..... Estimated monthly value..... (payable/nonpayable cash)
..... Estimated monthly value..... (payable/nonpayable cash)
..... Estimated monthly value..... (payable/nonpayable cash)
..... Estimated monthly value..... (payable/nonpayable cash)
..... Estimated monthly value..... (payable/nonpayable cash)

The value of your remuneration at entry will be Ugx per month.

Your net payable salary at entry will be Ugx per month.

Your signature on this letter of appointment will certify that you have clearly understood and agreed to the stated Terms and Conditions and Codes applicable to your employment, and that you accept the employment under the stipulated terms.

Signed by the Employer

Signed by the Employee

.....

.....

=====

Specimen of

LETTER OF CONFIRMATION IN APPOINTMENT for personnel under permanent terms of employment

To:

Name of the employee

Age

Address

I wish to inform you that, starting from*date*....., you have been confirmed to the post of _____ in this Hospital.

Yours Sincerely,

Signed by the Employer

Signed by the Employee

.....

.....

Specimen of

CONTRACT OF EMPLOYMENT for personnel on fixed terms of employment

NNNNN HOSPITAL

CONTRACT OF EMPLOYMENT

THIS AGREEMENT made on this day ofbetween

NNNNN HOSPITAL

P.O. Box,

Town

(hereinafter referred to as the EMPLOYER) on the one part

AND

Employee details

Full name:

Date of Birth:

Marital Status:.....

Children:.....

Qualifications.....

(hereinafter referred to as the EMPLOYEE) on the other part.

WITNESSETH AS FOLLOWS:

1. The Employee has agreed and hereby takes up employment as (Job title) with the Employer subject to the terms herein contained and subject further to the Employer's Manual of Employment, Codes of conduct, Ethical Code, Regulations, Terms and Conditions of Service as shall from time to time be in force during the subsistence of this contract. Wherever not otherwise specified in this contract the terms specified in the Manual of employment of the Hospital will apply.
2. The Employee shall be informed specifically of what his/her duties shall be whether at the work station of any other assignment outside his/her workplace as per attached Job Description, which constitutes an integral part of this contract.
3. The Employee in performance of his/her duty shall apply the highest possible professional, moral and ethical standards and shall at all time devotedly serve the Employer and always abide by the Mission Statement, Code of Conduct and Ethical Code Guidelines for Hospitals and Health Units under the Catholic Church in Uganda. By signature of this contract the Employee acknowledges that he/she has taken vision of the guidelines and accepts to be guided by them in his/her work.
4.
 - i) Salary: The salary will be paid at currently Uganda Shillings payable at the end of every month after all statutory deductions have been made.
 - ii) Benefits: The Employee is entitled to the following additional benefits:

..... Estimated monthly value..... (payable/nonpayable cash)

..... Estimated monthly value..... (payable/nonpayable cash)

..... Estimated monthly value..... (payable/nonpayable cash)

..... Estimated monthly value..... (payable/nonpayable cash)

..... Estimated monthly value..... (payable/nonpayable cash)

iii) Remuneration: The estimated value of the remuneration thus result at appx.
 currently Uganda Shillings per month.

5. For the duration of years from this day of to the end of contract/termination, the Employee shall be deemed to have entered into full time/part time employment of the Employer and shall henceforth be on duty at the days and time specified in the Job description here attached.

6. The employee may from time to time as shall be deemed necessary by the Employer be called upon in case of emergency or where a similar necessity arises to call on duty and serve in accordance with Duty Roster without prejudice to different provision in the Job description.

7. The Employee shall not without the consent of the Employer disclose any secret or any other confidential matters learned in the course of duties to anyone not authorised to receive them. During working hours the Employee will not without the knowledge of the Employer engage in any other business or occupation.

NB A more restrictive approach may be specified here (e.g. if private practice will not be allowed it has to be specified here)

8. The Employer shall make available and it shall be the duty of the Employee to acquaint himself/herself with the Employer's regulations that shall from time to time be in force.

9. There shall be a probation period of months from the date of this appointment and at the expiry of such period the Employer shall exercise absolute discretion on whether or not to confirm the Employee to the job described in clause 1 of the Agreement. The confirmation will depend on the performance evaluation of the Employer.

10. This contract may during the probationary period be terminated by either party giving the other at least days prior notice, and after confirmation on the job then it may be terminated by either party giving at least month notice. Payment in lieu of Notice shall be adequate notice on the side of the Employer.

11. The contract is renewable thereafter at the discretion of the:

- (i) Employer for such further period of time as shall be agreed by the parties in writing.
- (ii) If the Employee wishes to continue in service he/she will inform the Employer in writing three (3) months before the expiry of the contract.

12. In event of the Employee falling sick during the period of probation, the Employee shall be entitled to month full pay. And in case of he/she fails to improve during that period he/she shall be terminated from employment. In case the Employee is confirmed, the Employee shall be entitled to month Sick Leave with full pay and month half pay, if he/she fails to report on duty after such period, the Employer shall terminate his/her employment/contract. Sick Leave in case of absence from work due to sickness the Employee must obtain a Medical Certificate within days and the relevant Officer in charge must be informed immediately. Maternity Leave for female Employees will be 45 consecutive days.

13. Clause 10 and 12 above notwithstanding, the Employer may at any time terminate employment without giving notice for the following reasons:
i) Wilful refusal on the part of the Employee to comply with lawful directives of the Employer and regulations as laid down.
ii) Conviction for serious offence of the Employee by a Court of Law. During the trial of the accused the Employer may suspend him/her from duty on half pay for a period of two (2) months.

14. After serving the Employer for at least 6 continuous months, the employee shall be entitled to annual leave which shall accrue at the rate of calendar days per month. Such a leave is not cumulative and will be forfeited if not taken within the year. Special leave on compassionate or similar grounds may be given for a period not exceeding days per year.

15. At the expiry of the contract, the Employee shall be entitled to gratuity of an amount of % of the annual salary per year of service or fraction of it.

WHEREFORE the parties have set their signatures hereunto on the day month and year first above mentioned.

SIGNED by the said
EMPLOYEE

SIGNED by the said
EMPLOYER

ALL IN THE PRESENCE OF:
WITNESS

ANNEX 9 - Specimen of Job descriptions for the CEO and Directors

ROLES AND FUNCTIONS OF THE HOSPITAL CHIEF EXECUTIVE (CEO)

Job Title: CHIEF EXECUTIVE OFFICER (CEO)

Purpose of the post: the CEO is a manager selected and appointed from among the Hospital Directors with the task of ensuring the co-ordination of the HMT and its effective decision making.

Duties of the post:

In addition to the job entailed by his/her professional post, the CEO has the following functions:

- Organise the work of the HMT, which s/he Chairs.
- Be the spokesperson of the Hospital with ultimate capacity of committing the hospital to a public position.
- Be the spokesperson of the HMT in the Board of Governors.
- Supervise and ensure all managerial life of the Hospital (committees, sub-committees, departmental meetings, staff meetings etc...)
- Promote frequent and informal meetings of the Directors outside the statutory meetings
- Chairs and participates in all the committees of the Hospital according to the Charter provisions
- Promote the collection and analysis of the hospital performance and in particular the reconciliation between inputs and outputs and the analysis of trends
- Promote equitable sustainability of the hospital
- Promote systematic and proper management of the Hospital financial, material, human resources and information
- Initiate all the planning and accountability cycles and procedures, according to the established time frames.
- Account to the board through submissions of synthetic memos complete with analytic information expressed in comprehensible terms for the Board of Governors
- Outline and prioritise option choices in hospital management issues for the Board

Professional Qualifications Required:

Those required by the Management post s/he occupies.

Desirable Masters Degree in Health Services Management.

Personal Profile:

The CEO should be a person with a distinguished service in the Hospital or in other Hospitals (preferably RCC Hospitals), capable of analytical and of articulated expression, with proven experienced in steering team-work, identified with the Hospital Mission, available for long hours work. S/he is in most circumstances (but not exclusively) the MDIR or ADIR.

Entry point in scale: as for applicable Seniority in service of the respective profession plus suitable emolument for added responsibility.

Supervisor: The Chairman of the Board of Governors

Supervisees: all other Directors in the HMT with respect to their managerial functions.

Special requirements:

It is absolutely necessary that the CEO, in virtue of the conflict of interests that may arise in the course of duty, should be exercised by an employee free from bonds with other administrations/employers. Private practice of the profession is not compatible with the post.

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|

JOB DESCRIPTION OF A MEDICAL DIRECTOR

Job Title: MEDICAL DIRECTOR (MDIR)

Job Purpose: the Medical Director is the person **responsible for the organisation and smooth implementation of all clinical activities (curative, preventive, promotive and rehabilitative) of the hospital, for the respect of policies and norms related to standards of clinical practice and hygiene and for the medico-legal aspects of health care.** Although the MDIR may not be the most senior Medical Officer (in the line of medical seniority and qualifications/titles), s/he is the person to whom pertains the responsibility of co-ordinating all medical staff and Allied professionals (excluding the Nursing staff and including Pharmacy Professionals), both junior or senior to him/her in the line of professional seniority and/or expertise. S/he is the spokesperson of the Hospital in the areas of his/her competence and particularly in medico-legal issues. S/he shares with the other members of the Management Team the overall responsibility of the management of the Hospital and the corporate accountability to the Board of governors of the same.

Professional Qualifications Required:

-MBChB or MD

-at least Medical Officer First Grade or Senior Medical Officer (depending on the size and complexity of the hospital)

-Diploma in HSM or equivalent

-Basic Computer Literacy

-Active registration with the UMDP Council

Entry point in scale: as for applicable Seniority in service (MO First grade or MO) plus suitable emolument for added responsibility.

Supervisor: the CEO ¹⁵ or the Chairman of the Board of Governors

Supervisees: all MOs, regardless of level of seniority in the profession, Allied Professionals, directly or indirectly and, with specific regards for the respect of policies, norms, standards, regulations etc..., of all the hospital workers.

Special requirements:

It is most desirable that the function of Medical Director, in virtue of the conflict of interests that may arise in the course of duty, should be exercised by an employee free from bonds with other administrations/employers. Private practice of the profession is not compatible with the post.

Job Duties:

The MDIR retains all the duties and functions of the Medical Officer First Grade or Senior Medical Officer if and when the size of the Hospital allow the exercise of the functions of MDIR on a part time basis.

The MDIR can delegate some of his/her functions to other Medical Officers. This is applicable in a particular way if the Hospital is also Health Sub District Headquarters. In this specific case the function of Deputy District Director of Health Services may be delegated to one of the Medical Officers in the Hospital, through a formal process that fixes the delegated functions and the modes of accountability of the delegated officer to the Medical Director and to the Management Team.

¹⁵ The function of Chief Executive Officer (or General Manager or Complex Director, depending on the definition used in the Hospital Charter) is a Managerial function that does not depend on clinical qualifications or skills. In a nutshell it corresponds to the Chairmanship of the Management Team. The Medical Director can also be the CEO of the Hospital if appointed to that function of co-ordination of the Hospital Management Team. In rare instances and for very large and complex Hospitals the CEO may be a post in itself and not an added function to that of other posts. If the Medical Director exercises the function of CEO, s/he is directly supervised and answerable by the Chair of the BoG.

In addition (Specific additional functions of the Medical Director)

The Medical Director (MDIR):

- is member of the Hospital Management Team (HMT) and attends its meetings;
- is responsible of ensuring the highest standard of medical care to the patients, according to the local possibilities and in agreement with Hospital, Diocesan and Ministry of Health Policies. In case of conflict of policies he will ensure that Diocesan policies are respected;
- is responsible of the maintenance of professional ethics, efficiency, discipline and standard of quality of all Mos and Allied Professionals;
- supervises the activity of all Mos and Allied Professionals, for whose performance he is answerable to the BoG;
- ensures that job descriptions of MOs and Allied Professionals are known, understood and adhered to;
- arranges and/or approves working time schedules, duty rosters, leave rosters and allocation of duties for MOs and ensures that the same is done by all the various Allied Professionals in charge of the Hospital Services (Radiology, Laboratory, Theatre, PHC, Ophthalmology, Physiotherapy, Pharmacy etc...);
- ensures timely compliance with the requirements of the Health Information System and checks on the quality and accuracy of the health related information released by the hospital;
- ensures that the procurement of drugs is in line with the demands of service delivery;
- is the Chief Professional Advisor to the BoG on all medical matters;
- arranges the establishment of/compliance to treatment schedules and work procedures by MOs and Allied Professionals with the aim of ensuring proper and economical use of drugs and equipments and the highest possible standards of service quality;
- is the professional advisor of the BoG and HMT as regards recruitment and employment of MOs and Allied Professionals;
- is involved with the other members of the HMT in the preparation of the Hospital Budget and Financial Report; in particular he has the duty to budget and report on drugs' and medical equipment purchase, correct maintenance and use;
- prepares an Annual Report as regards all medical activities for insertion in the Hospital Annual report;
- ensures organisation of CME for MOs and Allied Professionals (and ensures Training of Interns if applicable);
- is member of the hospital committees to which he is appointed in virtue of the hospital charter;
- ensures intra and inter-departmental cooperation by promoting good communication and by calling meetings with and among MOs and Allied Professionals and if necessary arranges (in agreement with SNO and HA) for ad hoc meeting with other departments of the Hospital;
- liaises with the District (and Deputy) Director of Health Services, Professional Guilds and Organizations, Registrar and Ministry of Health and others for all matters concerning Health and Medical care and Medico-legal issues.

Any other duty as deemed necessary by the direct supervisor or Board.

Appointment: the MDIR is appointed to his post by the Bishop or the BoG on his behalf after consultation with the other members of the Management Team.

Eligibility:

The MDIR is eligible for appointment as Chief Executive (CEO - spokesperson of the Management Team to the Board of Governors) if so foreseen in the Hospital Charter.

Specific Provisions:

Although the Special requirements here above suggest that it is strongly desirable otherwise, in case the officer concerned is also a Civil Servant deployed, posted or seconded to the Hospital, the following applies

1. The employment in the Hospital will be subject to an additional contract of employment with the hospital, according to the General Terms and Conditions of service adopted by the Hospital.
2. The principle of non cumulability of salaries from two distinct administrations will be respected: the salary earned in virtue of public employment will be deducted from the package agreed in the contract of employment with the hospital.
3. All formal training avenues offered to the officer will be formally communicated to the Public Employer and the Bonding Agreement formulated with the concerned officer will be endorsed by the Public Employer.

JOB DESCRIPTION OF THE ADMINISTRATIVE DIRECTOR

Job Title: ADMINISTRATIVE DIRECTOR

Job Purpose: the Administrative Director (ADIR) is a manager with the task of ensuring means and conditions conducive for the implementation of Health/Medical/Nursing/Training and other Professional and non-professional activities in the Hospital and its catchment area. He occupies a key function in the procurement and administration of human and material resources of the Hospital.

Job Duties:

N.B.: the duties of the ADIR cover a widely ranging span of activities, some of which entail a degree of specific knowledge which is not likely to be satisfied by a single person; for this reason the ADIR is mainly the overall supervisor of many delegated functions the details of which can be found in specific job descriptions. Here following only the summary of the ADIR 's duties is reported.

The Administrative Director:

-is member of the Hospital Management Team (HMT) and of the hospital committees where s/he is delegated or holds statutory membership;

-is the ultimate responsible Officer of all non Health/Medical/Nursing activities and is answerable to the BoG to which is the Chief Professional Advisor for all non Health/Medical/Nursing matters;

is the spokesperson of the Hospital in the areas of his/her competence and particularly in medico-legal issues. S/he shares with the other members of the Management Team the overall responsibility of the management of the Hospital and the corporate accountability to the Board of governors of the same.

In particular:

- ensures financial management;
- ensures personnel management;
- ensures communication and office management;
- ensures the keeping of medical records;
- ensures the transport management;
- ensures supplies management;
- ensures maintenance of hospital properties and the development of its structures when decided by the Board.

Professional Qualifications Required:

-BCom, BBA, BBAM or equivalent

-Diploma in HSM or equivalent

-Experience of at least three years in junior managerial post in hospital or other health service

-Advanced computer literacy in word processors and spreadsheet

Entry point in scale: as for applicable Seniority in service plus suitable emolument for added responsibility.

Supervisor: the CEO ¹⁶ or the Chairman of the Board of Governors

Supervisees: all head of non Health/Medical/Nursing/Training departments and centres, regardless of level of seniority in the profession, directly or indirectly and, with specific regards for the respect of infrastructure, equipment, environmental policies, norms, standards, regulations etc..., of all the hospital workers.

¹⁶ The function of Chief Executive Officer (or General Manager or Complex Director, depending on the definition used in the Hospital Charter) is a Managerial function that does not depend on clinical qualifications or skills. In a nutshell it corresponds to the Chairmanship of the Management Team. The Administrative Director can also be the CEO of the Hospital if appointed to that function of co-ordination of the Hospital Management Team. In rare instances and for very large and complex Hospitals the CEO may be a post in itself and not an added function to that of other posts. If the Administrative Director exercises the function of CEO, s/he is directly supervised and answerable by the Chair of the BoG.

Eligibility:

The ADIR is eligible for appointment as Chief Executive (CEO - spokesperson of the Management Team to the Board of Governors) if so foreseen in the Hospital Charter.

Special requirements:

It is most desirable that the function of Administrative Director, in virtue of the conflict of interests that may arise in the course of duty, should be exercised by an employee free from bonds with other administrations/employers. Private practice of the profession is not compatible with the post.

FINANCIAL MANAGEMENT

Brief Description: the ADIR , either directly or by delegation, occupies the most important post as regards financial matters.

Detailed Duties:

The Administrative Director (ADIR):

- is the Chief Financial Advisor to the BoG;
- ensures that all Hospital expenditures are adequately covered by tapping all available resources either in the Country or outside. He explores sources of income and contacts, after having sought clearance from the Bishop and/or the BoG, occasional donors or funding agencies abroad;
- reports to donors and funding agencies about the use of the obtained funds in order to ensure the best possible image of the administration;
- ensures that financial regulations and procedures are strictly followed as required by internal and/or Diocesan policies and as required by the standing laws;
- prepares, after consultation of the HMT, the annual budget and financial reports;
- ensures that expenditures are within the limits of the budgeted amounts;
- supervises the work of accountancy staff and cashiers;
- maintains records of all incomes and expenditures in accordance with the selected method of accountancy (double entry and cost centre);
- ensures that fees' charge and payment are in conformity with the decisions of the BoG and ensures waiving of Hospital fees when necessary;
- collects and files all copies of receipts issued by the Hospital on payment for services rendered and maintains a cash book;
- has access, with a second Senior Officer, to the Hospital Safe and controls that cash availability satisfies day to day requirements;
- collects and files all copies of invoices for materials purchased by the Hospital;
- issues bank cheques on behalf of the Hospital with a second signatory and checks that banking procedures and account reports are correct;
- calculates the salaries due to the Hospital Employees in conformity with the decisions of the BoG and proceeds to their regular payment.

PERSONNEL MANAGEMENT

Brief Description: the ADIR , either directly or by delegation, occupies the most important post as regards all matters entailed by the management of personnel.

Detailed Duties:

The Administrative Director (ADIR) :

- is the Chief Advisor to the BoG on all matters regarding management of personnel;
- manages and supervises directly all non Health/Medical/Nursing personnel;
- is responsible for the interpretation and implementation of the Hospital's personnel policy; he is also responsible of the interpretation and implementation of the Government personnel policy as it regards and affects the Hospital;

- with the other members of the HMT decides the required qualification and the number of employees (established and non established) needed by each Hospital department and proceeds to their recruitment and employment;
- ensures that adequate and updated job descriptions are available for all Employees supervised by him and that they are well understood and adhered to;
- ensures that established posts are covered by an adequate contract of employment;
- ensures the maintenance of personal records of all established employees and the issue of a certificate of service on termination of the employment;
- ensures the regularity of Reports to the respective Ministries for all Government established staff deployed in or seconded to the Hospital;
- manages and controls all applications for ordinary and extraordinary leave and gives ultimate clearance to proceed; he also manages short permission of absence and keeps adequate record;
- ensures the implementation of actions and measures apt at promoting the welfare of employees and their motivation;
- devises career development frames in consultation with the other members of the HMT;
- ensures the maintenance of discipline among the Hospital Employees and the implementation of disciplinary measures as decided, case by case, by the Quality Assurance, Discipline and Grievance Committee or by whoever else has the power to administer discipline; he is the ultimate reference point for disciplinary matters and also makes sure that disciplinary measures decided outside the Quality Assurance, Discipline and Grievance Committee are fair and in agreement with the Hospital Policy and the Contract of Employment.

COMMUNICATION AND OFFICE MANAGEMENT

Brief Description: the ADIR , either directly or by delegation, is the main channel of communication within the Hospital and between the Hospital and the environment and for this he avails of the help of clerical personnel and manages office facilities.

Detailed Duties:

The Administrative Director (ADIR) :

- ensures the flow of communications within and in\out of the Hospital by obtaining and managing the necessary personnel, materials and equipment;
- supervises the work of all clerical personnel and ensures the availability and control of the use of stamps, stationary, forms, notice boards, letter box and communication equipment (telephones, radios);
- ensures that correspondence follows the established channels of communications and the preservation of communication confidentiality whenever required;
- relays information to all personnel when required by use of the most suitable means;
- organises scheduled staff meetings at all levels and ensures that minutes of the meeting contents and decisions are gathered and recorded;
- organises and supervises the use of all Hospital record keeping systems and archives and ensures that confidential and sensitive information are appropriately recorded and accessible only to the cleared staff;
- organises and supervises up to date inventories in all departments subject to his authority and ensures that the same is done in all other departments;
- ensures secretarial services at the BoG meetings.

MEDICAL RECORDS ADMINISTRATION

Brief Description: the ADIR , either directly or by delegation, is responsible for the gathering, keeping, filing and simple elaboration of Health/Medical records and their positive use.

Detailed Duties:

The Administrative Director (ADIR) :

- ensures the establishment and management of a filing index and system;

- ensures that Health and Medical Records and data are gathered in accordance with the existing policies (Health Information System) and that reports to Responsible Authorities (DDHS, DDDHS, UCMB, MoH, UNEDMP, UNEPI, ULTP etc...) are submitted by responsible Officers in due time;
- keeps abreast with the existing policies on matter of data collection and report and urges from the responsible authorities the issue of feedback;
- keeps track of biological specimen sent to other institutions for examination and ensures that results are promptly relayed to the right person in the Hospital;
- makes use of the data gathered for the purpose of improving the services, reducing costs and for other general management purposes (planning, estimates, etc..).

TRANSPORT MANAGEMENT

Brief Description: the ADIR , either directly or by delegation, manages the Hospital vehicles in order to ensure the patients' transportation and personnel mobility.

Detailed Duties:

The Administrative Director (ADIR) :

- ensures that the available means of transport are adequately licensed, equipped and maintained for the kind of service required;
- co-ordinates all transport requests in view of containing costs and relays request to the drivers;
- supervises the driver's activity and ensures that log books are updated and clear;
- arranges for alternative means of transport when Hospital vehicles are unavailable or when convenience suggests;
- ensures that transport services rendered to patients and personnel are charged according to BoG or HMT directives;
- ensures that policies for free transport and regulations for transport of employees on official duty are clear and well known;
- ensures prompt reimbursement of expenses incurred by any of the employees' while travelling on official duty.

SUPPLIES MANAGEMENT

Brief Description: the ADIR , either directly or by delegation, manages all the Hospital stores and provides adequate supply of all the necessary materials.

Detailed Duties:

The Administrative Director (ADIR) :

- ensures that the procurement service operates efficiently, economically and in accordance with the necessities of the various Hospital Departments;
- contacts and agrees with suppliers and Procures on matter of costs and transportation in order to minimise money and time losses;
- checks that all purchase orders are cleared by the HMT and that the costs of the purchased materials does not exceed budgeted amounts for that item;
- ensures adequate and safe storage of all materials and checks irregularities, frauds or loss in the management of the stores;
- devises clear cut procedures of requisition and issue of materials from the stores;
- ensures that prompt record of any movement of goods in and out of the stores is adequately recorded;
- ensures that no shortages occur by means of an appropriate system of stock keeping.
- in collaboration with the pharmacy department and the MDIR organises punctual supply of drugs and other medical supplies and equipment.

MAINTENANCE AND STRUCTURAL DEVELOPMENT

Brief Description: the ADIR , either directly or by delegation, supervises the maintenance of all Hospital properties (buildings, equipment and plant) and ensures that safety standards are maintained; he supervises the work of any firm operating within the Hospital either for the purpose of maintenance or in order to build new premises or installing new equipment

Detailed Duties:

The Administrative Director (ADIR) :

- ensures that adequate maintenance is granted for all hospital properties;
- organises the work of the Hospital Maintenance Team;
- ensures that safety standard for buildings, equipment and maintenance procedures are observed as directed by the standing regulations and laws;
- ensures cleanliness of the Hospital compound;
- contacts, agrees and stipulates contracts with firms operating in the field of maintenance of buildings and equipment whenever standards cannot adequately be maintained with the sole work of the Hospital Maintenance Team;
- contacts, agrees and stipulates contracts with building firms whenever a new building is needed and all necessary clearances granted by the BoG and HMT to that end; he supervises the work of the firm and the abidance with the terms of contract and the technical details specified in the contract;
- contacts, agrees and stipulates contracts with any firm for the purpose of ensuring the installation of new equipment whenever this service cannot be granted by the Hospital Maintenance Team.

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JOB DESCRIPTION OF A NURSING DIRECTOR

Job Title: NURSING DIRECTOR (NURDIR)

Job Purpose: the Nursing Director is the person **responsible for the organisation and smooth implementation of all nursing activities**. S/he is the person to whom pertains the responsibility of co-ordinating all Nursing Staff, Aid Nurses and domestic staff of the Hospital. S/he is the spokesperson of the Hospital in the areas of his/her competence and particularly in issues concerning care of patients. S/he shares with the other members of the Management Team the overall responsibility of the management of the Hospital and the corporate accountability to the Board of governors of the same.

Professional Qualifications Required:

- BSc Nursing or
- Double Registered Nurse/Midwife
- Diploma in HSM or equivalent
- at least 5 years of Ward Management experience
- Basic Computer Literacy
- Active registration with the Nursing and Midwifery Council

Entry point in scale: as for applicable Seniority in service and Qualifications plus suitable emolument for added responsibility.

Supervisor: the CEO or the Chairman of the Board of Governors

Supervisees: all Nurses and Midwives, regardless of level of seniority in the profession, Nursing assistants and Aides in all Hospitals departments, domestic staff.

If the Hospital has a HTI also Pupils and Student Nurses/Midwives and Clinical Instructors in Wards.

Special requirements:

It is most desirable that the function of Nursing Director, in virtue of the conflict of interests that may arise in the course of duty, should be exercised by an employee free from bonds with other administrations/employers. Private practice of the profession is not compatible with the post.

Job Duties:

- Ensures the maintenance of professional ethics and efficiency of nursing staff in accordance with Diocesan, Government, Hospital Policies, Ethical Code and Codes of Conduct.
- Promotes the maintenance of discipline among nursing personnel.
- Ensures compliance of all Nursing staff with the established job-description.
- Advises the Hospital Management Team as regards the recruitment and employment of all nursing staff.
- Prepares duty rotas for all nursing staff and monitors them weekly.
- Carries out daily ward rounds and receives a report on the status of the wards from the In-Charges at the time: Admissions, conditions of very ill patients, deaths, staff problems, or other problems present on the ward having a direct effect on patient care.
- Monitors staff coverage of the wards, and general cleanliness. In this regard she also acts as the overall head of the members of the cleaning department.
- On a daily basis ensures that handing and taking over procedures between shifts have been observed.
- Observes accuracy of vital observations, and if they are being charted appropriately.
- Monitors treatment given to patients: right patient, time, dose, medication, and route
- Monitors fluid balance charts. IV infusions, blood transfusions, nasogastric tubes, urinary catheters, use of partograms etc....

- Assesses the working conditions of instruments: suction machines, sphygmomanometers, oxygen, etc...
- Periodically checks the emergency trolley for preparedness for emergency and instructs on the same.
- Observes that procedures are carried out correctly as laid down in the Hospital's Nursing Procedure Manual.
- Ensures the proper handling of all ward equipment by nursing personnel
- Monitors the staff roll call registers monthly and disciplines accordingly.
- Organises nursing staff annual leaves.
- Organises Continuing Nursing Education units for nurses to address problems in patient care, which seem to be widespread, and effecting several wards.
- Holds monthly meetings with In-Charges to discuss areas of concern.
- Holds Bi-annual meetings with the entire nursing staff to discuss issues of concern, which will improve the standard of patient care.
- Ensures and completes staff appraisals for all nursing staff.
- Participates in the Hospital Management Team meetings and acts as a professional advisor on all nursing matters.
- -S/he is member of the hospital committees to which s/he is appointed in virtue of the hospital charter;
- Ensures that nursing personnel follow the directives of the MDIR and other Medical Officers of the Hospital for the benefit of the patients.
- Ensures that all Nursing staff collect and record all information required by the Hospital Information System and checks its quality and consistency before forwarding it as required.
- Liaises with the Nursing Council, Registrar, Ministry of Health and UCMB and other Institutions concerning all nursing matters.

If The Hospital has a HTI

- Acts as the Chairperson of the School Management Team, and holds quarterly meetings with the same.
- Ensures the maintenance of discipline among nursing students in cooperation with the Training Director.
- Facilitates organisation of Ward Training by Clinical Instructors and School staff.

Any other duty as deemed necessary by the direct supervisor or Board.

Appointment: the NUR DIR is appointed to his post by the Bishop or the BoG on his behalf after consultation with the other members of the Management Team.

Eligibility:

The NUR DIR is eligible, in exceptional circumstances as Chief Executive (CEO - spokesperson of the Management Team to the Board of Governors) if so foreseen in the Hospital Charter.

Specific Provisions:

Although the Special requirements here above suggest that it is strongly desirable otherwise, in case the officer concerned is also a Civil Servant deployed, posted or seconded to the Hospital, the following applies

1. The employment in the Hospital will be subject to an additional contract of employment with the hospital, according to the General Terms and Conditions of service adopted by the Hospital.
2. The principle of non cumulability of salaries from two distinct administrations will be respected: the salary earned in virtue of public employment will be deducted from the package agreed in the contract of employment with the hospital.
3. All formal training avenues offered to the officer will be formally communicated to the Public Employer and the Bonding Agreement formulated with the concerned officer will be endorsed by the Public Employer.

JOB DESCRIPTION OF A NURSING TRAINING DIRECTOR

NB: in this contexts the term Nursing refers to both Nursing and Midwifery

Job Title: NURSING TRAINING DIRECTOR (NTRAIN DIR)

Job Purpose:

The Nursing Training Director is the most Senior Tutor and the person directly responsible for the training of Nurses and Midwives in the Nursing School attached to the Hospital, who ensures smooth day to day running of the school. S/he supervises Tutors and other subordinate staff. S/he lays the foundation for student Nurse training in both theoretical and clinical setting, with the aim of producing quality Nurses and Midwives. S/he acts in accordance with policies laid down by the UNMC, MoH, MoES, BOG, Hospital Management and other committees established under the Hospital Charter in view of upholding the Mission and ethical religious principles that govern the same. In addition s/he actively pursues in-service training and CNE of the employed professional and non-professional Nursing staff in close collaboration with the NUR DIR.

S/he is the spokesperson of the Hospital in the areas of his/her competence and particularly in training. S/he shares with the other members of the Management Team and in particular with the Nursing Director the overall responsibility of the management of the Hospital and the corporate accountability to the Board of governors of the same.

Professional Qualifications Required:

As for Tutor

Plus

- 5 years experience as Tutor
- Diploma in Nursing Education or Equivalent
- Basic computer literacy
- Active registration with the UNM Council

Entry point in scale: as for applicable Seniority in service plus suitable emolument for added responsibility.

Supervisor: the CEO or the Chairman of the Board of Governors

Supervisees: all Tutors, Clinical Instructors and hospital staff attached to the School.

Special requirements:

It is most desirable that the function of Nursing Training Director, in virtue of the conflict of interests that may arise in the course of duty, should be exercised by an employee free from bonds with other administrations/employers. Private practice of the profession is not compatible with the post.

Job Duties:

The NTRAIN DIR retains all the duties and functions of Tutor in his/her areas of expertise and exercised the functions of Nursing Training Director on a part time basis.

In addition (Specific additional functions of the Nursing Training Director)

A. Concerning the School as such

The Nursing Training Director (NTRAIN DIR):

- Is responsible for all the activities pertaining the training of Nurses/Midwives in the school.
- Arranges the academic curriculum and syllabus having due regard to the general instructions of the Uganda Nursing and Midwifery Council

- Oversees and participates in planning, implementing, coordinating, supervising, assessment and evaluation of the Nurse training Programme.
- Makes school work plans, including output targets and performance indicators
- Makes duty rosters and organises regular departmental meetings
- Supervises, motivates and evaluates school Staff
- Promotes a cordial and a good working relationship amongst staff and students of the department
- Promotes a cordial and a good interdepartmental working relationship
- Ensures comfortable and conducive environment for learning.
- Ensures effective management of school premises. Equipment and materials for training.
- Ensures comfort of tutors and other subordinate staff.
- Ensures transparent processes of admission of students to training through an open and participated short listing and interviews
- Participates in the assessment of students' performance
- Participates in financial resource management of the school together with the Administrative Director and other committees established for this purpose
- Presides over and maintains order during school meetings, secretary to school management committee meetings.
- Maintains open communications with Tutors, the Hospital Directors, the HMT, BOG, DDHS, UNMC, Registrar.
- Ensures implementation of school rules and regulations
- Makes school annual reports and other relevant reports
- Ensures strategic relationship between the school & hospital management, BOG, DEO, DDHS, DHC and Diocese, UNMC, Registrar, political authorities and other stakeholders.
- Maintains regular contacts with the Nursing Director in view of securing smooth implementation of practical training
- Ensures implementation of planned training activities
- Attends and contributes actively to all committees s/he is appointed to in virtue of the Charter.
- Presents annual schools plans and reports to the BoG for approval.

B. Concerning Nursing Training in General

- Develops annual comprehensive training plans for CNE and in service training of Aide Nurses in collaboration with the NUR DIR
- Organises continuous medical/nursing education for staff within the Hospital and for the staff of the Health Sub District and Diocese if so arranged by the HMT
- Liaises with other training institutions and organizations to improve training aiming increasing quality of services
- Reports to Management Team on development in training activities

Appointment: the NTRAIN DIR is appointed to his post by the Bishop or the BoG on his behalf after consultation with the other members of the Management Team.

Specific Provisions:

Although the Special requirements here above suggest that it is strongly desirable otherwise, in case the officer concerned is also a Civil Servant deployed, posted or seconded to the Hospital, the following applies

1. The employment in the Hospital will be subject to an additional contract of employment with the hospital, according to the General Terms and Conditions of service adopted by the Hospital.
2. The principle of non cumulability of salaries from two distinct administrations will be respected: the salary earned in virtue of public employment will be deducted from the package agreed in the contract of employment with the hospital.
3. All formal training avenues offered to the officer will be formally communicated to the Public Employer and the Bonding Agreement formulated with the concerned officer will be endorsed by the Public Employer.