

MOH & MOSHE

Guideline for the Implementation of Ethiopian Residency Matching Program

Strategic Steering Group

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This guideline is subject to revision at least every year and can be amended as deemed necessary by the SSG

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Acronyms

ERMP: Ethiopian Residency Matching Program

EBRMP: Exam Board for Residency Matching Program

MOH: Ministry of Health

MOU: Memorandum of Understanding

MOSHE: Ministry of Science and Higher Education

RHB: Regional Health Bureau

SSG: Strategic Steering Group

I. Background

The Government of Ethiopia recognizes that healthcare is one of the crucial components of basic social services with direct linkage to growth and development of the country as well as to the welfare of the society. Accordingly, Ministry of Health is committed to reduce morbidity, mortality, and disability and to improve the health status of the Ethiopian people through accessing basic health services. (FMOH, 2011)

Attainment of the sustainable development goal depends partly on ensuring universal access to health through enhancing quality and quantity of health workforce who can provide ranges of health care services including advanced and specialized care. Hence, Ministry of Health has rightly identified strengthening advanced training of health workers as one of the strategic priorities of the national human resources for health.

Among these strategies are to:

- Expand residency training programs through increasing the number and enrollment capacity of training institutions
- Increase the number and capacity of faculty at the training institutions through availing fellowship opportunities

The rise in public needs for advanced and better-quality care, the epidemiological transition, rapid urbanization, rising health literacy, and broader social and economic changes occurring in the country necessitate increased quality and number of medical specialists. However, the existing health care service is not meeting those needs and changes. The country is not producing highly trained health professionals in enough quantity though there has been an increase in medical specialty training programs opening in past few years. Enrollment and output has been persistently low failing to match the supply of specialist doctors to population needs.

The training capacity during the pre-ERMP era was not fully utilized, with only a handful of universities running residency programs and graduating a small number of specialists. There was a tendency on part of some physicians to be trained only in a certain institution even though there are other institutions with comparable training capacity.

To address these challenges, in 2017 Ministry of Health has launched a national residency matching program which caters coordination, recruitment, testing, and matching of applicants for residency training programs centrally. Since then more than 4000 GPs have been matched and deployed to different institutions nationwide in 22 specialties.

II. Objectives of ERMP

The program is intended to create a well-functioning and efficient system of residency matching under the leadership of Ministry of Health to have well trained specialists in adequate number and quality so as to meet the health needs of the people. The program is also intended to assure all schools with residency program to have enrolled to their full capacity, applicants get accepted to their preferred program and institution, schools with residency program to meet the minimum requirement and aspire for quality and most sought-after program and strive to be and remain competitive to attract the best applicants.

III. Definitions

- **Candidate:** An eligible applicant to the residency matching program
- **Declaration:** a statement that announces the candidate's responsibility for the information provided during application and the consequences thereafter.
- **Eligible applicant:** A licensed medical doctor with or without sponsorship. However, be reminded that after matching all matched applicants except the foreign ones MUST produce evidence to the registrar office proving that they are free from any government obligation as a General Practitioner.

- **Foreign applicant:** an applicant from foreign countries to pursue residency program in Ethiopia
- **Foreign graduate:** is a medical doctor who studied in a recognized medical school abroad.
- **Matching:** Applicant's choice of specialties and institutions are matched with candidates' performance in centrally administered written entrance exam
- **Resident:** A candidate who is accepted to clinical residency program, registered and started education
- **Self-sponsor:** A candidate who planned to support him/herself (except tuition fee) during the period of residency training.
- **Sponsor:** Ministry of Health or federal institutions (Federal police, Ministry of defense, etc...) or private or charity organizations or foreign applicants with or without scholarship that supports the resident financially during the period of training and deploys them to work by the end of the training.
- **Standardization of institutions:** supporting, encouraging, and enforcing institutions to meet the minimum requirement to start and or run residency programs in terms of infrastructure, human resource, residency well-being, vaccines, learning environment, housing, offices, duty room, laundry, patient load and mix as set by the professional associations. Standardization tool shall be endorsed by committee nominated by SSG

IV. Roles and Responsibility of stakeholders

A. Training Institutions' responsibilities

- Assign a delegate who can serve as SSG member
- Participate in consultative meetings organized by the SSG
- Participate in item developments workshops
- Conduct field specific physical assessments to candidates which are send to them. If a candidate found unfit, they can reject admission.

- Admit and register successful and fit candidates
- Conduct the learning-teaching as per the its rules and regulation
- Manage residents as per its rule and regulation

B. MOSHE

- Chair the strategic steering group
- Responsible with all communication and follow-up of the universities
- Call regular and extraordinary meetings
- Draft meeting agendas and announce the meeting date and venue
- Communicate with other stakeholders as needed on technical issues.
- Maintain all data and records together

C. MOH

- Communicate meetings
- Facilitate financing of SSG
- Set action plan for the SSG with detailed budget
- Communicate meeting agendas two weeks prior to the meeting
- Prepare and distribute minutes to board members
- Presents the SSG recommendations to higher bodies in written form
- Collect and disseminate relevant documents that are approved by the Chairperson
- Keep copy of documents and records of the SSG and the examination board
- Facilitate funding to cover residents' salary from Ministry of Finance to the respective medical schools
- Develop a detailed implementation plan for national residency matching
- Centrally manage the recruitment, examination and placement of residents to the universities

- Follow, direct and execute the periodic guideline revision and implementation
- Organize a consultative workshop with broader group of stakeholders
- establish adhoc committees as needed
- Quality control and assessment of the residency matching program
- Support quality assurance offices of universities on development of standardization tools
- Monitor, evaluate and improve ERMP
- Propose new members of SSG
- Chair meetings in the absence of the Chairperson
- Organize awareness creation and advocacy activities

D. SSG

- Oversee the overall ERMP activity
- Produce guideline for the national residency matching program and make periodic revisions
- Support the implementation and development of ERMP
- Approve the minutes of the last meeting with input from members
- Approve new members of the SSG
- Define membership, mandates and accountability of the ERMP

E. SSG Members' responsibilities

- Participate in SSG meetings
- Provide technical inputs and resources in the SSG
- Complete individual assignments on time
- Follow standard meeting procedures and activities
- Propose an agenda for a meeting
- Each member has one vote

V. Training Institutions

- These are either university-based or hospital-based medical schools which are recognized to run clinical medicine graduate program in specific discipline after being evaluated as per the agreed up on standard and fulfilled the minimum requirement (accredited). These schools / institutions can be public or private owned.

VI. Recruitment

Who can apply?

- A medical Doctor (MD) or holder of equivalent degree (for British system schools) graduated from MOSHE recognized institution or any accredited medical schools abroad and recognized by the respective regulatory body. Foreign graduates must produce evidence of equivalence from HERQA.
- Since medium of instruction is English, foreign applicants must be fluent in writing and spoken English and are encouraged to learn the major language in the area they are assigned.
- Any certified and licensed medical doctor fulfilling the above criteria can apply for residency whether she/he has sponsorship or is self-sponsored. However, the following quota allocation will apply during matching.
 - A minimum of 90% is dedicated for candidates sponsored by government (MOH, Defense, Police, prison etc...)
 - A maximum of 5% is dedicated for candidates sponsored by private and charity institutions and for those who apply for self-sponsorship
 - A maximum of 5% is dedicated for candidates from foreign countries (requested by Ministry of Foreign Affairs)
- If the private/charity organizations, foreign applicants and self-sponsored applicants do not utilize, the allocated quota will be used by government sponsored.
- Medical doctors who have been already matched and registered for education in the previous years are not eligible.

- Those candidates who were denied matching last year for similar reasons might apply this year if they can produce an evidence from the school where they have been registered proving that they have permanently left the school.

How can they apply?

- The first step is to apply to sit for the written entrance exam. This is done through the online registration system on the dedicated website. The following **MUST** be included:
 - Completed Application form
 - During application, candidates **MUST** upload
 - Scanned copy of valid (active) medical licensure certificate or letter of employment.
 - Scanned copy of the application fee receipt.
 - If the candidate is serving in any health institution, scanned copy of an official letter that indicates service year in full months.
 - Sponsorship letter (for those who are sponsored by higher learning institutions (universities) or private or charity institutions or by federal sponsors (federal police, prison, defence etc...)).
- Declaration of health status: Applicants are advised to conduct thorough medical checkup (for the field they are competing for) before completing the application to avoid latter discomfort. However, applicants must know that respective departments will do medical check-up as it is stated in the curriculum to attest it.
- Foreign applicants should upload a scanned copy of a letter from the Ethiopian Ministry of foreign affairs or MOSHE.
- After processing the application, exam dates and list of eligible candidates with allocated exam centers will be announced.

What do they apply for?

- A candidate can apply for up to **two specialty** fields and rank them based on his/her interest. If the candidate fails to get his/her first choice, he/she will compete for his/her second choice. Candidates are advised to read the declaration in annex-I and II and ensure that they chose the appropriate field for their condition.
- A candidate can choose up to a maximum of five places of studies for a specific specialty in ranking order.
- Candidates who are sponsored by higher learning institutions (universities) or private or charity organizations or by federal sponsors (like defense, police ...etc) should rank all the programs and institutions they choose as to his/her sponsor's preference.

When do they apply (register)?

- Application - within a period specified in the instruction for application (registration).
- Screening - during registration period and two weeks after the last day of registration.
- Incomplete registrations will be automatically deleted in 72 hours from the startup of registration.
- Examination - after screening (to be decided accordingly)

How frequently can they apply?

- Candidates can apply every year, but in a year, an applicant is able to register only once. Those who register multiple times using different accounts will be disqualified from the competition.
- Those who already have been matched in the previous years, but not registered and not started education as a resident are eligible to apply for this year's ERMP.

- But, if a matched candidate refuses to join the program he/she matched for in two consecutive years, he/she will not be eligible to compete in the next round ERMP.
- Those who already have been matched in the previous years registered and had started education as a resident are not eligible to register in this year's ERMP. If found, they will be disqualified from the competition.
- Those who were matched, registered and started education before ERMP 2020 and denied matching in 2020 must produce evidence as they permanently stopped education from the medical school in which they started education for reconsideration.

Application fee

- Ethiopian citizens – 300 Birr
- Foreign applicants – 50 USD
- Waiver for candidates coming through Ministry of Foreign Affairs
- Payment mechanism:
 - through an account at Ethiopian Commercial Bank (account number **1000000984877**) owned by MOH

Who can take the residency entrance examination?

- An applicant whose eligibility has been verified and listed to sit for the exam.
- Applicants who properly submitted their application (application in draft status will be disqualified)
- Candidates with duplicate applications and those who had matched in previous years and started residency will not be allowed to sit for examination.
- Candidates who uploaded inappropriate documents will not be allowed to sit for examination. He/she will also be denied from competing in the next academic year.

About the entrance exam

The entrance exam is only multiple-choice question (MCQ). The MCQs are mostly case-based with little or no recall questions.

The objective of the MCQ exam is to assess the applicant's knowledge and practice in general medicine. All applicants (including foreign applicants) must take exams.

- The MCQ covers all medical disciplines including ethics and professionalism based on the blue print.
- The MCQ exam will be administered to all candidates at the same time through computer.
- The MCQ (200 questions) accounts for 100% of the total score
 - This exam is organized in to two parts (100 questions each)
 - Part-I will be given in the morning and part II in the afternoon.
- 1.5 minutes is allotted for each question

Affirmative action

- Female candidates will get additional 5% of their total mark as indicated in most universities senate legislations.
- Those who produced evidence as they have provided service will get additional score as per the following denominations:
 - 2 years' or more service, 2% of their total mark
 - [1-2) years' service, 1% of their total mark

Result Notification

- Result out of 100% will be posted on the ERMP website within two weeks after the exam.

VII. Field and Place of Study Choice Revision

Candidates can revise their field choice and place of study after seeing the result.

In doing so;

- De-identified result of all examined candidates will be shared to all examined candidates
- Within one week, each applicant will be able to revise and edit his/her field and place of study. If they do not do so in a week time, the initial choice (made during application) holds true.

VIII. Matching and Assignment

- Matching is not simply placement of applicants for a program and place of study; it is rather valuing the merit of good performers so that quality is maintained.
- Applicants preference for specialty is considered first to do the matching followed by institution choice. Those candidates with high score are given their preference first and then the rest gets their choices based on their score. Those with highest scores are likely to get their preferred specialty and school.
- In case of tie (if two candidates with same result are competing for one spot);
 - Female candidate will be given priority
 - If they are of same sex, the candidate with longer service year will be given priority
 - If they are of same sex and have same year of experience, then ranking order of field of study and place of study will be considered.
 - If they are of same sex and have same year of experience, and in cases where the order of field and place of study choice is the same, lottery method (software's preference) will be applied.
- It must be noted that only those meritorious applicants will be matched as the available residency spots are much less than the number of applicants.

- Choose programs which you know and where you will be happy. Consider geographic location, competitiveness of program, and your true interest in a specialty. If you aren't honest with yourself in your selection, then you'll end up in a residency program which will fail to meet your professional needs.
- Unmatched candidates have the following options;
 1. Based on their total score, they can be listed in reserves for their **first field** of choice and first choice of institution only. Please NOTE that candidates who are already matched (even with their 2nd choice) cannot be considered in the reserve list.
 2. For fields where there are no enough reserves, unmatched candidates will be invited to apply.
 3. "Scramble": when the ERMP announces vacant spots, they can apply for those spots even if they were not their choice during registration. However, securing sponsorship or declaration to support self is a must.
 4. Remained unmatched for the academic year

Post matching procedures

- Matching result of all institutions including all fields and available vacant spots will be posted. Candidates will be notified about their assignment through the website.
- E-mail will be sent to every candidate stating his/her status
- Official letter with names of matched candidates will be sent to all institutions running residency program in their respective specialties.
- Any transfer request from one program to another is totally unacceptable. Transfer request from one institution to another will not be entertained here at MOH at any time, but it can be addressed by the respective institutions **as long as an applicant has been registered as a resident, completed R-I and scored a pass mark to R-II.**

Post-matching special scenarios

- Candidates will not be matched to a program they did not apply or sponsored for. Those candidates who do not get matched to any of the specialties they applied for have the following options.
 - Can scramble for any vacant position if announced
 - Based on their merit can be considered in the reserve list for their first choice of field and first choice of institution.
 - Waiting for another year to take the exam.
- If a matched candidate changes his/her mind and refuses to join the program he/she matched for in two consecutive years, he/she will not be eligible to compete in the next round ERMP.

Appeals

- **Appeal on the result** is made through the email address of the residency program of the ministry: ethionrmp2021@gmail.com within one week after result notification
- **Appeal on matching** is made through the email address of the residency program of the ministry: ethionrmp2021@gmail.com within two weeks after matching
- Response for the appeal will be given within one week after the last date of the appeal
- No appeal is entertained in person at MOH.
- Candidates must be reserved from any harassment or offense of the ministry staff in whichever way during appeal or any other time. If happened, the SSG will disqualify them, deny matching, deny ERMP examination for the next application/s upon SSG decision and even ask them legally
- For any other information regarding registration, exam administration, matching and deployment you can dial to the hot line # 952 of the Ministry of Health on Monday to Friday during working hours.

IX. Sponsorship:

The following options are possible to be considered as sponsor.

A. Central sponsorship by MOH:

- Any Ethiopian medical residency candidate is eligible to seek for MOH sponsorship as far as he/she commits to serve in the public system after graduation; but priority will be given for those candidates with service of two years and above.
- While offering central sponsorship by MOH, **priority** will be given for those who provided service as a GP (2 years and above).
- A candidate who seeks for central sponsorship will sign legal sponsorship agreement with MOH after matching using the agreement form in annex III.
- They will be disconnected from their former employer (RHB, Hospital or Training Institution) and get employed in the training institutions they are assigned to for the period of their residency training.
- If one discontinues his/her education at certain point, there is no guarantee to attain a general practitioner position in the public system.

The steps to follow for central sponsorship are the following:

- I. Candidates will sign the sponsorship agreement using the approved agreement form with the MOH legal directorate. An arrangement will be made to handle the agreement signing in respective schools.
- II. Candidates need to print the form (four copies), make the guarantors sign on the respective places and present the forms to the MOH legal directorate. **Detailed information on the implementation of the sponsorship agreement will be available after a discussion with respective offices.**
- III. The signing of the sponsorship agreement is in four copies (two copies to be submitted to MOH, the third to the school they are assigned to and the fourth to themselves).

- IV. Candidates are accountable to submit one of the signed agreements copy in sealed envelope to the school they are assigned to while registering.
- B. **Higher Learning Institutions as Sponsor:** are those candidates who are employee of a higher learning institution (university) and sponsored by that institution.
- C. **Federal institutions as sponsor:** These are candidates who are to be sponsored by federal institutions (like federal prison, police, ministry of defense etc). They are required to upload a scanned copy of a valid sponsorship letter in the space provided and write the name of the sponsoring organization.
- D. **Charity organizations as sponsor:** These are candidates who are to be sponsored by any charity organization, thus they are supposed to sign a sponsorship agreement with their sponsoring institution/organization. They are required to upload a scanned copy of a valid sponsorship letter in the space provided and write the name of the sponsoring organization.
- E. **Private organizations as sponsor:** These are candidates who are to be sponsored by any private organization, thus they are supposed to sign a sponsorship agreement with their sponsoring institution/organization. They are required to upload a scanned copy of a valid sponsorship letter in the space provided and write the name of the sponsoring organization.
- F. **Self-sponsor:** Any applicant who wishes to support him/herself for the period of residency training (except tuition fee).
- G. **Foreign applicants:** these candidates are those who either got partial scholarship (tuition fee waiver only) by the Ethiopian Government or fully paying candidates. Those who are given partial scholarship must upload their evidence (a letter from the Ethiopian ministry of Foreign Affairs) during online application.

Sponsorship change:

- a. A candidate who had a sponsor during application can change to self-sponsor status after matching but, before start of education.
- b. If MOH gets convinced, a self-sponsor can change his/her status to government sponsor status any time as long as he/she has more than two years' service before the start of his/her residency and signs an agreement with MOH to serve the public after completion of the residency training.

X. Admission and Registration

From 2014 Ethiopian academic year on, all colleges/ schools agreed to admit residents during the months of **December-January.**

Admission and Registration: Successful candidates are expected to report to the department / school they matched for within the department/ school deadline. Those candidates who did not register within the deadline will not be entertained; instead reserve candidate will be replaced.

Training institutions will notify the list of candidates who didn't register in the deadline to MOH within one week. The ERMP secretariat will immediately assign from reserves. Reserves must start education within one month of start of education.

Post Registration scenarios: After registration and starting residency training and have grade record (pass mark), rules and regulations of the respective college/school apply for all. However, change of field of study is strictly prohibited since it seriously affects the merit-based matching and the sponsor's human resource development plan.

Official Transcript: While registering at the registrar office matched candidates are responsible to process official copy of their undergraduate transcript from the school/ university where they studied medicine to the school/university to where they are matched for residency.

The school/university where respective candidates received MD degree, need to cooperate in sending the official transcript when requested by candidates as long as they fulfill the legal requirement. For MOH sponsored candidates, letter to respective universities may be written through MOSHE.

Clearance: During registration at the registrar office of the respective institutions, those matched candidates who have been employed in a public institution as a GP should come with an official clearance letter from their organization (dated and stamped).

XI. Salary and Incentives of Public Sponsored Residents

- **General considerations**
 - MOH and MOSHE created understanding on the salary payment modality for MOH sponsored residents.
 - Ministry of Health and Ministry of Finance crated understanding on allocation of funding for salary of residents sponsored by MOH.
 - Ministry of Science and Higher Education communicates to higher learning institutions to pay salary to residents sponsored by MOH.
- **Source of Funding:** Federal government will allocate budget to cover the salary, incentives, duty payments and research funding of MOH sponsored residents during training. It must be noted that this does not include candidates sponsored by higher learning institutions, private institutions, charity organizations, federal institutions (like defense, police etc), self-sponsored ones and foreign countries sponsored residents.
- **Way of effecting payment:** Residency Training institutes will request budget as per the expenses they had for residents' payment.
- **Amount of Salary:** Matched MOH sponsored candidates will earn a uniform salary amounting the salary of a beginner lecturer. In doing so, public sponsored candidates will sign contract agreement with the training institution for the period of the training.
- **Incentives:** these include allowances that are given to residents during the period of training for housing, transportation and stationary allowances on monthly basis.

- **Duty Payment:** Each resident will receive duty payment as per the Civil Service Commission duty payment guideline published on “Sene” 29, 2001 Eth. Calendar.
- **Research Budget:** Each public sponsored resident will receive budget from the school to conduct research as per the training institution legislation.
- **Leaves:** A resident will have 4 weeks annual leave each year. A pregnant resident can take legally permitted 4 months leave, but she must know that she might not go with her cohorts.
- **Dropout/withdrawal:** if a resident drops out or takes withdrawal he/she will be governed by the institution’s rules and regulations and by the contract agreement he/she signed with the institution.

XII. Deployment and service year

- Each MOH-sponsored candidate is expected to serve in public institution to where he /she has been deployed by MOH. Detailed deployment guideline will be deployed by Ministry of Health together with institutions and other concerned bodies.
- Accordingly, MOH will collect information on demand and facility readiness from regions, city administrations and training institutions and deploy specialists.
- The duration of service will be as per the official sponsorship agreement.
- For candidates who either didn’t finish their compulsory service as general practitioner or didn’t pay-back their undergraduate cost-sharing expense (loan), the remaining year of service will be added in their service as a specialist.
- In doing so, while signing the sponsorship agreement, matched MOH-sponsored candidates need to attach during application the official evidence that shows duration of service from the institution they were working (if any). Otherwise, no evidence will be considered as zero year service.

Annex I: Declaration by applicants

We advise applicants to undergo meticulous medical (general, ophthalmologic) examination before completing this declaration.

1. I am solely responsible for the ranked choices of specialties and institutions and for the match outcome based on these choices
2. I understand that I should report to the program and institution I am matched to within the deadline and failing to report might affect my result in being unmatched for the academic year
3. I understand that both the residency program and myself as an applicant are bound by the result of the Match. I also understand that my actual entry into the training program is contingent upon satisfactory completion of the medical fitness prerequisites set by the program.
 - e.g. for surgical fields including Ophthalmology, Otolaryngology HNS and other surgical fields requiring specific fitness tests, prior medical fitness test (physical disability assessment, ophthalmic examination including Visual Acuity, color vision test, stereopsis, alignment tests and slit-lamp examination) is the responsibility of the candidate. See the “Physical and Visual Standards for Residency Candidates” in annex II.
 - **In case the department for which I am matched denies me a spot for registration because of any health-related issues, I do agree to consider myself as unmatched.**
4. I understand that the ERMP cannot guarantee my continuation of training in the residency program rather this is contingent upon my performance as a resident based on the curricular requirements of that specific program.
5. I declare that I have no medical conditions that can hinder my performance in any of the residency programs I have listed for matching.
6. I declare that I have no obligations that prevent me from accepting the matched institution or program.
7. I authorize the use of any information I provided in any study approved by the ERMP provided that the information is kept anonymous and unique identifiers are not revealed.

Annex II: Physical Examination details for surgical fields

Background: Occupational Visual standard is a terminology referring to the requirement of a particular level of vision to be able to perform surgical procedures effectively and safely.

Visual abnormalities are common in the general population. Literatures show that 8% of males are colour blind (1) and 3% of the public is stereoblind (2). These abnormalities are treatable in adults.

As visual abnormalities could affect candidates' performances and may harm patients, individuals with these abnormalities are not advised to pursue a career in surgical performance.

With aim of protecting the public and the surgical practitioners, this physical and visual standard is developed to help candidates to conduct checkup prior to applying to join a specific surgical program.

The physical fitness test detail requirements are shown below.

1. **General Dexterity:** there shouldn't be major physical disability affecting gross and fine motor activities.
2. **Visual Standards for surgical fields in Ethiopia**
 - Distance vision, with or without correction,
 - 6/9 or better monocularly, and 6/6 or better binocularly.
 - Near vision of N5 at 30-50cms.
 - Refractive error must not exceed
 - +5.00 to -6.00 dioptres along the most ametropic meridian,
 - with no more than 2.00 dioptres of astigmatism and
 - no more than 2.00 dioptres of anisometropia.
 - If the visual requirement is met only with the use of correction, the spectacles or contact lenses must provide optimal visual function.
 - Normal binocular vision. Heterophorias not exceeding
 - 10Δ esophoria,
 - 8Δ exophoria,
 - 2Δ hyperphoria at distance or 8Δ esophoria, 12Δ exophoria, 1Δ hyperphoria at near.
 - Normal convergence.
 - For Ophthalmology and Neuro surgery residency /fellow applicants
 - stereo acuity should be ≥ 40 Sec arc.
 - for surgery and Gyn-Obs ≥ 200 sec arc.
 - Normal color perception (defined as no mistakes on Ishihara plates).

Annex III: Applicant and MOH/ Training Institutions Sponsorship Agreement form



ጤና ሚኒስቴር - ኢትዮጵያ
MINISTRY OF HEALTH - ETHIOPIA

የሰፔሻላይዜሽን የትምህርት ዕድል ያገኙ ሐኪሞች ከሥልጠና በኋላ የሚጠበቅ መብትና ግዴታ በተመለከተ የሚደረግ የውል ስምምነት እኔ ዶ/ር _____ አድራሻ ክልል/ከተማ _____ ዞን _____ ከተማ _____ ቀበሌ የቤት ቁጥር _____ ስልክ (የመ/ቤት) _____ የግል ስልክ ቁጥር (የግብይት) _____ የሆነና የ _____ ሆስፒታል ሠራተኛ የሆኑ አሁን በ _____ የኒቨርሲቲ ገብቼ እንደሚገኝ ጤና ሚኒስቴር ስፖንሰር ተሰጥቶኛል። አንድ ጀምሮ የአካዳሚክ ጠቅላላ ሃኪም (lecturure) የሚከፈለውን ደመወዝ 11305 (አስራ አንድ ሺ ሦስት መቶ አምስት) ብር እና ሌሎች ጥቅማጥቅሞች (የቤት ኪራይ፣ የትራንስፖርትና የጽሕፈት መሣሪያ) በአዲስ አበባ ከተማ ውስጥ ባሉ የሰልጠና ተቋማት ለተመደበ ብር 2750 (ሁለት ሺ ሰባት መቶ ሃምሳ)፣ ከአዲስ አበባ ከተማ ውጭ ባሉ የሰልጠና ተቋማት ለተመደበ ብር 2350 (ሁለት ሺ ሦስት መቶ ሃምሳ) በድምሩ እንደ ቅደም ተከተሉ 14055 (አስራ አራት ሺ ሃምሳ አምስት) ብር ወይም 13,655 (አስራ ሦስት ሺ ስድስት መቶ ሃምሳ አምስት) ብር በየወሩ እየተከፈለኝ ትምህርቱን ለመቀጠል ተስማምቻለሁ። የምርምር ወጭም በመንግስት ይሸፈናል። ትምህርቱን መጨረሱን የሚገልጽ ማስረጃ ከትምህርት ክፍሉ እንደተሰጠኝ የኒቨርሲቲ የሚረቃ ፕሮግራም ጊዜ ሳልጠብቅ ስፖንሰር ወደ አደረገኝ የኢትዮጵያ ጤና ሚኒስቴር በመቅረብ ሪፖርት ላደርግና በመደበኛ ቦታ በትምህርት ላይ የቆየሁበትን ጊዜ ያህል አገልግሎት ልሰጥ ተስማምቻለሁ።

ከመንግስት ጤና ድርጅቶች በአንዱ ተመድቤ የአገልግሎት ግዴታዬን ሳልወጣ የሙያ ፈቃድም ሆነ የሰፔሻላይዜሽን ስርት-ፊት ስራው ለእንደሚገኘው ወይም ተስማምቻለሁ። ምክንያቱ ምንም ይሁን ምን ግዴታዬን በአገልግሎት ክልተውጣሁ ስፖንሰር ላደረገኝ የጤና ሚኒስቴር በትምህርት ቆይታዬ ጊዜ የተከፈለኝ ወርሃዊ ደመወዝ ፣ ወርሃዊ የቤት ኪራይ ፣ ወርሃዊ የፎቅቱ እና የምርምር ጥቅማጥቅም ፣ 9% (ዘጠኝ በመቶ) የባንክ ወለድ ተሰልቶ ልከፍል ተስማምቻለሁ። በዚህም ስለት መሰረት ስፖንሰር ላደረገኝ የጤና ሚኒስቴር (ሙያው በሚፈልገው የትምህርት ጊዜ መሰረት ከሚከተሉት አንዱ ይከበዛል)፡

ተ.ቁ	የትምህርት ደረጃ	የክፍያ መጠን በብር	
		ከአዲስ አበባ ከተማ ውስጥ ባሉ የሰልጠና ተቋማት ለሚሰጡ	ከአዲስ አበባ ከተማ ውጭ ባሉ የሰልጠና ተቋማት ለሚሰጡ
1	ሦስት ዓመት	551,518.2	535,822.2
2	አራት ዓመት	735,357.6	714,429.6
3	አምስት ዓመት	919,197	893,037

ልክፍል ተስማምቻለሁ።

በጠቅላላ ሐኪምነት አገልግሎት ግዴታ ላልጨረሰ/ ወጪ መጋራት (ብድር) ላልከፈለ፣ እንደ አጠቃላይ ሐኪም የግዴታ አገልግሎትን ስላልጨረሰው ወይም የመጀመሪያ ዲግሪ ወጪ መጋራት (ብድር) ስላልከፈለው የቀረኝ የአገልግሎት ጊዜ በሰፔሻላይዜሽን የአገልግሎት ጊዜ ውስጥ እንዲጨመር ተስማምቻለሁ። የውል ተቀባይ ፈርማ _____

ልክፍል ተስማምቻለሁ። ለዚሁም 1ኛ _____ 2ኛ _____ 3ኛ _____ ዋስ ጠርቻለሁ። እኛም ስማችን ከ1ኛ-3ኛ ተራ ቁጥር የተጠቀሰው ዶ/ር _____ የሚፈለገውን አገልግሎት ካልተወጣ በትምህርት ቆይታው ጊዜ ከመንግስት የተከፈለውን ካልከፈለ በጋራ ወይም በተናጠል ለመክፈል ተስማምተን ፈርመናል።

የጤና ሚኒስቴርም ከላይ በተጠቀሰው ውል መሠረት በየወሩ ደመወዝና ጥቅማ ጥቅሙን እንዲሰጥ ከተመደበበት የኒቨርሲቲ እያገኘ ትምህርቱን እንዲከታተል ሁኔታዎችን ለማመቻቸትና ትምህርቱን ለመጨረሱ ማስረጃ ከትምህርት ቤቱ ወይም ትምህርት ክፍሉ እንዳቀረበ በሠለጠነበት ሙያ መነሻ ደመወዝና የተወሰነ ጥቅማጥቅም በመክፈል በሃገሪቱ ባላው ክፍት ቦታ መድበን ለማሠራት ተስማምተናል።

ውል ተቀባይ
ዶ/ር _____ ፊርማ _____ ቀን _____

የዋስትና አፈጻጸምን በተመለከተ የጤና ሚኒስቴር ከህግ አገልግሎት ዳይሬክቶሬት ጋር በመነጋገር ቀጣይ መረጃ ይሰጣል።

ዋስትና	የዋስ ባለቤት (ያላገባች ከሆነ ከሚኖሩበት ቀበሌ ማስረጃ)
1ኛ ዋስ ስም _____	ስም _____
ፊርማ _____	ፊርማ _____
ቀን _____	ቀን _____
2ኛ ዋስ ስም _____	ስም _____
ፊርማ _____	ፊርማ _____
ቀን _____	ቀን _____
3ኛ ዋስ ስም _____	ስም _____
ፊርማ _____	ፊርማ _____
ቀን _____	ቀን _____

ውሉን ያስሞላ ሠራተኛ

ስም _____

ኃላፊነት _____

ፊርማ _____

ቀን _____

ስምምነቱን ያጸደቀ የውልና ማስረጃ ባለስልጣን ሥራ አስፈጻሚ

ስም _____

ኃላፊነት _____

ፊርማ _____

ቀን _____

ውሉን ያጸደቀና ስፖንሰርሺፕ የሰጠ ኃላፊ

ስም _____

ኃላፊነት _____

ፊርማ _____

ቀን _____

ይኸ የውል ስምምነት በአራት ቅጽ ተሞልቶ ከተፈረመ እና ከፀደቀ በኋላ አንዱ ኮፒ ለጤና ሚኒስቴር የህግ ዳይሬክቶሬት ፤ ሁለተኛው ኮፒ ለጤና ሚኒስቴር የሰው ኃብት ልማት ዳይሬክቶሬት ፤ ሦስተኛው ኮፒ ላላም ለተመደበበት ትምህርት ቤት እና አራተኛው ኮፒ ላላም ለሚሰጥበት የሰው ኃብት ልማት ዳይሬክቶሬት እና ላላም ለተመደበበት ትምህርት ቤት የሚሰጠውን ኮፒ በፖስታ አሸጎ ማስረከብ ይኖርበታል።