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1.0 VISION AND MISSION OF COUNCIL

1.2 Vision
To become an internationally acclaimed competent regulatory authority for medical and dental practice in Ghana, for the public good.

1.3 Mission Statement
To ensure the highest quality of health care delivery in Ghana through training and enforcing the highest standards of professional conduct.

2.0 CORE VALUES
• Educating and informing the public to become empowered participants contributing actively in their medical/dental treatment plans.

• Ensuring client-focused service delivery.

• Developing disciplined, patient-friendly and client-friendly practitioners who respect and value their patients, clients, the “Patient’s Charter” and the “Code of Ethics” of the Ghana Health Service.

3. POLICY STATEMENT ON LICENTIATE EXAMINATION

3.1 Background
Reference Ministerial directive via letter number MoH/HRHD/GEN/84 dated 2\textsuperscript{nd} November, 2010 mandated the Medical and Dental Council to:
• Regulate the training of Physician Assistants,
• Regulate the practice of Physician Assistants, and
• Perform any other function that is core to the advancement of the profession.

3.2 Justification
Physician Assistants (PA) have been part of the Health Care Team for many years. However, their practice has not been regulated by any statutory regulatory body. With the directive of the Ministry of Health that the practice of Physician Assistants should be regulated by the Ghana Medical & Dental Council and the subsequent promulgation of the Health Professions Regulatory Bodies Act, it has become imperative that Council ensures that the training and examinations of Physician Assistants are up to the required standard. Currently, Physician Assistant training institutions in Ghana run different curricula at different levels and issue different certificates. Foreign Physician Assistants’ training institutions also run programmes that the Council is neither familiar with nor recognizes. It is, therefore, imperative for Council to conduct a licentiate examination independent of any training institution to ensure that Physician Assistants have the requisite professional knowledge, skills and attitude to practice their profession safely in Ghana. Council will also, by such an examination, reassure the public that there is a national standard of care from
successful Physician Assistants providers. Foreign-trained Physician Assistants, whose medium of instruction was not in the English language, will be required to demonstrate proficiency in the English language by passing an English language examination conducted by Council.

4. **POLICY PROCEDURE**

4.1. **Definition**

“Physician Assistant” means physician assistant, medical assistant, nurse anaesthetist, community oral health officer and dental therapist.

4.2. **Entry Requirements**

A candidate must hold any one of the following:

i. A primary qualification as a Physician Assistant from a training institution in Ghana recognized by the Medical and Dental Council.

ii. A qualification from a recognized overseas training institution registrable in the country of origin to practise as a Physician Assistant.

iii. A Physician Assistants’ Specialist qualification from a recognized overseas training institution registrable in the country of origin to practice as a Specialist Physician Assistant.

4.3. **Evidence of Medical or Dental Qualification**

i. For the purposes of the Licentiate Examinations, Physician Assistants’ training institutions in Ghana must submit to Council the approved list of candidates who have been successful in the Physician Assistants’ Qualifying Examinations.

ii. Foreign-trained Physician Assistants will be required to provide proof of their qualification when submitting their application forms. This will take the form of:

- An original certificate from the institution in which they acquired their training and certification with dates,

- A verification letter from the institution, with appropriate dates, that he/she completed a course of study as a Physician Assistant and that he or she is eligible to receive the qualification.

All certificates should bear the institution’s stamp, insignia or evidence of authenticity and should be signed by a person whose name and official position are clearly identified.
4.4 **Translation**
Any document, which is not in English, must be accompanied by a translation, certified in English as authentic by an official/recognized translator (Ghana School of Languages or other recognized translator in Ghana). The translation must be of the original version.

4.5 **Level of the Licentiate examination**
The licentiate examination is designed to test the PA’s ability to practice medicine/dentistry safely in Ghana. The examination is set at the level of the final qualifying examinations of the Physician Assistant trainees. The examination will assess the candidate’s knowledge of clinical medicine/dentistry as well as his or her clinical competence and where indicated, the candidate’s proficiency in the English language.

4.6 **Examination Resources**
We do not make specific recommendations of reference materials. Candidates may, however, refer to reading materials recommended by their institutions during their training.

4.7 **Period of the Examination(s)**
The examinations would be held twice a year in April and September.

4.8 **Venue for the Examination(s)**
- September – Accra and Tamale
- April – Accra only

4.9 **The Examinations**

4.9.1 **Components of the examination for Physician Assistants (Medical)**
The examination will consist of **Two or Three parts as applicable.**

- **Part One**
  *Paper I*
  Written examination consisting of one Multiple Choice Question paper of 100 questions covering all disciplines. The format of the questions will be the one correct answer in five option. The duration of the paper will be two (2) hours. Maximum Score - 100

  *Paper II*
  Medical Ethics comprising Multiple Choice Question and Short Answer case Scenario over one (1) hour. Maximum Score – 20
• **Part Two**
  Written examination consisting of Clinical Problem Solving paper of 25 questions over two and half (2½) hours covering all Five (5) disciplines:

  - *Medicine in General*
  - *Surgery in General*
  - *Obstetrics and Gynaecology*
  - *Child Health*
  - *Public Health*

  Maximum Score - 100

• **Part Three**
  English language examination – This is designed for foreign-trained Physician Assistants and Physician Assistant Specialists. The paper will take the form of Comprehension and will last for one (1) hour.

  Maximum Score – 20

4.9.2 **Components of the examination for Physician Assistants (Oral Health)**

The examination will consist of *Two or Three* parts as applicable.

• **Part One**
  *Paper I*
  Written examination consisting of one Multiple Choice Question paper of 100 questions covering all disciplines. The format of the questions will be the one correct answer in five options. The duration of the paper will be 2 hours.

  *Paper II*
  Medical Ethics comprising Multiple Choice Question and Short Answer case Scenario over one (1) hour. Maximum Score - 20

• **Part Two**
  Written examination consisting of Clinical Problem Solving papers of 25 questions over two and half (2½) hours covering all Four (4) disciplines:

  - *Oral Health Practice*
  - *Basic Sciences*
  - *Medicine in General*
  - *Public Health in General*

  Maximum Score – 100

• **Part Three**
  English language examination – This is designed for foreign-trained Physician Assistants and Physician Assistant Specialists. The paper will take the form of a comprehension and will last for one hour. Maximum Score - 20
4.9.3 Components of the examination for Physician Assistants (Anaesthesia)
The examination will consist of Two or Three parts as applicable.

- **Part One**
  
  *Paper I*
  Written examination consisting of one Multiple Choice Question paper of 100 questions covering all disciplines. The format of the questions will be the one correct answer in five options. The duration of the paper will be 2 hours.

  *Paper II*
  Medical Ethics comprising Multiple Choice Question and Short Answer case Scenario over one (1) hour. Maximum Score - 20

- **Part Two**
  Written examination consisting of Clinical Problem Solving papers of 25 questions over two and half (2½) hours covering all the disciplines.

  - *Principles and Practice of Anaesthesia.*
  - *Principles and Practice of Intensive Care*
  - *Applied Basic Sciences*

  Maximum Score - 100

- **Part Three**
  English language examination – This is designed for foreign-trained Physician Assistants and Physician Assistant Specialists. The paper will take the form of Comprehension and will last for one hour. Maximum Score - 20

4.9.4 Components of the examination for Physician Assistants (Specialists)

Foreign-trained Physician Assistant Specialists, in addition to the English language paper will take a one-hour oral examination in their area of specialization. Maximum Score – 100.

4.10 Areas to be covered in the examination

4.10.1 *Physician Assistant (Medical)*
The areas to be covered in the written examinations include:

  o Cardiovascular System
  o Dermatology
  o Eye, Ear, Nose & Throat Diseases
  o Endocrine and Metabolic Diseases
  o Emergency Medicine
  o Gastrointestinal System
  o Genitourinary System
  o Immunology and Haematology
  o Infectious Diseases
o Mental Health Disorders
o Musculoskeletal System
o Neurological Disorders
o Obstetrics & Gynaecology
o Respiratory System
o Surgery in General
o Medicine in General
o Child Health
o Public Health
o Basic Oral Health
o Law and Ethics

4.10.2  **Physician Assistants (Oral Health)**
The areas to be covered in the written examinations include:
o Oral Anatomy and Physiology
o Oral Radiography
o Oral Microbiology/Infection Control
o Oral Medicine and Pathology
o Operative Dentistry
o Oral Surgery
o Bio-material Science
o Community Dentistry
o Dental Pharmacology
o Chairside Ergonomics
o Research Methodology
o Paediatric Dentistry
o Medical Emergencies in Dentistry
o Tools and Equipment Management
o Law and Ethics

1.1.3.  **Physician Assistants (Anaesthesia)**
The areas to be covered in the written examinations include:
o Applied anatomy
o Applied Pharmacology
o Applied Physiology
o Applied Physics and Equipment
o Health Psychology
o Health Sociology
o Health Systems and Policy
o Research Methods and Bio-statistics
o Principles and Practice of Anaesthesia
o Principles and Practice of Intensive Care
o Law and Ethics
5.0 LIMITATIONS ON ELIGIBILITY TO TAKE THE EXAMINATION

i. There shall be no limitation on the number of attempts at the examinations by Ghanaian Physician Assistants trained locally or overseas. A candidate who has failed the first and subsequent attempts will be required to do an attachment at an institution approved by the Council to improve his/her knowledge and skills before entry for subsequent examinations. A candidate who undertakes an attachment will be required to submit to the Registrar a confidential report on his/her attachment from the institution in which he/she did his/her attachment before being allowed to take the examinations again.

ii. Non-Ghanaian locally or foreign-trained Physician Assistants will be eligible to take the examinations for up to three attempts after which the individual loses his/her eligibility to take subsequent examinations. A candidate who fails his/her first attempt will be advised to do an attachment at an approved medical institution to upgrade his or her knowledge and skills and to familiarize himself or herself with local medical conditions and practice. A report as indicated above will also be required.

iii. It will be in the interest of all foreign-trained Ghanaian Physician Assistants and Physician Assistant Specialists to do a period of attachment at a Council-approved health facility to familiarize themselves with local medical/dental conditions before attempting the examination.

6. EXEMPTIONS

All Physician Assistants wanting to practise in Ghana are required to take the licentiate examinations conducted by Council except Physician Assistants who apply for limited registration of three (3) months or less.

7. APPLYING FOR THE EXAMINATIONS

7.1 Application Forms

Application forms are inserted at the back page of the information booklet or can be downloaded from the Council’s website.

You will normally apply for entry into the registration examination under the name on your certificate or other evidence of qualification. If you apply to be registered under a name that is different from what is on your certificate or other evidence of qualification, you must provide proof to that effect i.e. either Statutory Declaration or Sworn Affidavit.
7.2 Fees
Information on the current fee can be obtained from the Council Secretariat. A fee paid is not refundable and not transferable from person to person but can be applied to another examination within the same year. Fees must be paid in Banker’s Draft payable to Medical and Dental Council.

7.3 Submitting the Application Form
Completed application forms with the necessary documents may be forwarded to the Registrar by courier or in person. Once your form has been accepted and processed, an admission letter for entry into the examinations will be sent to you. No application form will be accepted after the closing date.

7.4 Cancellation or Withdrawal from the Examination by Candidates
A candidate who wishes to withdraw from the examination must notify the Council 28 days prior to the examination date, failure to do so will result in forfeiture of the examination fees (refer to section 7.2). Candidates who withdraw within 28 days before the examination shall forfeit 50% of the fee.

7.5 Postponement or Cancellation of Examination or Invalidation of Results
If exceptional circumstances oblige the Council to postpone or cancel the examination or invalidate the results of examinations, candidates will enter for another examination at cost to Council, but Council will not be liable for any other cost.

8. CONDUCT OF EXAMINATION
Candidates are expected to arrive at the examination venue at least 30 minutes to the start time of the examinations. Late comers (30 minutes after start of examination) will not be allowed to take the examinations.

Candidates must bring along their National photo identification cards (Passport, National Identification Card, Driver’s License, National Health Insurance Card or Voter Identification Card).

Inappropriate conduct is any behaviour that undermines or threatens the integrity of the examination process and includes cheating or attempted cheating in any form. A candidate shall be disqualified if it is established that he/she had attempted to gain an unfair advantage in the examinations. No unauthorized materials including mobile phones and other electronic gadgets shall be allowed in the examination room.

In the event of misconduct, the invigilator would complete a misconduct form which should be countersigned by the candidate.
9. PASSING THE EXAMINATION

i. To pass the licentiate examination a candidate must obtain a minimum of 50% of the total examination score. In addition, the candidate must obtain a minimum of 50% in the combined total score of MCQ and Problem Solving Papers.

ii. To be eligible for registration, the candidate must satisfy section 9.0(i) above and obtain a minimum of 50% in the Medical Ethics paper.

iii. A candidate who satisfies section 9.0(i) but fails the Medical Ethics paper shall be allowed to re-sit this paper alone within one (1) year. If such a candidate fails to pass within one year, he/she shall re-sit the entire examination.

iv. Non-Ghanaian foreign-trained Physician Assistants and Physician Assistant Specialists who take the English language examination must also obtain a minimum of 50% of the score to be eligible for registration with Council.

v. The score in English language examination shall ‘stand-alone’ and shall not form part of the medical or dental examination score in determining a pass or a fail in the examinations.

10. PROCESSES FOR THE RELEASE OF RESULTS

The results of any licentiate examination shall be considered and affirmed by the Court of Examiners and forwarded to the Education Committee of Council for its consideration and approval. The results are then recommended to Council for its consideration and ratification. The Registrar of Council shall then publish the pass list on Council’s notice Boards. The Registrar shall also notify the candidates of the examination results.

11. REGISTRATION WITH COUNCIL AFTER THE EXAMINATION

Results are valid within the registration year i.e. successful candidates should register by 31st December of that year.

12. ADDENDUM

12.1 Complaints and Processes of Addressing Complaints if any

i. In the event of an unusual occurrence which in your view caused a significant adverse effect on your performance, you may submit a written complaint regarding the examination administration. However, an examination complaint may not be used to challenge examination design, content or a failing score.

ii. An examination complaint must be submitted to the Registrar within 5 working days after the examination in question describing the complaint with relevant supporting documents and must be dated and signed.

12.2 Sample Questions

You may contact the Council Secretariat for samples of examination questions.
1. Name in full: ________________________________
   Surname  First Name  Other Names

2. Previous Name(s): ________________________________
   Surname  First Name  Other Names

3. Male □  Female □  Title: ________________________________

4. Birth Date: ___/___/____  Birthplace: _____________________  Nationality: __________
   City  Country

5. Contact Address: ________________________________
   ________________________________
   City/Town  Region
   (_________)(_________)(_________)  ________________________________
   Tel.  Fax  Mobile  E-Mail

6. Home/Permanent Address (If different from above): ________________________________
   ________________________________
   City/Town  Region/Country
   (_________)(_________)(_________)  ________________________________
   Tel.  Fax  Mobile  E-Mail

7. Have you been registered with a Council/Board? Yes □  No □  If yes, on what date? ___/___/___
   Day  M  Y

8. Which Licensing Authority were you registered with? ________________________________
   ________________________________  Registration Number: __________________________

Place Passport Size picture using paper clip. Write your FULL name at the back of the picture (Refer to page 3 for details).
9. School(s)/College(s)/University Attended:
   i. ______________________________________ From ___/___/___ To ___/___/___
      School(s)/College(s)/University Day M Y Day M Y
   ii. ______________________________________ From ___/___/___ To ___/___/___
      School(s)/College(s)/University Day M Y Day M Y

10. Qualification(s) for Registration:
   i. ______________________________________ ___/___/___
      Degree/Diploma Date granted Granting Institution
   ii. ______________________________________ ___/___/___
      Degree/Diploma Date granted Granting Institution

11. Category: Medical [ ] Dental [ ] Anaesthesia [ ]

12. Work Experience:

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<th>Duration</th>
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13. Have you ever been found guilty of any criminal offence? Yes [ ] No [ ]
    If Yes, Provide details inclusive of date, court and offence: __________________________
    __________________________________________________________
    __________________________________________________________

14. Have you ever had any disciplinary action taken against you by any employer? Yes [ ] No [ ]
    If Yes, Provide details inclusive of date, court and offence: __________________________
    __________________________________________________________
    __________________________________________________________
15. Referees:
   i. Name: __________________________________________________________
      Address:________________________________________________________
      Contact No.:_____________ Fax:_____________ Email:_________________

   ii. Name: __________________________________________________________
      Address:________________________________________________________
      Contact No.:_____________ Fax:_____________ Email:_________________

16. Examination Centre:  Accra  Tamale

17. Certification Statement:
   I declare that the information on this application, other forms and documents submitted to the Medical and Dental Council of Ghana is provided in good faith and is true, complete and accurate. I understand that any misrepresentation may cause the refusal or revoking of my registration.

   Signed:_________________________ Date:________________________

N.B.: Check List (In pursuance of this application I enclose):

   ☐ Diploma(s)/Certificate(s)/Degree – Original or Certified Copy(ies).
   ☐ Passport Photograph
   ☐ Registration Fee
   ☐ Examination Centre

Your photos must be:

   ☐ In color
   ☐ Taken within the last 6 months to reflect your current appearance
   ☐ Taken in front of a plain white or off-white background
   ☐ Taken in full-face view directly facing the camera
   ☐ With a neutral facial expression and both eyes open
   ☐ Taken in clothing (official) that you normally wear

Any picture that does not conform with the above would be rejected

N.B.: All documents in languages other than English should be translated to English