



**WEST AFRICAN COLLEGE OF PHYSICIANS**  
*COLLÈGE OUEST AFRICAIN DES MEDECINS*

**SUPERVISION OF RESIDENT DOCTORS- DEFINING  
ROLES AND RESPONSIBILITIES**

**Responsibilities of the College, Faculty and the  
Resident**

**April 2022**

**Alfred E Yawson [VP- Ghana]**

**Faculty of Community Health**

# Contents

---

**01**

**Introduction**

**02**

**Overview-  
Responsibilities of  
College & Faculty**

**03**

**Responsibilities  
of the Resident**

**04**

**Survey Findings &  
Recommendations**

# Introduction



# Mission and objectives of the College

## Mission

To improve the health of West Africans **through excellence in the training of medical specialists** and the provision of high-quality health care and high-quality research into health promotion and health care

- **Objectives related to training**

- a. Promote **professional training** of physicians in West Africa
- b. Promote the standards of **professional practice, ethics and morals** of physicians in West Africa
- e. Advise and assist the governments of the sub region, the West African Health Organisation and other relevant organisations **on matters relating to training** , health promotion, health care and research in West Africa

# Structures of the College key to training

## The Council- powers and duties

- a. To take responsibility for the **overall supervision and organisation of the affairs** of the College.
- e. To be responsible for the organization and **conduct of College examinations.**

# Structures of the College key to training

## Education and Research Committee

- a. Arranges workshops, seminars and other **educational activities** on behalf of the College.
- b. Organizes and coordinates **postgraduate courses**.
- c. Organizes the **Annual Scientific Meetings** of the College.
- e. Organizes and advises on such other activities as may enhance the **educational and research functions** of the College

## Accreditation Committee

- a. Carries out inspection of institutions in the member countries which provide **postgraduate professional medical education** to assess the suitability of such institutions and their programmes for training

# Responsibilities of the College & Faculty



## Responsibilities of the College

*The College should conduct training programmes in accredited institutions in every member country.*

The College is to ensure:

- curricula for the Membership & Fellowship training programmes of all faculties are regularly reviewed ---- **curricula are all competency-based.**
- **assessment (examination) methods** are upgraded regularly in accordance with modern requirements.
- **accreditation criteria** for training programmes and institutions are updated on a regular and continuous basis.
- **feedback** routinely given to heads of institutions that fall short of the expected standards.

# Responsibilities of the College

- **workshops (TOTs)** for training coordinators and examiners (during examination periods), on various aspects of the curriculum and methods of assessment.
- **certify trainers** and **ensure examiners** are in **good standing** *e.g. payment of dues and other levies, participation in Doctor as Educators etc*
- participation and observation of examinations in sister colleges (outside the sub-region)

How well is the College ensuring these responsibilities are met ?

# Responsibilities of Faculties

The Faculties are to ensure:

- **Conduct of entrance and exit examinations** for residents according to its rules and regulations.
- Provide **logbooks, curricula** and any other relevant documents to residents.
- Provide trainers with relevant curricula and other appropriate documents.
- Organise Continuous Professional Development (CPD) Programmes, Update and Revision Courses for Residents
- Train and Provide Capacity Building for Trainers.

How well are the Faculties ensuring these responsibilities are met?

## Responsibilities of Trainees/Examiners

- Support the conduct of entrance and exit examinations for residents according to its rules and regulations.  
Includes providing questions for Chief Examiner, curricula reviews etc
- Perform roles expected ---Doctors as educators
- Provide coaching/ mentoring for residents
- Update skills and capacity to impart knowledge and skill
- Be abreast with current and modern teaching and assessment methods

# Responsibilities of the Resident



# Responsibilities of Residents

- Possess curriculum and logbook from the College for the training programme.
- Ensure the logbooks are filled and signed timeously.
- Possess basic computer skills- CBT, e-proposal, dissertation etc.
- Seek avenues to improve skills and knowledge- seek opportunities to interact with trainers
- Be aware of the duration and timelines for the training
- Set milestones and how to achieve them
- Be efficient in time management
- Accommodation and subsistence- social aspects of the training.

# Survey Findings & Recommendations



## Methods

- A cross-sectional study targeted at residents in the West African College--- **not with scientific rigor, an operational research**
- Study instrument was a questionnaire (google forms), solicited information on:
  - socio-demographic characteristics
  - assessment of entry requirements for residency in West Africa
  - satisfaction with the duration and content of training
  - financial obligations associated with the training
  - examinations at the various levels of the training
- Total of 90 residents responded [Ghanaians (74%); Nigerians (24%)]

# Views of the residents

## Entry requirements:

- Many of the residents (86%) were generally satisfied with the entry requirements of the WACP.
  - Believe getting into residency is straightforward
- Many (91%) had no issues with the primary as an entry requirement
  - Residents in Community Health complimented the College for the exemptions from primaries and some course work for those with MPH

## Duration and quality of training

- All 90 respondents indicated the average 2-3 years membership and minimum 2 years of fellowship training is adequate for the required skills and knowledge

# Views of the residents

## Research skills:

- A little over 90% complained of inadequate time for research (both as taught courses and practical involvement )
- Some of the residents indicated the only period they formally had a training in research was during the research methodology course as part of the requirement for the fellowship examinations
- Close to three quarters of the residents (72%) have had no publications apart from dissertations for MBChB/MBBS and MPH

# Views of the residents

## Mentorship:

- Only one out of four residents believe mentorship is offered during training.
- More than three quarters of the residents (78%) believe a **formal assignment of mentors to trainees** by faculties during training would be most helpful
- All the respondents agreed mentorship would support their training and shape their career

## Terminal assessment:

- More than three quarters of respondents considered the **current examination format as appropriate** for their training
- Close to a quarter (24%) **wished the use of the long and short cases** for clinical examination at the membership level, should **be replaced** with an OSCE or OSPHE

# Views of the residents

## Financial obligations:

- The survey identified 75% of residents self-finance their training
- In this assessment, **only a quarter obtained study leave with pay** for their residency
- Residents admitted trainees do not pay fees for the training, however, they deemed the **financial obligations before a terminal assessment as exorbitant**
- The residents (78%) viewed the **fees paid for certificates as exorbitant-** after paying examination fees and that **fees must be quoted in the local currency**

## Conclusion

- Getting into residency in WACP is relatively straightforward
- Most residents do not enjoy a formal mentorship and tutorship during training
- Residents are generally happy with the format of examinations – and wished all faculties would use OSCE/ OSPHE
- Financial obligations on residents is quite burdensome. Though training is free, a number of ancillary programs come with (what they believe) huge financial burden

## Recommendation

- Formal assignment of mentors and tutors as part of the training-- faculties should look at coaching and mentoring seriously
- WACP- Needs a policy on supervision, mentoring and coaching
- Need to create opportunities in building research capacity at both membership and fellowship level in WACP– the case for members as lecturers
- Move towards OSCE/OSPHE by all faculties should be expedited
- Residents who self-sponsor must be given opportunity for some government support (if at all possible)?

## **Acknowledgement**

Residents- Community Health, Korle Bu Teaching Hospital, Accra,  
Ghana

**Thank you!**