

# ERMP 2025

## Guideline for the implementation of Ethiopian Residency Matching Program

MOH & MOE

Strategic Steering Group

December 2025 Revised and Approved

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

**EO:** Executive Office

**ERMP:** Ethiopian Residency Matching Program

**ETA:** Education and Training Authority

**GP:** General Practitioner

**HLI:** Higher Learning Institution

**HMC:** Hospital Medical College

**HWF:** Health Work Force

**LEO:** Lead Executive Office

**HR:** Human Resource

**MOE:** Ministry of Education

**MOF:** Ministry of Finance

**MOH:** Ministry of Health

**MOU:** Memorandum of Understanding

**NGAT:** National Graduate Admission Test

**RHB:** Regional Health Bureau

**SSG:** Strategic Steering Group

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# 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, the 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 the quality and quantity of the health workforce who can provide ranges of health care services including advanced and specialized care. Hence, the 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 number and quality of medical specialists. However, during the pre-ERMP era, the health care service in the country did not meet those needs and changes. The country was not producing highly trained health professionals in adequate quantity though there had been an increase in medical specialty training programs in few institutions. Consecutively, enrollment and output were persistently low, failing to match the supply of specialist doctors to population needs.

Thus, until the year 2017, the training capacity was not fully utilized, with only a handful of universities running residency programs and graduating a small number of specialists.

There was a tendency for some physicians to be trained only in a certain institution even though there were other institutions with comparable training capacity.

To address these challenges, in 2017 Ministry of Health launched a National Residency Matching Program which was lately renamed as Ethiopian Residency Matching Program (ERMP). It caters coordination, recruitment, exam, and matching of applicants for residency training centrally. Since then, more than 10,000 GPs have been matched and deployed to 22 institutions nationwide in 23 specialties.

## II. Definitions

- **Candidate:** An eligible applicant to the residency matching program.
- **Declaration:** a statement that states the candidate's responsibility for the information provided during application and the consequences thereafter.
- **Eligible applicant:** A licensed medical doctor with work experience (as a general practitioner) **of 1 year** and above, who can attach all the required documents during registration, who is not an active resident currently, and who did not match last year.
- **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.
- **Higher Learning Institutions (HLI):** these are government owned universities or colleges in Ethiopia who agree to sponsor general practitioners working in their facility for the Ethiopian Residency Matching Program.
- **Matching:** Applicant's choice of specialty and institutions are matched with candidates' performance in centrally administered written entrance exam.
- **Resident:** A candidate, who is matched through ERMP, registered by the respective school, and started training and clinical service.
- **Self-sponsor:** A candidate who planned to support him/herself during the period of residency training. He/she is not entitled to pay for tuition fee as long as he/she is a citizen of Ethiopia. (for more, please refer the details under Sponsorship).

- **Sponsor:** is a specific organization that supports the residents financially during the period of training and deploys them to work by the end of the training. These are MOH, higher learning institutions (HLI), or federal institutions (Federal police, Ministry of defense, etc...) or private or charity organizations or foreign applicants (with or without scholarship).
- **Standardization of institutions:** supporting, encouraging, and enforcing institutions to meet the minimum requirement to start and/or run residency program in terms of human resource, infrastructure, equipment, patient load and mix as set by the national standard for postgraduate medical training developed by respective professional associations, and also on residents' well-being, learning environment, housing, offices, duty room, laundry, and etc.
- **Training institutions:** these are public or private owned either university-based or hospital-based medical schools, recognized to run clinical medicine graduate programs (residency program) in specific disciplines after being evaluated by an external assessor team from the ministry and respective society experts as per the agreed upon standard and fulfilled the minimum requirement.

### III. Objectives of ERMP

The program is intended to create a well-functioning and efficient system of residency matching program under the leadership of the Ministries of Health and Education to have well trained specialists in adequate number and quality to meet the health needs of the people.

The program is also intended to make sure that all schools with residency programs are able to meet the minimum requirement set as a national standard and aspire for quality and strive to be and remain competitive to attract the best applicants. As a result, the program enables schools with residency program to enroll to their full capacity, and assures all applicants get accepted to their preferred program and institution.

## IV. Roles and Responsibility of stakeholders

### A. Training Institutions' responsibilities

- Assign a delegate who can serve as SSG member (usually a school dean).
- Participate in consultative meetings organized by the SSG.
- Participate in item development workshops.
- Collect the intake capacity of each department under that specific school for the year and send to MOH HRHDI LEO with official letter.
- Admit and register only those successful and fit candidates who are matched through the Ethiopian Residency Matching Program.
- Notify MOH with the list of candidates by program who are registered and have started residency training.
- Hire matched and newly deployed MOH sponsored candidates at the rank of a beginner lecturer on contract basis for the period of the training.
- Manage those hired candidates as per their contract and as per the rules and regulations of the institute.
- Conduct the teaching as per the rules and regulations of the institute.
- Request and secure budget every year from the Ministry of Finance for the salaries and benefits of residents of that specific institute sponsored by MOH.
- Submit a request to Ministry of Health to get deployed specialist doctors who have completed residency at their school or another school to their school for academic position.

### B. Ministry of Education (MOE)

- Chair the strategic steering group.
- Manage accordingly all academic and administrative issues raised by residents during their residency training (appeal on grade, dismissal etc.).
- Be responsible for all communication and follow-up of the universities.
- Communicate with other stakeholders as needed on technical issues.
- Maintain all data and records together.

## **C. Ministry of Health (MOH)**

- Set action plan for the SSG meetings with detailed budget.
- Call regular and extraordinary meetings.
- Draft meeting agendas and announce the meeting date and venue.
- Communicate meeting agendas two weeks prior to the meeting and facilitate SSG meetings and the financial expenses.
- Prepare and distribute minutes to SSG members.
- Presents the SSG recommendations to higher officials in written form.
- Propose new members of SSG.
- Chair meetings in the absence of the Chair body (MOE).
- Collect and disseminate relevant documents that are approved by the SSG.
- Develop a detailed implementation plan for national residency matching program.
- Centrally manage the registration, examination and placement of candidates through the Human Resource Development & Improvement LEO of the ministry.
- Centrally manage the agreement signing with residents sponsored by MOH through the Legal Service Executive Office of the Ministry.
- Facilitate salary payment of residents studying in four Hospital Medical Colleges namely: Yekatit12, Adama, Yirgalem and Myung Sung through the competency & Human Resource Administration and Finance executive offices of the ministry.
- Centrally manage deployment of graduated specialists sponsored by MOH through the competency & Human Resource Administration EO of the ministry.
- Follow, direct and execute the periodic guideline revision and implementation.
- Organize a consultative workshop with broader group of stakeholders.
- Conduct quality control and assessment of the residency matching program.
- Support quality assurance offices of universities on development of standardization tools and quality audit.
- Monitor, evaluate and improve ERMP with respective stakeholders.
- Organize awareness creation and advocacy activities.
- Establish ad hoc committees as needed.



## D. SSG

- Oversee the overall ERMP activities.
- Produce and periodically revise ERMP guidelines.
- Support the implementation 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 SSG meetings.
- Complete individual assignments on time.
- Follow standard meeting procedures and activities.
- Propose an agenda for a meeting.
- Each member has one vote.

# V. Recruitment

## A. Registration

### Who can apply?

- A medical doctor (MD) or holder of equivalent degree (for British system schools) who was graduated from any institution recognized by MOE or from any accredited medical school abroad and who can produce evidence of equivalence from ETA (for foreign graduates);
- and who:
  - has served **as a general practitioner** in any public or non-public facility for **at least 1 year** prior to the 1<sup>st</sup> date of the application period.

- can **attach the required documents** for registration including a national ID.
- ⊖ has a **PASS** certificate for MOE's **NGAT** exam.-
- ⊖ has a **sponsor** or declares to be self-sponsored.
- Did not match last year and who is **not an active resident** being matched in previous years ERMP.

### How to apply?

- Application is done through the online registration system on the dedicated website (MOH official website).
- Application – is within a period specified in the instruction for registration. (applications done before or after the official registration period will be discarded).
- During application **a scanned copy** of the following documents **MUST be uploaded**:
  - **undergraduate medical degree** original or tempo
  - valid **medical licensure** certificate
  - **application fee receipt**: dated and signed with CBE stamp, clearly visible, with the name of the applicant being marked initially or in the narrative part, or a copy of tele birr receipt
  - **a national ID (fayda)**
  - **a pass certificate of MOE's NGAT exam.**
  - **an official letter that indicates service year (as a general practitioner)** in full months, in which the end date refers to **not later than** the 1<sup>st</sup> date of the registration. Experiences from private organizations must indicate that the applicant had a taxed salary; For any **suspicious letter**, an applicant might be requested to submit an approval letter from the nearby government regulatory office.
  - **a recommendation letter** – written and signed by the head of his/her current organization stating the applicant's good conduct as a general practitioner.
  - **a sponsorship letter** – except for those sponsored by MOH and self-sponsored ones, every applicant should attach a sponsorship letter.
  - **a letter from the Ethiopian Ministry of foreign affairs or Ethiopian MOE** - *this applies to foreign applicants who wish to apply online and who are not benefiting from the scholarship scheme.*

- An applicant must check the box after reading the **declaration** (of health status)
  - By doing so, an applicant confirms that he/she has no any health issue which might forbid him/her from attaining the chosen specialty.
  - Applicants are advised to conduct a thorough medical checkup (See annex-II for the physical examination details) before starting to fill the application in order to avoid latter inconvenience.
  - However, applicants must know that respective departments will do a medical check-up as it is stated in the curriculum to attest it.
  - The declaration also confirms that the information provided by the applicant is genuine and the applicant takes all responsibility and accountability for issues coming consequently.
- Candidates who have served at a managerial position in a public facility for at least 1 year can attach their letter of evidence to benefit from the 5% affirmative point.

#### **What to apply?**

- A candidate can apply for **one or two specialty programs** and up to **a maximum of three places of study** for each chosen specific specialty in a ranking order.
- Candidates who are sponsored by HLI (universities)/private/charity organizations or by federal sponsors should select the specialties as to their sponsor's preference.

#### **How frequently can they apply?**

- Candidates can apply every year as long as they are not matched in the previous year. But in a year, an applicant is allowed to register only once. Those who register multiple times using different email accounts **will be disqualified** from the competition.
- Those who were already matched last year will be disqualified from the competition, no matter if they have been admitted by the institution to where they were matched, or not.
- Active residents are not allowed to be registered, and if found they will automatically be disqualified, and they will be even asked legally.

## Application fee

- **NON REFUNDABLE**
- For Ethiopian citizens – **650 Birr**, and for foreign applicants – **50 USD**
- Waiver for **foreign candidates** coming through the scholarship award.
- And also, MILITARY applicants from Ministry of Defence, federal police and federal prison are exempted from an application fee payment; so instead of an application receipt they can attach any document which states that they are military candidates.
- Payment mechanism through:
  - an account at Commercial Bank of Ethiopia (CBE)
  - **account number 1000000984877** owned by Ministry of Health

## Screening for Confirmation

- Starting from the second day of registration, a screening team of the ERMP secretariat will do a screening of each applicant's documents and verify the application parallelly with the ongoing registration.
- All applications, until they are verified by the ERMP team, will remain on **PENDING** status. Verification is done as per the order of their registration.
- If a candidate attaches all the required documents properly, his/her application status will be changed from PENDING to **CONFIRMED**; Once an applicant's status is CONFIRMED, he/she can go to the next page and select exam hub.
- But if the applicant fails to attach one or more of the documents, his/her application status will be marked as **NOT ACCEPTED** (with a reason in a box); The screening team will then go back and check the completeness of such applications later on, and for a maximum of two times. If the reasons given in a box are not clear, an applicant can request further explanation through the ministry's hotline service unit of 952 during working hours.
- If the applicant attaches any inappropriate document, she/he will be given an additional 24 hours to remove it and upload the appropriate one, assuming that it might be an unintentional act; but if not, the status of the application will be **REJECTED**, which means it is discarded.

## B. Examination

### Screening for eligibility to the exam

- Screening applicants' documents for confirmation will be done throughout the registration period, and then screening of those candidates eligible for the ERMP exam will continue for 1-2 weeks after the last day of registration.
- Applicants who have properly submitted their application will be considered as "eligibles" for the ERMP exam. Applications in a draft status will be disqualified.
- Candidates with duplicate applications, or those who have been already matched last year, or those who are currently active resident, will automatically be disqualified if found during screening or any other time then after.
- After screening, a list of eligible candidates with their exam centers and the specific date of the exam will be announced on the official website of the ministry. Any request for exam hub change will not be entertained.

### About the entrance exam

- Examination - after screening (the date to be decided accordingly).
- All applicants (including foreign applicants) must take the entrance exam.
- The exam will be administered to all candidates at the same time on computers.
- The entrance exam consists of multiple-choice questions (MCQ) which cover all medical disciplines including ethics and professionalism based on the blueprint.
- There will be two exams on one exam day.
- The ERMP MCQ part I exam of 100 questions will be administered in the morning.
- The ERMP MCQ Part II exam of 100 questions will be administered in the afternoon.
- 1.5 minutes is allocated for each question.
- Candidates will be allowed to check their score out of 100 for each exam (part I and II) at the end of each exam.
- The final average score of Part I & II MCQ exams accounts for 100% of the matching.
- In order to be eligible for matching, an applicant should have **a minimum average score (to be decided by SSG before matching)** out of 100% of the ERMP part I & II MCQ exam average.

### Appeal, result notification and revision of choice of specialty & place

- In a week (to be announced after the exam), results of all examined candidates will be posted on the ERMP website.
- In that same week of result notification, **appeal on the exam result** is made through **the hotline 952** of the Ministry of Health from Monday to Friday in working hours.
- Parallely during the week of result notification and appeal, **candidates will have access to revise their choice of specialty and/or place of study**, if they wish to do so. If not, their initial choice (made during registration) will be taken as final choice.
- Any application for sponsorship change will not be entertained after the end of a registration period. **The choice of sponsor you made during registration remains final.**
- Appeal in person incurs an appeal fee of 300.00 Birr paid via CBE with official receipt.

## C. Matching

- A merit-based matching takes place using a globally recognized and award-winning algorithm which **matches** applicants' choice of **specialty/place to their score** based on the available intake capacity of medical schools in the country.
- Candidates who have scored the **minimum cut-off** point for this year, which **will be decided by the SSG before matching**, will be eligible to run for matching.
- Matching results of all matched candidates for all institutions and specialties will be posted on the ERMP website with full name and sex.
- Unmatched candidates will wait for the coming academic year to apply.
- **There will not be any 2<sup>nd</sup> round matching for unfilled or vacant spots, if any.**
- In case of tie (if two candidates with same result are competing for one spot):
  - **Female** candidates will be given priority.
  - If they are of same sex, the one with **longer service year** will be given priority.
  - If they are of same sex and have same year of experience, then **ranking order** of choice of specialty or 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 specialty choice and place of study is the same, **lottery** method (software's preference) will be applied.

## Affirmative action

- Female candidates will get **an additional 5% of their total mark** as indicated in most universities' senate legislations.
- Applicants who can attach a letter of evidence that they have served for **at least one year in a public facility at a managerial position** (while serving as a general practitioner) such as a health center medical director, or a hospital medical director, or a hospital/HC CEO, or a medical school dean or a college CED will get **an additional 5% of their total mark** if their letter of evidence is accepted.

## Matching Quota

- The following quota allocation will apply during matching:
  - A minimum of 90% - for government sponsored (by MOH or HLI).
  - A maximum of 2% - for private/ charity/self-sponsored.
  - A maximum of 3% - for military candidates sponsored by the Ministry of Defence, federal police and federal prison, and plus for candidates from emerging regions (Somali, Afar, Benishangul Gumuz, Gambella and Southwest Ethiopia).
  - A maximum of 5% - for candidates from neighboring countries.
- The cumulative 3% quota for military and candidates from emerging regions will be applicable if only a support letter with a list of candidates from the respective offices is sent to MOH during registration period.
- The quota indicated above for military, emerging regions and foreigners is to be referred only from the total available admission spots in the country, not to the specific specialties.

## Appeal on matching

- **Appeal and response on matching** is made through the ministry's **hotline # 952** from Monday to Friday in working hours within one week after matching.
- Appeal in person incurs an **appeal fee of 300.00 Birr** paid via CBE with official receipt.
- Candidates must be reserved from any harassment or offense on the ministry staff in whichever way during appeal or any other time. If this happens, MOH will disqualify them, deny matching, deny application to next ERMP, and even ask them legally.

## D. Deployment for residency training

- A final list of all deployed candidates disaggregated by program and sponsor will be sent to all respective universities/hospital medical colleges running a residency program. This list includes all matched candidates, and those candidates from emerging regions, ministry of defence, federal police and federal prison who are given a specific spot by quota, and also foreign candidates from neighboring countries who benefit from the program through a scholarship.
- A final list of matched candidates, who are going to be sponsored by MOH, disaggregated by school and department, will be sent to MOH Legal Service Executive Office for further facilitation of agreement signing procedures.
- Admission of matched candidates will then take place in each university/HMC according to the schedule of each specific training institution.
- Applicants who are matched, and who are to be sponsored by MOH, will **sign an agreement with MOH Legal Service Executive Office** as per the schedule to be notified to all applicants by the Legal SEO of the ministry.
- MOH will share the list of matched and finally deployed candidates to all RHBs.
- During admission all matched candidates (except the self-sponsored ones and those sponsored by MOH) should **submit an official sponsorship letter**.
- The HR offices of the training institutions will then submit to their finance offices the list of all candidates sponsored by MOH and who signed agreement with MOH for further facilitation of salary payment. If an MOH sponsored candidate is unable to complete the agreement signing with MOH LSEO, he/she will not be allowed to have any training or practice in the department, and also there will not be any salary issue to be entertained.
- **Any transfer request from one program to another is totally unacceptable**. But, requests on **transfer from one school to another** can be addressed by the respective institutions, if a resident has **completed R- I and has a pass mark to R-II**. After the completion of the transfer process, a resident is obliged to inform MOH about the place change for central data management.
- **However**, such issues **will not be entertained here at MOH** at any time.



## VI. Sponsorship:

The following options are possible to be considered as sponsor:

### Central sponsorship by MOH:

- Any Ethiopian medical residency candidate is eligible to seek MOH sponsorship if he/she:
  - has already served **in a government facility as a GP** for at least 1 year.
  - is **currently (during the registration period) serving** as a general practitioner in any public or non-public health facility or organization.
  - **signs an agreement** after matching with the Legal service Executive Office of the ministry committing to serve in the public system after graduation.
- Candidates from **higher learning institutions (HLI), Ministry of Defence, Federal Police and Federal Prison are to be sponsored by their own employing institutions**. If such candidates are denied sponsorship from their organization, for any reason, MOH will not sponsor them, except those from HLI who were serving in their institute as a clinician and can attach their evidence during ERMP registration.
- Candidates sponsored by MOH must know that if they are matched, they will be disconnected from their former employer (RHB or Hospital, or other) and get employed on a contract basis in the training intuitions they are matched and deployed to, for the period of their residency training.
- If one discontinues his/her residency training at a certain point (dropout or withdrawal or dismissal), MOH will not take any responsibility for re-employment. It's the candidate's full responsibility to get back to his previous employment or seek a new employment.

- A. Higher Learning Institutions as Sponsor:** those candidates who are employees of a higher learning institution (university) and are sponsored by that institution. They are required to upload a scanned copy of a valid sponsorship letter in the space provided and select or write the name of the sponsoring organization.
- B. Federal institutions as sponsor:** These are candidates who are to be sponsored by federal institutions (like ministry of defense, federal police or prison). Similarly, 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.
- C. Private or Charity organizations as sponsor:** These are candidates who are to be sponsored by any private or charity organization, thus they are supposed to sign a sponsorship agreement with their sponsoring institution/organization. Such candidates also 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. Self-sponsor:** These are applicants who decide to cover all their personal expenses such as accommodation, meals, transport, research and others by their own for the period of their residency training. No one pays them any monthly salary or related incentives. The only payment they might request from their school is a duty payment, which is payment to be covered by the hospital to all residents who provide an extra time service, no matter whether they have a sponsor or not.

In addition, self-sponsored residents are not entitled to pay any tuition fee for their residency training as long as they are Ethiopian citizens. This is true also for those residents with a sponsor, and the major reason behind it is that, unlike other postgraduate training programmes, residency training is mainly a SERVICE PROVISION, not “with-in a class-room” training.

- E. Foreign applicants:** these are candidates who got a partial scholarship (tuition fee waiver only) by the Ethiopian Government. Those who benefit from the scholarship but apply on an individual basis must upload their evidence (a letter from the Ethiopian ministry of Foreign Affairs) during online application.

## VII. Admission and Registration

For the 2018 Ethiopian academic year on, all colleges/schools will admit candidates during the months of **January - February**.

**Admission and Registration:** Successful matched candidates are expected to report to the department/school they are matched for within the department/school's registration deadline. Those candidates who did not register within the deadline will not be entertained.

**Clearance:** Matched candidates who are to be sponsored by MOH should come with a recent official clearance letter (**with in the maximum of 2 months back from the date of matching announcement**) from their organization (dated and stamped), and should present to the human resource office of the respective institutions, so that the monthly salary payment of the new residents can be facilitated.

Similarly, Matched candidates who are to be sponsored by MOH, and will be deployed to Adama, Yirgalem, Myung Sung and Yekatiti 12 HMC should present their clearance, as stated above, to the Competency and Human Resources Executive office of the ministry when requested.

**Official Transcript:** While registering at the registrar office, if matched candidates are requested, they are responsible for processing an official copy of their undergraduate transcript from the school/ university where they studied medicine to the school/university to where they are matched and deployed for residency training.

**Any issue of clearance or official transcript is not going to be entertained here at MOH at any time. Neither MOH nor MOE will be responsible for these issues..**

**Post Registration scenarios:** After registration and starting residency training all **rules and regulations of the respective school apply for all ACADEMIC ISSUES.** If a resident wishes to change his/her place of study for any reason, he/she can apply to the school/college administration as long as he/she has a PASS score for RI residency. 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.

# Salary and Incentives of MOH Sponsored Residents

- **General considerations**
  - MOH and MOE created an understanding on the salary payment modality for residents sponsored by MOH.
  - MOH and Ministry of Finance created an understanding on allocation of funding for salaries and related expenses of government sponsored residents.
- **Source of Funding:** The Federal government will allocate a budget to cover the salary, incentives and research funding of MOH sponsored residents during the training. It must be noted that this does not include candidates sponsored by sponsors other than MOH.
- **Way of effecting payment:** Residency Training institutes will pay the salary and incentives to their residents on training and sponsored by MOH and then request MOF a budget as per the expenses they had for residents' payment.
- **Amount of Salary:** Matched MOH sponsored candidates will earn a uniform salary which amounts to the salary of a GP lecturer. In doing so, they will sign a 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 the training for housing, transportation and stationary allowances on a monthly basis.
- **Duty Payment:** Each resident will receive duty payment as per the Civil Service Commission duty payment guideline of "Sene 29, 2001 EC, revised in 2005 EC.
- **Research Budget:** Each public sponsored resident will receive a budget from the school to conduct research as per the training institution's legislation.
- **Leaves:** A resident will have annual leave for 4 weeks each year. A pregnant resident can legally take her maternity leave, knowing that she might not go with her cohorts.
- **Withdrawal/ Dropout:** if a resident takes withdrawal or drops out, he/she will be **governed by the institution's rules and regulations** and by the contract agreement he/she has signed with the institution, including the termination of his/her salary.

## Annex I: Declaration of health status by applicants

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

1. I am solely responsible for my choices of specialty and institutions and for the matching outcome based on these choices.
2. I declare that I have no medical conditions that can hinder my performance in any of the residency programs I have listed for matching.
3. I understand that both the residency program and myself as an applicant are bound by the result of the Matching. 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 declare that I have no obligations that prevent me from accepting the matched institution or program.
5. 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.
6. 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.
7. I confirm that the information I provided in this application is genuine, and I take all the responsibility and accountability for issues coming as a consequence.

## 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. Literature shows 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 the 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  $\geq 40$  Sec arc.
    - for surgery and Gyn-Obs  $\geq 200$  sec arc.
  - Normal color perception (defined as no mistakes on Ishihara plates).

## Annex III: Endorsement