



Guidelines for the Recognition of Medical Specialties and sub specialties by The Medical Council of Tanganyika

November, 2022

Glossary

Term	Meaning
Allied Health professional	A person holding a bachelor degree in allied health sciences from an institution recognized by the council.
Medical or dental professional	A registered person holding MD/DDS or their equivalent degrees of medicine or dentistry from a university recognized by The council.
Practice embargo	Not licensed to practice at the sub specialty level until certain conditions as outlined by the council are met.
Regulated professionals	A registered person holding a degree in medicine, dentistry or allied health discipline from an institution recognized by The Council.
Specialists	Professionals who have completed a masters in medicine/dentistry/allied health sciences or their equivalent clinical training in a specific area of practice from a recognized training institution.
Sub specialist	A person who specializes in an occupation, practice, or field of study that is part of a broader specialty after having achieved prior specialist recognition.
Super specialist	This can be used interchangeably with sub specialist recognition.
The council	Herein shall be used interchangeably with The Medical council of Tanganyika
The Medical, Dental and Allied Health Professionals Act, 2017, Section 55	Outlines penalty for misrepresentation as "Any person who falsely uses or willfully allows a person to use any name, title or description implying a qualification to practice as a medical, dental or allied health professional and practitioner commits an offence and shall, on conviction, be liable to a fine of not less than five million shillings but not exceeding ten million shillings or to imprisonment for a term of not less than one year but not exceeding two years or to both."

Introduction

Postgraduate training in Tanzania dates many decades with thousands of graduates at a 3 years Masters of Medicine/dentistry (MMed/Dent) and a 2 years Masters of Science (MSc) super specialization level for Medical doctors and doctors of dental surgery level professionals. Recently, the landscape of super specialization is changing with the disciplines being pursued at MMed Level e.g. MMed Orthopedics and traumatology, and Otorhinolaryngology. Furthermore, at international level there are changes marked by more narrow specialization fields that last as short as six months contrary to our two years MSc super specialization programs. The later has led to a demand for change of nomenclature from super specialization to sub specialization. The two changes, of duration and fields, brought confusion that needed a document to guide and harmonize the qualification framework in the country.

Secondly, the medical council of Tanganyika has supreme role of ensuring that the public is safe from the practice of its professionals. To guarantee this, The MCT shall regulate and determine what is appropriate to be considered a specialty or sub specialty within the country. This shall be undertaken by issuance of practicing license bearing the qualifications and special title assigned to the qualification awarded by the council. This document is not meant to complement the scheme of service but rather safeguard the general public from abuse of practice and to hold professionals accountable for their practice and professional growth. Nevertheless, the scheme of service only recognizes the specialization and not the sub specialization of an individual. But this should not deter the professionals from pursuing sub specialization.

Thirdly, recent changes in the medical, dental and allied health professional Act (2017) has seen an inclusion of other allied health professionals such as Physiotherapists, occupational therapists, prosthetist and orthotists, speech and language therapists among others as shall be determined by the minister responsible for health. With these inclusions, a need has arisen in ensuring a common understanding of the educational pathway of these professionals, including specialization paths. Internationally, allied health professionals have seen a great advancement in their practice with the development of specialization fields.

This document therefore provides guidance of specialization routes and their sub specializations for the health professionals regulated by The MCT. It has also listed programs that shall not be recognized as specialization but still regulated by the council. It is expected that professionals shall seek guidance from this document before pursuing further studies outside the council territory while local program administrators shall consult with The MCT before accreditation of any new program.

Purpose

This document is meant to assist The Medical Council of Tanganyika in executing its administrative and recognition of specialties during registration and licensing of its professionals as required by The Medical, Dental and Allied Health Professionals Act, of 2017 section 20(2). Furthermore, it guides the professionals on areas of specialization and sub-specialization applicable within the country. Lastly, it will be vital when assessing foreign awards bestowed on Tanzanian and foreign professionals.

What does specialist mean

Recognition of a specialty or field of specialty practice means that The MCT has made a decision under the Act establishing it to recognise a new or revised specialty or field of specialty practice and to amend the list of titles of specialties, fields of specialty practice and titles for the profession. This is meant to protect the public and the profession by ensuring safety during the practice by the said professionals.

A person can only use the title ‘specialist’ if they are registered in a recognised specialty by The MCT. Therefore, specialist registration means that a person can use the title associated with the specialty in which they are registered.

The MCT approval of a specialty or field of specialty practice is a ‘regulatory instrument’ and therefore extends the scope of offences that apply to the unauthorised use of these titles and to individuals who otherwise consider themselves as being authorised or qualified to use them as provided for in Article 55 of The Medical, Dental and Allied Health Professionals Act of 2017.

Specialist recognition shall be provided and approved only after a public benefit has been demonstrated. That is, it has to be demonstrated that it is in the public interest to recognise the specialty. Specialist recognition is not about the interest or prestige of the practitioners who are seeking this recognition.

Roles

Role of the Medical Council of Tanganyika

The MCT shall:

- i. Exercise its powers to recognize and register a professional as a specialist once s/he has attained such a status
- ii. Publish on its website and amend from time to time the list of approved specialties and their sub specialization for reference by the professionals seeking to develop their career.

- iii. Provide minimum training tenure/duration needed for one to be recognized as a specialist or sub specialist.
- iv. Assign a professional title to the specialist or sub specialist.
- v. Monitor the practice of such a specialist or sub specialist and institute disciplinary measures which shall include revoking or placing embargo on the use of such a status.
- vi. Considers advice from the professional societies, any specialist college or institution for the profession, and any other relevant submission, and determines whether or not to approve a new or amended specialty.

Role of the professional

- i. To pursue specialty training in line with the conditions set out by The MCT.
- ii. Where the specialty to be pursued is not in The MCT approved list, make application to The Council for such recognition before undertaking the study.
- iii. To ensure that their practice is within their area of specialization.
- iv. To report any professional malpractice including any colleague practicing as a specialist while they are not.

Recognitions

Specialist recognition by MCT

1. This shall be awarded to the following groups:
 - a. Medical/dental professionals who have acquired Masters of Medicine/dentistry or its equivalent in various disciplines/specialties that are listed in the list of approved specialties and subspecialties.
 - b. Allied health professionals who have acquired a Master's degree in various disciplines/specialties that are listed in the list of approved specialties and subspecialties.
2. Medical/dental/allied health professionals who have acquired a Masters of public health shall be awarded a title of a public health specialist.
3. Specialist recognition shall only be awarded to those who have trained for a minimum of three (3) years for medical and dental professionals and two years for allied health professionals.
4. All foreign specialist qualification awards shall be required to demonstrate evidence of a valid practicing license issued by the body responsible for regulating the practice of medicine in the training country.

Super specialist recognition by MCT

1. A medical or dental practitioner shall be recognized as sub specialty award if the medical or dental practitioner:

- a. Possesses a basic specialist qualification in his or her discipline.
 - b. Has undergone at least twelve months (12) or more as shall be determined by the nature of the training program in an institution recognized by the council and/or TCU for medical or dental professionals.
 - c. At least 6 months (6) of training plus an additional six months of local practice observation by experts in the sub specialty field and a recommendation letter from a specialist holding the same qualification upon approval from the host institution.
2. All foreign specialist qualification awards shall be required to demonstrate evidence of a valid practicing license issued by the body responsible for regulating the practice of medicine in the training country.

APPROVED LIST OF SPECIALTIES

Medical doctors cadres

SPECIALTY	SUB SPECIALTY	DURATION
Anaesthesia	Neuro anaesthesia	1 year
	Cardiac Anaesthesia	1 year
	Paediatric Anaesthesia	1 year
	Critical Care Anaesthesia	1 year
	Regional Anaesthesia	1 year
	Pain Management	1 year
	Cardiothoracic Anaesthesia	1 year
	Ambulatory Anaesthesia	1 year
	Obstetric Anaesthesia	1 year
	Transplant Anaesthesia	1 year
	Palliative medicine	1 year
Cardiothoracic surgery ^a	Vascular Surgery	1 year
	Thoracic Surgery	1 year
	Cardiac Surgery	1 year
	Paediatric Cardiac Surgery	1 year
	Vascular Surgery	1 year
Dermatology	Dermatopathology	1 year
	Dermatosurgery	1 year
	Dermato-oncology	1 year
Pathology	Chemical Pathology	1 year
	Toxicology	1 year
	Ocular pathology	1 year
	Cytopathology	1 year
	Dermatopathology	1 year
	Forensic Pathology	1 year
	Hematology & Blood Transfusion	1 year
Immunopathology	1 year	

	Microbiology	1 year
	Molecular Pathology	1 year
	Paediatric & Perinatal Pathology	1 year
	Nephropathology	1 year
	Neuropathology	1 year
	GI pathology	1 year
Emergency medicine	Medical Toxicology	1 year
	Emergency Medicine Services	1 year
	Disaster Medicine	1 year
	Palliative medicine	1 year
ENT	Allergy and Rhinology	1 year
	Head and Neck surgery	1 year
	Laryngology	1 year
	Otology/Neurology	1 year
	Paediatric Otolaryngology	1 year
	Otorhinolaryngology Oncology	1 year
	Palliative medicine	1 year
General surgery	Bariatric Surgery	1 year
	Breast and Endocrine Surgery	1 years
	Cardiothoracic Surgery	2 years
	Gastrointestinal surgical oncology	1 year
	Hepatopancreatic biliary Surgery	1 year
	Neurosurgery	3 years
	Paediatric Surgery	2 years
	Plastic & Reconstructive Surgery	2 years
	Rectal surgery	1 year
	Surgical Gastroenterology	2 years
	Surgical Oncology	2 years
	Transplant Surgery	1 year
	Trauma and Critical Care Surgery	1 year
	Vascular Surgery	1 year
	Skin and soft tissue malignancies	6 months
	Urology	2 years
	Head and Neck	1 year
	Breast Surgery and Reconstruction	1 year
	Oncoplastic Breast Surgery	1 year
	Palliative medicine	1 year
Internal medicine	Allergology and immunology	1 year
	Cardiology	2 years
	Chest & Respiratory Medicine (Pulmonology)	2 years
	Clinical Biochemical genetics	1 year
	Clinical Cytogenetics	1 year
	Clinical Molecular genetics	1 year
	Critical Care	2 years

	Endocrinology	2 years
	Gastroenterology	2 years
	Geriatric Medicine	2 years
	Hematology	2 years
	Infectious Diseases	2 years
	Medical oncology	2 years
	Nephrology	2 years
	Neurology	2 years
	Rheumatology	2 years
	Palliative medicine	1 year
Clinical microbiology and immunology	Allergology and immunology	1 year
	Clinical bacteriology	1 year
	Clinical virology	1 year
	Clinical mycology	1 year
	Clinical parasitology	1 year
	Allergiology and immunology	1 year
Neurosurgery	Paediatric neurosurgery	1 year
	Cerebrovascular and skull base	1 year
	Neurotrauma and neurological critical care	1 year
	Neuro-oncology	1 year
	Stereotactic and functional neurosurgery	
	Palliative medicine	1 year
Obstetrics & Gynaecology	Gynecologic Oncology	1 year
	Maternal and Fetal Medicine	2 years
	Paediatric & Adolescent Gynaecology	1 year
	Reproductive Endocrinology and Fertility	1 year
	Critical care obstetrics	2 years
	Urogynecology	1 year
	Reconstructive Pelvic surgery	1 year
	Palliative medicine	1 year
Oncology	Regional specializations ^b	1 year
	Palliative medicine	1 year
Ophthalmology	Anterior Segment Surgery	1 year
	Cataract and Refractive Surgery	1 year
	Medical Retina and glaucoma	1 year
	Neuro-ophthalmology	1 year
	Oculoplastic and Orbit surgery	1 year
	Paediatric Ophthalmology and strabismology	1 year
	Vitreoretinal Surgery	1 year
	Cornea and external diseases	1 year

	Ocular ophthalmology	1 year
	Uveitis and immunology	1 year
	Ocular oncology	1 year
	Ophthalmic pathology	1 year
	Palliative medicine	1 year
Orthopedic surgery	Hip and Knee arthroplasty	1 year
	Foot and Ankle surgery	1 year
	Orthopaedic Trauma	1 year
	Shoulder and Elbow surgery	1 year
	Hand surgery	1 year
	Spine surgery	1 year
	Orthopaedic Oncology	1 year
	Paediatrics Orthopaedics	2 year
	Geriatric Orthopaedics	1 year
	Pelvic reconstruction	1 year
	Palliative medicine	1 year
Paediatric surgery	Pediatric urology	1 year
	Pediatric surgical oncology	1 year
	Neonatal surgery	1 year
	Skin and soft tissue malignancies	6 months
	Palliative medicine	1 year
Pediatrics and child health	Cardiology	2 years
	Dermatology	2 years
	Developmental Paediatrics	2 years
	Endocrinology	2 years
	Gastroenterology	2 years
	Haemato-oncology	2 years
	Hematology	2 years
	Neonatology	2 years
	Nephrology	2 years
	Neurology	2 years
	Paediatric Critical Care	2 years
	Pulmonology	2 years
	Rheumatology	2 years
	Infectious Disease	2 years
	Allergology and immunology	1 year
	Genetics	1 year
	Palliative medicine	1 year
Plastic and reconstructive surgery	Cosmetic/Aesthetic (Surgical & Non-Surgical)	1 year
	Burns	1 year
	Craniofacial Surgery	2 years
	Cleft Lip & Palate Surgery	6 months
	Hand Surgery & Upper Limb	1 year
	Paediatric Plastic Surgery	1 year

	Breast Surgery and Reconstruction	1 year
	Oncoplastic Breast Surgery	1 year
	Wound & Regenerative management	1 year
	Head and Neck	1 year
	Laser Surgery	1 year
	Hair Restoration & Transplant	6 months
	Skin and soft tissue malignancies	6 months
	Palliative medicine	1 year
Psychiatry	Addiction Psychiatry	1 year
	Child & Adolescent Psychiatry	1 year
	Forensic Psychiatry	1 year
	Geriatric Psychiatry	1 year
	Neuropsychiatry	1 year
	Palliative Care & Thanatology	1 year
Urology	Reconstructive Urology	1 year
	Pediatric Urology	1 year
	Uro-oncology	1 year
	Andrology	1 year
	Endo-urology	1 year
	Palliative medicine	1 year
Radiology	Cardiovascular Radiology	1 year
	Breast Radiology	1 year
	Chest Radiology	1 year
	Emergency and Trauma Radiology	1 year
	Gastrointestinal Radiology	1 year
	Head and Neck Radiology	1 year
	Genitourinary Radiology	1 year
	Nuclear Radiology	2 year
	Musculoskeletal Imaging	1 year
	Neuroradiology	2 year
	Paediatric Radiology	1 year
	Interventional Radiology	2 year
Nuclear medicine	None	
Family medicine	None	
Occupational medicine	None	
Community medicine	None	

^aMust be not less than five years including two years of general surgery training.

^bEach region of specialization shall be pursued for a minimum of one year

These are cadre that currently work at the primary level and hence do not qualify to be specialists but rather medical doctors with additional non-specialist exposure.

Doctor of dental surgery

SPECIALTY	SUB SPECIALTY	DURATION
Oral maxillofacial surgery	Orthognathic surgery	1 year
	Plastic and reconstructive maxillofacial surgery	2 years
	Maxillofacial orthopedics and Traumatology	1 year
	Maxillofacial radiology	1 year
	Dental implantology	1 year
	Palliative medicine	1 year
Pediatric Dentist	Special care dentistry	1 year
	Conscious sedation	1 year
Restorative Dentistry	Endodontic	1 year
	Cosmetic Dentistry	1 year
	Dental implantology	1 year
Orthodontics	Lingual orthodontics	1 year
	Fixed orthodontics	1 year
	Removable orthodontic appliances	1 year
	Functional appliances	1 year
	TMJ appliances	1 year
Prosthodontics	Dental implantology	1 year
Periodontics	Dental implantology	1 year
Community Dentistry	Palliative medicine	1 year
Geriatric Dentistry	None	

Allied health professionals

SPECIALTY	SUB SPECIALTY	DURATION
Physiotherapist		
Pediatrics	Orthopedics	1 year
	Neurology	1 year
	Neonatology	1 year
	Cardiopulmonary	1 year
Sports	Exercise physiology	1 year
	Biomechanics and motion analysis	1 year

Pelvic health	None	
Geriatrics	None	
Cardiopulmonary	Medical	1 year
	Transplant and surgical	1 year
Orthopedics and musculoskeletal	Manual therapy	1 year
	Burn and plastics	1 year
	Rheumatology	1 year
	Pain management	1 year
Rehabilitation	Amputee	1 year
	Community health	1 year
	Health promotion	1 year
Neurology	None	
Mental health	None	
Oncology	None	
Prosthetics and orthotics		
MSc in rehabilitation	None	
Prosthetics and orthotics	None	
Philosophy in biomedical engineering	None	
Biomedical engineering	None	
Occupational therapist		
MSc in pediatrics	None	
Mental health	None	
Neurology	None	
Geriatrics	None	
Drug and substance	None	
Hand therapy	None	
Speech therapy		
Speech and language therapy/pathology	Dysphagia	6-12months
	Developmental speech and language disorder	6-12months
	Hearing impairment	6-12months
	Voice/stammering disorders	6-12months
	Learning disability	6-12months
	Acquired neurological disorders	6-12months
	Craniofacial abnormalities (Cleft lip and palate)	6-12months
	Augmentative/Alternative communication	6-12months
Audiology	Pediatric audiology	6-12months

	Vestibular audiology	6-12months
	Hearing device technology	6-12months
Health and Nutrition		
Human nutrition	Pediatric nutrition	6-12months
Dietetics	Therapeutic nutrition	6-12months
Clinical nutrition	Gerontological nutrition	6-12months
	Sports dietetics	6-12months
	Renal or Nephrology Nutritionist	6-12months
	Oncology nutrition	6-12months
Clinical nutrition and dietetics		
Nutrition epidemiology		
Public health nutrition		
Occupational therapists		
Pediatrics occupational therapist		
Occupational therapy in Mental health	Clinical Anxiety treatment	6-12months
	Drug and substance use	6-12months
	Neuropsychiatry	6-12months
	Pediatrics	6-12months
Neurology	Stroke	6-12months
	Neurodegenerative disease	6-12months
	Neuropathies	6-12months
	Hydrocephalus and spina bifid	6-12months
	Swallowing	6-12months
Physical rehabilitation	Orthopedics	6-12months
	Burn injuries	6-12months
	Stroke	6-12months
	Pediatrics	6-12months
Environmental modifications/Adaptation	Ergonomics	6-12months
Orthopedics	Hand and Leg injuries	6-12months
Cardiorespiratory problems		
Geriatrics		
Drug and substance abuse		
Hand and leg therapy		
Brain injuries		
Spinal cord injuries		
Autism		

Neurodevelopmental Treatment Approach	Stroke	6-12months
	Cerebral palsy	6-12months
Low vision		
Sensory integration	Autism	6-12months
Feeding, eating and swallowing		
Aquatic therapeutic Exercise		
Assistive technology	Wheel chair technology	6-12months
Burn injuries		
Ergonomics		
Deaf and blind		
Learning difficulties		
Music therapy		

Non-Specialty programs

Non specialty programs for Medical doctors

Courses that can be pursued by any medical professional without adding the status of specialty/sub specialty but are regulated by The Council.

COURSE	DURATION
Aviation Medicine	6 month
Travel Medicine	6 month
Medical Toxicology	6 month
Palliative Medicine	6 month
Laparoscopy	6 month
Sports medicine	6 month
Endoscopy	6 month
Echocardiography	6 month

Non specialty programs for dentists

COURSE	DURATION
Oral pathology	2 years
Oral Medicine	2 years
Dental Materials	2 years
Oral Microbiology	2 years

Dental Anesthesia	1 year
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Basic sciences

Non specialty based programs that shall not be regulated by the council for both Medical and dental professionals in Tanzania shall cover all the basic sciences directly related to or supportive of medicine and dentistry. Medical and dental professionals holding a basic science degree shall be required to retain themselves with The MCT and if they wish to practice shall be licensed to practice as an MD/DDS.

PHD program unless where the award was considered equivalent to clinical specialization. Should a PHD holder wish that the council recognize his or her award as a clinical specialist, they shall be required to make that case to the council for consideration by submitting the following for documents. Evidence of clinical training component of the programme as demonstrated by the course outline.

IMPORTANT NOTE

Where the training offered abroad is similar in nature to one offered locally and the abroad program is of shorter duration than the local program, then a practice embargo shall be applied until such a time that the duration discrepancy has been compensated and letter of recommendation in favour of such an applicant has been addressed to the council.

When the program is only offered abroad and none is available locally but the duration is shorter than the one prescribed here, then a practice embargo shall be applied until such a time that the duration discrepancy has been compensated and letter of recommendation in favour of such an applicant has been addressed to the council.

When applying for recognition of an award from overseas, the nominal hours of the program must be clearly stated with evidence from the program structure.

Those trained outside shall be subjected to a peer review to assist with the recognition as a specialist in the discipline under which they have trained

Qualifications not likely to be recognized as speciality or sub speciality

A guiding principle of the recognition process is that the Tanzanian community and health system in general are better served by avoiding unnecessary fragmentation of medical knowledge, skills and medical care. Therefore, the onus is placed on the applicant to demonstrate the benefits of specialty in a particular field of medicine and present evidence to this effect.

As such, the following areas of practice may not be granted recognition in Tanzania

- An area of practice limited to a specific geographic area or narrow demographic group
- An area of practice limited to the treatment of a single disease
- An area of practice based on a single modality of treatment, and

- An area of practice not directly involved in clinical care unless evidence is presented that specialisation is providing substantial benefits to the health status of the community.
- An area of practice already recognised (fully or partly) under a different name unless there was a clear case that the new specialty represent a major development.

Matters to be addressed in application of new specialty recognition

1. The field of practice is distinct and a legitimate area of specialist practice.
2. The specialty or field of practice is capable of contributing to the standards of medical practice
3. Regulation in the form of recognition of the specialty or field of specialty practice addresses service delivery, and quality of healthcare in Tanzania

Appeal

Where an applicant is not satisfied with the decision of The Council not to recommend that a specialty be recognised, one can request The Council to review its decision. Where the council maintains its decision not to recommend the recognition of a specialty or sub specialty, an appeal can be lodged to the Minister responsible for health within 40 days of such a decision. If the applicants are not satisfied by the decision of the minister, one may within 30 days from the date of the decision seek redress to The High court.

Reference

1. Guidelines for the Recognition of Medical Specialties and Fields of Specialty Practice under the Health Practitioner Regulation National Law. <https://www.medicalboard.gov.au/Registration/Recognition-of-medical-specialties.aspx>
2. The Kenya Medical practitioners and dentists council list of specialists and sub specialists. <https://kmpdc.go.ke/>
3. UMDPC guideline for pre-registration assessment of foreign trained specialists. <https://www.umdpc.com/Resources/SPECIALISTS%20ASSESSMENT%20GUIDELINE.pdf>

APPENDAGES

Appendix A: ELIGIBILITY CRITERIA FOR PEER REVIEW

1. Award is not from the east Africa community where reciprocal recognition applies.
2. Proficiency in the English language, written and spoken AND mastery of Kiswahili would be an added advantage to enable clear communication with patients and colleagues.
3. Holders of Bachelor degree acceptable as equivalent to the ones recognized by the MCT.
4. Documented evidence of specialist training Medicine and Dentistry lasting not less than 3 years and for allied health professionals lasting not less than two years recognized by the MCT
5. Documented evidence of subspecialty training in medicine or dentistry with duration as prescribed by MCT harmonization of recognition document.

PROCEDURE OF ASSESSMNET

1. The candidate applies to the Registrar of the MCT for registration.
2. The candidate pays the prescribed fees (registration and peer review fees).
3. The Registrar validates the candidate’s documents with the awarding institution(s).
4. The transcript is checked for equivalence to similar locally registered and recognized awards by a local institution offering the same program. Where such a program is not offered locally, a team of professionals will be set to validate the transcripts against what is standard.
5. Following validation of the candidate’s documents and breadth of training, the Registrar arranges for the peer review interview for all candidates.

Appendix B: APPLICATION FOR PEER REVIEW

1. SurnameOther Names
2. Date of Birth Nationality..... I.D/Passport No.
3. Postal
Address.....Town.....Tel/Mobile.....
4. Email.....
5. Education profile Degree, Diploma or License held (give name of medical school and date qualified – if degree notin English, provide official translation) .(Certified True Copies must be provided)

<u>Degree awarded</u>	<u>Name of Medical School</u>	<u>Date of award</u>
.....
.....
.....

6. Particulars of Experience (e.g. posts held, type of practice in which the applicant has been

engaged, countries in which the applicant has practiced:

<u>Post held</u>	<u>Type of practice</u>	<u>Country</u>
.....
.....
.....

5. Have any arrangements been made regarding employment? (if so, give details)

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Requirements/Attachments

1. Copy of ID/Passport
2. Coloured pass port size photo
3. Certified copies of professional certificates and academic transcripts
4. Copy of current CV
5. Evidence of postgraduate qualifications
6. Certificate of Good Standing from a Medical Licensing board from country of previous practice
7. License of current practice
8. Testimonials of practice covering the Period(s) of Experience
9. Application fees of _____
10. Peer Review/ Evaluation fees of _____

I hereby certify that the above information is correct to the best of my knowledge and I have fulfilled all the above requirements.

Signature of applicant:Date:.....

Appendix C: PEER REVIEW GUIDE

- i. Personal statement
- ii. Personality
- iii. Competence
- iv. Research (thesis or other publications)
- v. Main areas of work, spectrum of skills
- vi. Choose an area within the specialty of the applicant to focus on and discuss in detail

OUTCOMES OF THE PEER REVIEW INTERVIEW

- a. Immediate registration: These are the candidates who satisfied the peer review interview team
- b. Recommended for attachment: The Peer review team shall determine the candidates who

will require attachment

- c. Not eligible for registration: Failed Peer Review interview

NB: The peer review team will provide detailed report on the peer review process and how a decision was made for each of the category above.

Appendix D: ATTACHMENT GUIDE FOR FOREIGN TRAINED SPECIALISTS (Citizens and Non-Citizens)

A. Firstly assess knowledge of the specialist in the area of specialization.

This shall be through a lecture of their choice to the peers and any others who are interested.

- i. The lecture shall be by open invitation to those interested.
- ii. A team of 3 peer assessors selected by the council shall score the specialist on their inaugural lecture.
- iii. The final mark for the lecture shall be an arithmetic average of the assessors' marks.
- iv. If the specialist scores less than 50% in the inaugural lecture, he/she shall be given a maximum of 2 more chances to lecture. A pass score is at least half from subject knowledge and applied knowledge sections.
- v. The specialist shall not proceed with technical skills assessment before passing the knowledge assessment section.

The KNOWLEDGE areas and scores are as below:

Attribute	Score
<p>I. Subject knowledge; (accounts for 50%)</p> <p>a. Does the specialist reflect the minimum knowledge of the area of specialization as determined by a team of professional peers (logical conclusions, linkage of basic science to the area of specialty)?</p> <p>b. Does the specialist appropriately answer questions on the theoretical</p>	<p>_____%</p>
<p>II. Applied knowledge (accounts for 50%)</p> <p>a. Does the specialist demonstrate the linkage between theory and practice?</p> <p>b. Does the specialist demonstrate personal experiences of handling patients in the specialty?</p> <p>c. Does the specialist demonstrate ability for translating knowledge to the local setting?</p> <p>d. Does the specialist demonstrate ability to solve clinical case problems?</p>	<p>_____%</p>
<p>Total Score</p>	

B. TECHNICAL and clinical skills assessment

These technical and clinical skills shall be assessed by the supervisor (appointed by the council) mainly through an apprenticeship approach for a period not less than 6 months.

- i. The specialist shall maintain a portfolio/log of procedures for the specialist level activities undertaken during the attachment period.
- ii. This portfolio/log shall be signed off at the end of every week/activity and supervisor’s comments documented. As much as possible the portfolio should reflect the technical and clinical capabilities of the specialist.
- iii. Core competency have to be mastered at specialty level before signing off the specialist. These shall be prepared by the council on case by case basis.
- iv. A copy of the portfolio together with a report from the supervisor shall be submitted to the Registrar. The report shall:
 - a. Advise the Registrar about the competencies of the specialist.
 - b. Advice on the need for extension of attachment.
 - c. The pass score shall be 70% with 40% contribution from patient assessment and

management.

The areas and scores for technical and clinical skills shall be as below:

Attribute	Score
I. Patient assessment and management (50%) <ul style="list-style-type: none"> a. Does the specialist assess patients as expected by his level of training b. Does the specialist demonstrate clinical skills in patient examination c. Does he/she demonstrate skill in appropriate and timely clinical decision making d. Does the specialist demonstrate skills in patient treatment or surgical intervention 	_____%
II. Logical approach to the patient (25 %) <ul style="list-style-type: none"> a. Does he/she ask the proper assessment questions? b. Does he/she suggest and discuss the differential diagnoses? c. Does he/she demonstrate knowledge of the patient’s clinical presentation and the most likely diagnosis? d. Does he/she ask for the proper investigations? 	_____%
III. Professional character (25 %) <ul style="list-style-type: none"> a. Does the specialist have the right attitude to work? b. Does the specialist have the correct attitude towards peers (respect)? c. Does the specialist demonstrate ethical professional conduct? d. Does the specialist demonstrate appropriate communication and interpersonal skills? 	_____%
Total score by candidate	

OUTCOMES OF THE ATTACHMENT

- a. Score $\geq 70\%$: Recommended for registration
- b. Score 50% - $<70\%$: Extend period of attachment for 6 more months
- c. Score $<50\%$: Fail and specialty recognition to be denied. Such candidates shall not receive reciprocal recognition should they seek it after failing the MCT attachment.

Annex E: ELIGIBILITY CRITERIA FOR COMPLETION ATTACHMENT

1. Must be Tanzanian citizens at the time of the award
2. The award holder does not have a practicing license from an east Africa community member country where reciprocal recognition applies.
3. Must be holders of a Bachelor degree acceptable as equivalent to the ones recognized by the MCT.
4. Holders of specialist training Medicine and Dentistry lasting not less than 3 years and for allied health professionals lasting not less than two years recognized by the MCT.
5. Documented evidence of subspecialty training in medicine or dentistry with a duration half of that as prescribed by MCT in its harmonization of recognition document.
6. The subspecialty must be in the list of recognized by MCT as is published from time to time.

PROCEDURE OF ASSESSMNET

1. The candidate applies to the Registrar of the MCT for registration.
2. The candidate pays the prescribed fees (registration and peer review fees).
3. The Registrar validates the candidate’s documents with the awarding institution(s).
4. The transcript is checked for equivalence to similar locally registered and recognized awards by a local institution offering the same program. Where such a program is not offered locally, a team of professionals will be set to validate the transcripts against what is standard.
5. Following validation of the candidate’s documents and breadth of training, the Registrar arranges for the attachment at the candidates own cost.

Appendix F: APPLICATION FOR COMPLETION ATTACHMENT FOR SUBSPECIALTY AWARDS

1. SurnameOther Names
2. Date of Birth Nationality..... I.D/Passport No.
3. Postal Address.....Town.....Tel/Mobile.....
4. Email.....
5. Education profile Degree, Diploma or License held (give name of medical school and date qualified – if degree notin English, provide official translation) .(Certified True Copies must be provided)

<u>award</u>	<u>Degreeawarded</u>	<u>Name of Medical School</u>	<u>Date of</u>
.....
.....
.....
.....

6. Particulars of Experience (e.g. posts held, type of practice in which the applicant has been engaged, countries in which the applicant has practiced:

Post held **Type of practice**

Country _____

.....
.....
.....
.....
.....

6. Current employer

.....
.....
.....

Requirements/Attachments

- 1. Copy of ID/Passport
- 2. Coloured pass port size photo
- 3. Certified copies of professional certificates and academic transcripts
- 4. Copy of current CV
- 5. Evidence of postgraduate qualifications
- 6. Medical license to practice clinical medicine in the country of training
- 7. License of current practice
- 8. Testimonials of practice covering the Period(s) of Experience
- 9. Application fees for recognition of subspecialty recognition _____
- 10. Attachment processing fee _____

I hereby certify that the above information is correct to the best of my knowledge and I have fulfilled all the above requirements.

Signature of applicantDate.....

Appendix G: COMPLETION ATTACHMENT GUIDE FOR SUBSPECIALTY AWARDS

TECHNICAL and clinical skills assessment

- i. These technical and clinical skills shall be assessed by the supervisor mainly through apprenticeship approach for the period remaining to complete the minimum required training as per MCT documents.
- ii. The specialist shall maintain a portfolio/log of procedures for the specialist level

- activities undertaken during the attachment period.
- iii. This portfolio/log shall be signed off at the end of every week/activity and supervisor's comments documented. As much as possible the portfolio should reflect the technical and clinical capabilities of the specialist.
 - iv. A copy of the portfolio together with a report from the supervisor shall be submitted to the Registrar. The report shall:
 - a. Advise the Registrar about the competencies of the specialist.
 - b. Advice on the need for extension of attachment.
 - c. The pass score shall be 70% with 40% contribution from patient assessment and management.

The areas and scores for technical and clinical skills shall be as below:

Attribute	Score
I. Patient assessment and management (50%) <ol style="list-style-type: none"> a. Does the specialist assess patients as expected by his level of training b. Does the specialist demonstrate clinical skills in patient examination c. Does he/she demonstrate skill in appropriate and timely clinical decision making d. Does the specialist demonstrate skills in patient treatment or surgical intervention 	_____%
II. Logical approach to the patient (30%) <ol style="list-style-type: none"> a. Does he/she ask the proper assessment questions? b. Does he/she suggest and discuss the differential diagnoses? c. Does he/she demonstrate knowledge of the patient's clinical presentation and the most likely diagnosis? d. Does he/she ask for the proper investigations? 	_____%
III. Professional character (20%) <ol style="list-style-type: none"> a. Does the specialist have the right attitude to work? b. Does the specialist have the correct attitude towards peers (respect)? c. Does the specialist demonstrate appropriate communication and interpersonal skills, and ethical professional conduct? 	_____%
Total score by candidate	

OUTCOMES OF THE ATTACHMENT

- a. Score $\geq 70\%$: Recommended for registration
- b. Score 50% - $<70\%$: Extend period of attachment for 6 more months
- c. Score $<50\%$: Fail and subspecialty recognition to be denied. Such candidates shall not receive reciprocal recognition should they seek it after failing the MCT attachment.