

UNIVERSITY COLLEGE HOSPITAL, IBADAN.



STAFF INFORMATION HANDBOOK (FIRST EDITION)

Published by



University College Hospital,
Ibadan. Nigeria.

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FOREWORD

The University College Hospital Ibadan, being the flagship of Tertiary Hospitals in Nigeria, has been noted for providing the leadership in successful delivery of the tripartite mandate of Training, Research and Services to Nigeria's teeming patients and the health community at large. More than half of medical personnel in Nigeria either trained in the Hospital or passed through us for one course or the other. It is that our ethics and work codes should be solid and also be a reference point to others to emulate. The current administration at the University College Hospital Ibadan, places a high premium on staff welfare and the comfort of our patients. Similarly, the mantra of the administration is "Shared Vision" whereby every staff, as a stakeholder, has a role to play in the spirit of teamwork. Shared vision, inevitably, comes with shared responsibility. Therefore, our work codes and ethics should form the basis for a disciplined schedule, in order to perfectly serve our patients and clients, without whom, there will be no UCH.

This UCH Staff Information Handbook has been designed to provide all workers of the Hospital with the relevant and needed information to navigate their working career. The Handbook is the Catechism guiding the moral ethics and work codes for staff and these codes remain sacrosanct for a successful career and effective service to our fellow country men and women who come to us seeking remedy for their ailments.

I commend this handbook, which is authorized by the Board of Management of the Hospital, and could be amended as occasions demand, to all our hardworking staff. I use this opportunity to also commend the committee that put the handbook together.

The handbook has a copyright and remains the property of the University College Hospital.

Professor Jesse Abiodun Otegbayo
Chief Medical Director
University College Hospital, Ibadan.

PREFACE

The University College Hospital, Ibadan, Staff Information Handbook has been provided to intimate readers, particularly members of staff with some necessary and relevant information about the Hospital.

Members of staff are enjoined to familiarize themselves with the content of this Handbook and utilise the information accordingly.

The information contained in this Handbook can be reviewed and amended by the Board of Management of this Institution as, and when necessary.

This Handbook remains the property of the University College Hospital, Ibadan, and should be submitted to the Human Resource Department whenever an employee is leaving the service of this Hospital.

S. O. Oladejo
Director of Administration &
Secretary to the Board

COMMITTEE MEMBERS ON THE DEVELOPMENT OF UCH STAFF INFORMATION HANDBOOK

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Consultant, Gynaecologist - Chairman
2. Prof. Folashade Omokhodion,
Occupational Health & Safety Committee- Member
3. Mr. K. Atinwore,
Head, Human Resources Department - Member
4. Mrs. G. F. Logun,
Head, General Administration Dept. - Member
5. Dr. (Mrs.) P. O. Onianwa,
Head, Clinical Nursing Department - Member
6. Barr. O. O. Ajayi,
Head, Legal Department - Member
7. Dr. Y. I. Raji, MDCAN - Member
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(Rep by Mrs. O. A. Solaru) - Member
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13. Mr. C. Benson, ARN - Member
14. Mr. O. I. Olaleye, AMLSN - Member
15. Mr. D. A. Adejare, NSP - Member

- | | | |
|---|---|------------------|
| 16. Comrade Joseph K. Abiona, NASU | - | Member |
| 17. Comrade Ayo Adesina, MHWUN | - | Member |
| 18. Mr. K. A. Oyeyemi,
Deputy Director of Admin. | - | Member/Secretary |

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- | | |
|----------------------------------|-------------|
| 1. Sir Sydney Phillipson | 1957 – 1958 |
| 2. Sir Kofo Abayomi | 1958 – 1965 |
| 3. Mr. N. Okagbue | 1966 – 1967 |
| 4. Alhaji A. Tatari-Alli | 1967 – 1971 |
| 5. Prince S. I. A. Akenzua | 1971 – 1973 |
| 6. Alhaji S. A. Musa | 1974 – 1975 |
| 7. Mr. A. S. N. Egbo | 1975 |
| 8. Mr. G. G. Onyia | 1976 – 1979 |
| 9. Prince A. O. Agboola | 1980 – 1983 |
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| 11. Alhaji O. Ladan-Baki | 1986 – 1990 |
| 12. Prof. U. Shehu | 1991 – 1994 |
| 13. Prof. O. O. Akinkugbe | 2000 – 2003 |
| 14. Prof. E. A. Elebute | 2005 – 2007 |
| 15. Chief (Dr.) Sonny F. Kuku | 2009 – 2011 |
| 16. Col. Austin O. Akobundu | 2013 – 2015 |
| 17. Alhaji Ibrahim Bako Shettima | 2018 – |

CHIEF MEDICAL DIRECTORS

- | | |
|---------------------------|-------------|
| 1. Prof. E. O. Akande | 1978 – 1984 |
| 2. Prof. A. O. K. Johnson | 1984 – 1985 |
| 3. Prof. B. O. Osuntokun | 1986 – 1990 |
| 4. Prof. O. O. Ajayi | 1990 – 1998 |
| 5. Prof. M. O. Olatawura | 1998 – 2003 |
| 6. Prof. A. O. Ilesanmi | 2003 – 2011 |
| 7. Prof. T. O. Alonge | 2011 – 2019 |
| 8. Prof. J. A. Otegbayo | 2019 – |

HOUSE GOVERNORS/DIRECTORS OF ADMINISTRATION

HOUSE GOVERNORS

- | | |
|----------------------------|-------------|
| 1. Brigadier N. B. Brading | 1957 – 1958 |
| 2. Mr. G. Parker | 1958 – 1964 |
| 3. Col. J. B. Robertson | 1965 – 1967 |
| 4. Mr. S. A. Ladeinde | 1967 – 1973 |
| 5. Mr. F. G. A. Cole | 1975 – 1979 |

MILITARY COMMANDANT

Col. S. S. Simkaiye

DIRECTORS OF ADMINISTRATION

- | | |
|---------------------------|-------------|
| 1. Mr. F. G. A. Cole | 1980 – 1986 |
| 2. Mrs. M. P. I. Shenjobi | 1986 – 1995 |
| 3. Mr. E. O. Salako | 1996 – 2002 |
| 4. Mrs. I. G. Owosekun | 2002 – 2007 |
| 5. Mrs. O. M. Adepoju | 2007 – 2015 |
| 6. Mr. P. O. Olaosun | 2015 – 2016 |
| 7. Dr. A. K. Shiyabola | 2016 – 2020 |
| 8. Mr. S. O. Oladejo | 2020 – |

CHAIRMAN, MEDICAL ADVISORY COMMITTEE

- | | |
|-------------------------------|-------------|
| 1. Prof. T. M. Kolawole | 1979 – 1984 |
| 2. Dr. P. A. Ibeziako | 1984 |
| 3. Prof. E. Nkposong | 1985 |
| 4. Prof. O. O. Ajayi | 1985 – 1987 |
| 5. Prof. A. O. Adeuja | 1987 – 1992 |
| 6. Late Prof. M. O. Olatawura | 1992 – 1996 |
| 7. Prof. B. O. Onadeko | 1996 |
| 8. Late Prof. A. O. Adebo | 1997 |
| 9. Prof. W. A. Shokunbi | 1998 – 2002 |
| 10. Prof. (Ven.) A. O. Malomo | 2002 – 2006 |
| 11. Prof. A. A. Adenipekun | 2006 – 2010 |
| 12. Prof. J. A. Otegabyo | 2010 – 2014 |
| 13. Prof. A. O. Afolabi | 2014 – 2016 |
| 14. Dr. V. I. Akinmoladun | 2016 – 2020 |
| 15. Dr. A. M. Adeoye | 2020 - |

OUR VISION:

To be the Flagship Tertiary Health Care Institution in West Africa Sub-region, offering world-class training, research and services; and the first-choice for seeking health care in the safe environment known for a culture of continuous and compassionate quality care.

OUR MISSION:

To render excellent, prompt, affordable and accessible care in an environment that promotes hope and dignity irrespective of status whilst developing high quality health personnel in an environment that stimulates excellent and relevant research.

OUR CORE VALUES:

The core values of the University College Hospital are:

- Unrestricted access to excellent training, research and services
- Prompt, accessible, affordable and compassionate client centered care
- Professionalism and team work
- Equity in service provision
- Transparency and accountability
- Prudence in resources management
- High quality staff capacity and competitive rewards system
- Prompting collaboration with stakeholders

HISTORY OF UCH BACKGROUND INFORMATION

The University College Hospital, Ibadan was established by an Act of British Parliament in November, 1952 in response to the need for the training of medical personnel and other healthcare professionals for the country and the West African Sub-Region. The establishment of the Hospital was sequel to the outcome of a Visitation Panel in 1951 to assess the clinical facilities for the clinical postings of medical students registered for M.B.B.S. Degree, University of London. The visitation panel, led by Dr. T. E. Hunt of University of London rejected the enhanced facilities provided by the Government/Native Authority Hospital at Adeoyo, Ibadan following the establishment of a Faculty of Medicine in the University College, Ibadan now University of Ibadan in 1948.

The University College Hospital (UCH) is strategically located in Ibadan, then the largest city in West Africa which is also the seat of the first University in Nigeria. The physical development of the hospital commenced in 1953 in its present site and was formally commissioned after completion on 20th November 1957.

The University College Hospital, Ibadan was initially commissioned with 500 bed spaces but presently the Hospital has over 1000 bed spaces and 163 examination couches. The Hospital, at inception in 1948, prior to the Act of British Parliament, had two Clinical Departments (Medicine and Surgery). However, the Hospital has evolved to accommodate about 80 Departments among which is the first Department of Nuclear Medicine in Nigeria commissioned by the Honourable Minister of Health, Professor Eyitayo Lambo on

April 27, 2006. The Hospital and the University of Ibadan, function in excellent symbiosis and it is impossible to think of one without the other, in the areas of health manpower training, research and clinical services.

This functional interdependence was emphasized from inception through the appointment of the Chairman of the Provisional Council of the University College, (now University of Ibadan) Ibadan as the first Chairman of the Board of Management of the University College Hospital, Ibadan.

In addition to undergraduate medical programme (based in the College of Medicine of the University of Ibadan), the UCH also provides for: Postgraduate Residency Training Programmes in all specialties of Internal Medicine, Surgery, Obstetrics & Gynaecology, Paediatrics, Otorhinolaryngology, Ophthalmology, Anaesthesia, Laboratory Medicine, Psychiatry, Community Medicine, General Medical Practice, Radiology, Radiation Oncology, Oral Pathology, Oral & Maxillofacial Surgery, Child Oral Health, Periodontology and Community Dentistry, Restorative Dentistry and Family Dentistry. The University College Hospital also provides Diploma/professional programmes in the School of Health Information Management, Environmental Health Officers Tutors Course, Primary Health Care Tutors Course, Community Health Officers Tutors Course, Nurse/Midwife/Public Health Nurse, Post registration Courses in Nursing e.g Peri Operative Nursing and Occupational Health Nursing. Also, the Hospital has in-house continuing education programmes for Nurses and Midwives, leadership programme(s) for Nurses and Midwives attaining administrative positions, biennial guest lectures for professional Nurses, as well as Plaster Room Technician and Anaesthetic Technician programmes.

The Hospital is primarily an ideal tertiary institution but it has appendages of community based outreach activities at Igbo Ora, Abedo, Okuku, Sepeteri, Elesu, Jago, Kola Daisi and Oke-Apon Primary Health Care Centre where the Hospital offers secondary and primary health care.

The Hospital has 80 service and clinical departments and runs 96 consultative out-patient clinics a week in 50 specialties and Sub specialties. In addition to the College of Medicine, the Hospital ‘houses’ a Virus Research Laboratory, a W.H.O Collaborating Centre in Immunology, and an Institute of Advanced Medical Research and Training. (IAMRAT), and a Geriatric Treatment & Rehabilitation Centre. The Hospital also houses the Special Diagnosis Laboratory and the Special Treatment Clinic (S.T.C), a state-of-the-art clinic for research, training and treatment of sexually transmitted diseases and runs clinics for people living with HIV/AIDS. Accreditation has been given for the setting up of a Department of Nuclear Medicine, whilst approval has also been given by the Federal Ministry of Health for the establishment of an Institute of Neuro-sciences. Satellite Pharmacies are provided on each specialty floor as well as Cash and Carry stores for easy access for the procurement of drugs for in/out patients. A pain clinic and a Hospice service is also in place for the care of terminally ill patients.

The Management of the Hospital spurred by the Federal Government’s efforts in refurbishing the teaching hospitals has taken steps to widen the scope of services provided by the resuscitation of the open heart surgical procedure in the Hospital. With the refurbishment of the Hospital under the FGN/VAMED arrangement, the Hospital has commenced sending its medical personnel for update training courses on open heart surgery. In May 2006, a surgical team

of 13 members from the United States in collaboration with UCH surgical team successfully performed open heart surgery on three Pediatrics patients in the state-of-the-art cath laboratory of the Hospital.

GOVERNANCE STRUCTURE

The governance structure which consists of the Board of Management and Management team of the University College Hospital, Ibadan was established by an Act of British Parliament No. 26 in 1952, with powers to formulate policies and provide supervisory control on the day-to-day administration of the Hospital. The Act was amended by the University Teaching Hospitals (Reconstitution of Boards) Act No. 74 of 1979 which, six years later, was succeeded by the University Teaching Hospitals (Reconstitution of Boards, etc.) Decree 10 of 1985 which is deemed to have come into operations on 1st January, 1985. Section 7 of the 1985 Decree gives the Board powers “to do anything which, in its opinion, is calculated to facilitate the carrying out of its functions” and these include the duty to construct, equip, maintain and operate appropriate facilities for the training of medical students/personnel. Section 19 of the same Decree interprets a medical student as a person whose course of instruction is designed not only to enable him qualify as a medical practitioner but which is also “designed for the further training of medical practitioners”.

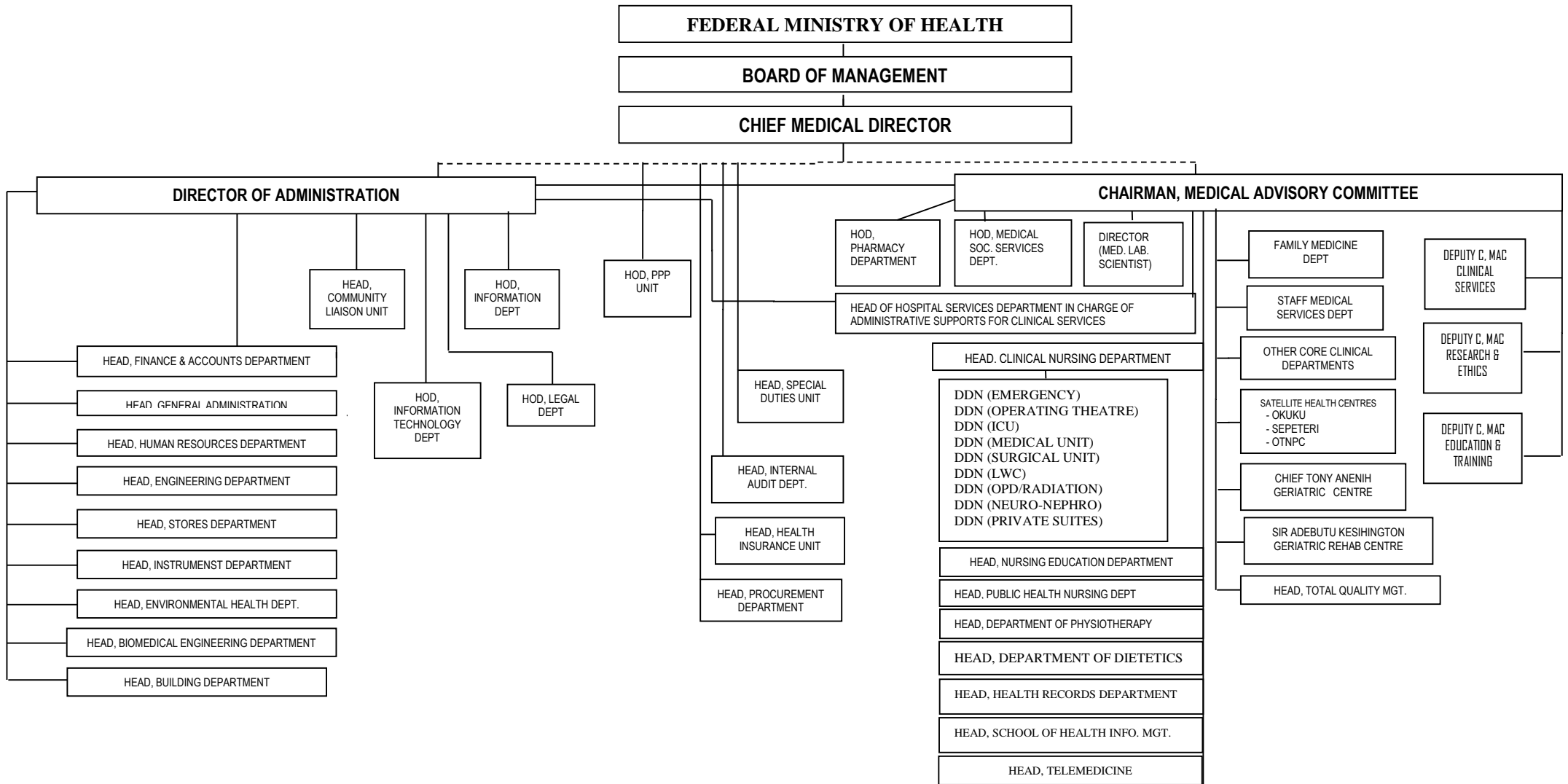
It is in pursuit of these statutory duties that the University College Hospital, Ibadan Board of Management had, since 1977, formally established a Residency Training Programme and determined the ground rules for its operations. In determining the rules and regulations governing the administration of the programme, the Board consulted widely with professional associations, postgraduate

examining bodies nationally and from groups and individuals, and the Department of Hospital Services in the Federal Ministry of Health, in order to ensure excellence in programme content and effective implementation.

ORGANOGRAM OF THE UNIVERSITY COLLEGE HOSPITAL, IBADAN

The Organogram of the University College Hospital, Ibadan has a governance and management structure which divides the Departments into clinical and non-clinical. It also has a hierarchical structure which has at its apex the Federal Ministry of Health, followed by the Board of Management, then the Chief Medical Director. The Chairman, Medical Advisory Committee and the Director of Administration. The evolution of various departments in the University College Hospital, Ibadan in line with global trend in the Health Industry, has led to the proliferation of directorates that now assist the Director of Administration and the Chairman, Medical Advisory Committee as outlined in the University College Hospital, Ibadan organogram.

ORGANOGRAM UNIVERSITY COLLEGE HOSPITAL, IBADAN



LIST OF DEPARTMENTS, UNITS AND CENTRES IN UCH

1. Office of the Chief Medical Director
2. Office of the Chairman, Medical Advisory Committee
3. Office of the Director of Administration
4. Human Resource
5. Hospital Services
6. General Administration
7. Total Quality Management
8. Community Liaison
9. Health Insurance
10. Finance & Accounts
11. Internal Audit
12. Stores
13. Information
14. Information Technology
15. Works
16. Procurement
17. Legal
18. Instruments
19. Biomedical Engineering
20. Telemedicine
21. Health Information Management
22. Medical Social Services
23. Epidemiology, Medical Statistics & Environmental Health
24. Dietetics
25. Clinical Nursing
26. Public Health Nursing
27. Nursing Education
28. Pharmacy
29. Physiotherapy
30. Hospice & Palliative Care
31. Chief Tony Anenih Geriatric Centre
32. Staff Medical Services
33. Emergency
34. Chemical Pathology
35. Community Medicine
36. Clinical Pharmacology
37. Periodontology & Community Dentistry
38. Restorative Dentistry
39. Child Oral Health
40. Oral Pathology
41. Oral & Maxillofacial Surgery
42. Family Dentistry
43. Anaesthesia
44. Psychiatry
45. Radiology
46. Radiation Oncology (Radiotherapy)
47. Surgery
48. Neurological Surgery
49. Orthopaedic & Trauma
50. Nuclear Medicine
51. Family Medicine
52. Haematology
53. Medical Microbiology & Parasitology
54. Medicine
55. Pathology

56. Obstetrics & Gynaecology
57. Ophthalmology
58. Otorhinolaryngology
59. Paediatrics
60. Child & Adolescent Psychiatry
61. Neurology
62. Plastic, Reconstructive & Aesthetic Surgery
63. Virology
64. Health Education & Promotion
65. Medical Laboratory Scientists Education Unit
66. Health Policy and Management

11. Professor Oluwole Adebo Continuing Professional Development Centre
12. Institute of Neurosciences
13. Institute of Child Health
14. Special Duties
15. Environmental Health
16. Infectious Diseases & Clinical Virology
17. Alumni, Grant and Advancement Unit

SCHOOLS AND TRAINING CENTRES

1. The Agency Schools (formerly Federally Funded Training Centres for Teachers of Health Sciences)
2. Nurse Tutors Programme
3. Environmental Health Officers' Tutors Course
4. Community Health Officers Programme
5. Primary Healthcare Tutors' Course
6. School of Health Information Management
7. School of Peri-Operative Nursing
8. School of Occupational Health Nursing
9. School of Nursing
10. School of Midwifery

CHAPTER 1

INTRODUCTION

1. It shall be the duty of every Officer to acquaint himself/herself with this document known as and called “STAFF INFORMATION HANDBOOK” of the UNIVERSITY COLLEGE HOSPITAL, IBADAN.
2. The contents of this “Staff Information Handbook” apply to all officers except where upon it conflicts with specific terms approved by the University College Hospital Board of Management and written into individuals’ contracts of employment or letters of appointment.
3. Except where otherwise indicated by the content or in the special definitions for particular Chapters, the following words and terms are used with the following meaning wherever they occur in this ‘Staff Information Handbook’.
 - (a) **‘The Board’** means the University College Hospital Board of Management created under the University College Hospital Decree 10 of 1985 (CAP U15 LFN 2004) as amended from time to time.
 - (b) **‘Committee’** means any selected group or body set up and authorized to act by the Board or the Chief Medical Director.
 - (c) **‘Officer’** means any member of staff of the University College Hospital Ibadan.
 - (d) **‘Established Post’** means an assignment or position provided for under the personnel emoluments estimates.
 - (e) **‘Unestablished Post’** means a position provided for in an open vote, e.g., casual/temporary appointment.
 - (f) **‘Department’** means a unit under the supervision of a Head of Department.
 - (g) **‘Head of Department’** means the person appointed by the Chief Medical Director to direct or supervise a Department of the Hospital or, in the absence of the Head of Department, any person duly appointed to carry out headship duties for a temporary period.
 - (h) **‘Nigerian Home Place’** means the place in Nigeria notified in writing at the time of his appointment and accepted by the Chief Medical Director on behalf of the Board as the place to which an officer or employee would naturally wish to return when spending his leave in Nigeria.
 - (i) **‘Expatriate Officer’** means any officer not of Nigerian nationality.

(j) **'Senior Post'** means a position attracting a salary on GL 07 – 17. i. e. CONHESS 06 - 15

(k) **'Junior Post'** means a position attracting a salary on GL 01- 06. i. e. CONHESS 01- 05

(l) **'Trainee'** means a person appointed to a training post in any grade; it includes pupils/interns.

(m) **'Child (of an Officer)'** means a child who:-

(i) is under the age of 18 and is entirely dependent on the Officer.

(ii) is either:

1. the Officer's offspring by a spouse married to him/her under the Marriage Act, according to Muslim Law or according to Customary Law.

OR

2. the Officer's stepchild – (being the offspring of a previous marriage of a spouse of the officer married to him/her or her under the Marriage Act, Muslim or Customary Law.)

OR

3. a child adopted by the officer in accordance with any statutory provision.

(n) **'Civil Disturbance'** means any disorder, disruption, fracas caused by any person or group of persons riotously or unlawfully assembled together. It also includes any disorderly acts as recognized by the Federal or State Government.

(p) **'Staff Medical Officer'** shall mean an employee who works as a medical staff of UCH or any other medical practitioner approved by the Board of Management.

CHAPTER 2

APPOINTMENTS

Section 1 – General

4. Appointments to offices in the service of the University College Hospital, Ibadan are made on the authority of the Board of Management and such offices are held at the pleasure of the Board.

These appointments are made either: -

- (a) By a letter/ letters written on the directives of the Board of Management; or
- (b) By a formal agreement between the officer and the Board of Management or its appointed agents.

Except as otherwise provided in these regulations, the Chief Medical Director is authorized to appoint eligible candidates to junior posts in all departments of the Hospital based on the needs and inputs of the departments.

5. Appointments to the services of the Hospital may be made in any of the following categories: -

- (a) As trainees or interns

- (b) On probation in a pensionable post
- (c) On a non-pensionable contract to a non-pensionable post or against a pensionable post for a specified period.
- (d) On month-to-month terms to a non-pensionable post or against a pensionable post.
- (e) On temporary basis other than c.
- (f) Tenure pensionable post

When posts are difficult to fill, they shall normally be advertised.

6. (a) When a candidate for employment requires additional professional experience before he can be regarded as fully qualified for appointment to a specific senior post, he may be appointed as a trainee or pupil for any specified period determined by the Chief Medical Director, in accordance with the requirements of the particular profession. On completion of the training period, the pupil may be appointed to the full grade on probation and will not be eligible for confirmation in the service until he has fulfilled the conditions laid down in regulation 13.

- (b) A confirmed officer, who is advanced to a trainee Grade for the purpose of acquiring the necessary experience to qualify him/her for promotion to a substantive post, will be treated in view of the aforementioned purpose, and the period of such training would be determined by the Chief Medical Director in accordance with the requirements of the particular profession.

7. To be eligible for appointment as an officer of the Hospital, an applicant must: -
- (a) Not be aged less than 18 and not more than 50 years.
 - (b) Possess such minimum qualifications and experience as are prescribed for the particular post from time to time.
 - (c) Be certified by the University College Hospital Staff Medical Officer as sound in health and medically fit for service in the Hospital; and
 - (d) If s/he is a student of a Training Institution and is under obligation to serve the Agency responsible for training him/her, produce a certificate from the Agency to which he/she is bonded to the effect that s/he has fulfilled all or has been relieved of his/her obligation to serve that Institution or Agency.
 - (e) Possess a testimonial of good conduct from his/her employer or if not employed, from the last school or college s/he attended.
8. A candidate who:
- (a) Has been convicted of a criminal offence; or
 - (b) Has previously been employed in the government service but was dismissed or forced to resign or compulsorily retired shall not be eligible for appointment.
9. Every applicant for employment must state (and the Chief Medical Director is responsible for seeing that he does state, whether on a printed form of application or any other approved written form): -
- (a) Whether he has ever been convicted of a criminal offence.
 - (b) Whether he has ever been in Government or any other employment; and
 - (i) If s/he has left that employment, why he/she did so;
 - (ii) If s/he is still in that employment, whether s/he is under any obligation to remain in it.
10. (a) All appointments to senior posts are made by the Board on the recommendation of the appropriate Selection Committees and except in cases of transfers from one grade of the hospital service to another, all vacancies are normally advertised. The appropriate Committees are: -
- (i) Medical
 - (ii) Nursing; and
 - (iii) Administrative and Technical

The Selection Committees have power to recommend the

promotion of a serving officer to a higher post without the need to advertise.

- (b) All appointments to junior posts are made on behalf of the Board by the Chief Medical Director. Except in cases within the junior cadre where an officer is promoted to a higher post, here the Chief Medical Director may make such promotion without the need to advertise. Apart from cases like this, all other appointments are normally done by advertisement. Applications may be invited either exclusively from serving employees, or from both serving employees and, or applicants who are outside the system.
 - (c) The Chief Medical Director is required to enquire carefully into the antecedents of all candidates being considered for appointments to junior posts and to ensure that every candidate selected is eligible for appointment under these regulations.
11. Immediately s/he assumes duty, an officer shall be required to enter his/her personal particulars on a staff record which shall be kept by the Human Resources Department.
12. It is the duty of the Chief Medical Director to ensure that every officer, permanent or temporary, signs an oath of secrecy on the appropriate form and that the oath so signed is carefully preserved.

Section II: Rules for Appointment on Probation

13. Except where the Board of Management decides otherwise, all first appointments to the pensionable establishment posts other than trainee post will be on probation for two years before the staff is confirmed. An officer confirmed in a lower pensionable office will not, however, be regarded as being on probation in a higher post to which he/she is promoted. This will also apply to an officer seconded or transferred as a confirmed officer, from a pensionable service elsewhere.
- 14 (a) Officers on probation will be required to serve for two years before being confirmed in the service. This period may however, be reduced to not less than six months by deduction of any previous period of public service rendered satisfactorily in posts of cognate status involving similar duties. The period of probation shall not exceed two years unless an extension is approved by the Chief Medical Director (Junior Staff) or the Board of Management (Senior Staff), as the case may be so decided.
- (b) Confirmation of appointment letter shall be issued to an officer on completion of the probationary period.
 - (c) In the case of Student Trainees sponsored by the Board of Management, they will not be eligible for confirmation until they have passed the examination appropriate in the circumstance to the training.

15. If within his/her probationary period it is established to the satisfaction of the Board of Management or, in the case of junior staff, that the officer is not qualified for the post or efficient in the services required by the position, his appointment may be terminated at any time by the payment of one-month's salary in lieu of notice.
16. If an officer relinquishes his appointment within the period of his probationary service, he will not be eligible for any facilities from the Board of Management towards transportation from Ibadan to his hometown. Such an officer is however expected to give one month's salary in lieu of notice.
17. The appointment of an officer on probation, who fails to secure confirmation in the pensionable establishment at the expiration of his probationary period, including such extension thereof as prescribed under regulation 14 above, may be terminated in the manner specified in regulation 15 supra.

Section III – Rules for Appointments on Non-Pensionable Contract.

18. A contract appointment is a temporary appointment by agreement which does not provide for the payment of a pension to an officer who occupies a post in an area of need

in the hospital service for a specified number of hours, months or years as opposed to non-pensionable appointments. The Agreement must ultimately be recorded in a formal document of agreement.

19. The conditions of service of a contract officer are those provided for in his contract and the privileges, emoluments or allowances described in these regulations do not apply to him/her unless it is specifically so stated in the contract itself. Any question of interpretation of a contract as affecting the conditions of service will be determined by the Chief Medical Director.
20. The duration of a contract appointment is limited to the period specified in the contract itself and any further employment of the officer concerned must be made the subject of a new contract.
21. (a) An appointment on contract may be terminated by the Board at any time in accordance with the terms specified in the contract itself. The recommendation to the Board of Management for the termination of the appointment of a contract officer shall be accompanied by a full statement of the reconsideration which has prompted it. On the receipt of the recommendation, the Board will decide in its absolute discretion whether the appointment shall be terminated forthwith in accordance with the terms of the contract or whether the officer shall be offered an

opportunity to submit any formal representations, if he so wishes, before a final decision is taken.

- (b) The termination of a contract by the officer himself/herself is subject to the terms of his contract and any question concerning the waiving of any of the penalties in a contract of agreement shall be determined by the Chief Medical Director.
- 22. A prior agreement of the Board of Management is necessary before an officer serving on contract may be offered re-engagement.
- 23. A contract officer who desires re-engagement shall so inform the Chief Medical Director in writing not less than three months before the expiration of his contract. In the absence of such notification, it will be assumed that an officer serving on contract does not desire the re-engagement.
- 24. On receipt of such notification expressing an Officer's wish to be re-engaged, the Chief Medical Director will obtain the consent of the Board of Management to the re-engagement.
- 25. As soon as it is clear to the Chief Medical Director that he will be unable for whatever reasons, to recommend the re-engagement of an officer serving on contract, he will seek the approval of the Board of Management to inform the

officer that he will not be re-engaged and on receipt of such approval, will inform the officer without delay.

- 26. Provided re-engagement is completed by the signing of a new contract before the end of the vacation leave granted under an expiring contract, service under the new contract will be treated as continuous with service under the former contract.
- 27. If a re-engaged contract officer is required to return to duty under his new contract before the expiration of his leave under his former contract, the leave foregone will be treated as deferred leave to be enjoyed under the conditions of the new contract.
- 28. When an officer on contract is re-engaged in his former office without a break in service and on the same salary scale, he will retain the incremental date enjoyed under his former contract. In other service, the incremental date of a re-engaged contract officer will be fixed in accordance with such rules as may be applicable in the circumstances, on the basis that the commencing date of the new contract is, for a Nigerian officer on the date which he resumes duty thereunder, or for an expatriate officer, the date he arrives in Nigeria to resume duty thereunder.
- 29. Appointments of employees on month-to-month basis and other short-term appointments in the Hospital Service are governed by the conditions set out in the Letters

offering appointments as well as such rules in the Conditions of Service as applicable to such staff. The appointments may be terminated in accordance with such terms.

Section IV – Transfers and Secondments

- 30(a) The transfers and/or secondments of officers and employees between the Hospital service, the Federal Public Service and other Public Service in the Federation of Nigeria may be conducted by the Chief Medical Director and the agency representing the Public Service or Statutory corporation.

The terms of such transfer and/or secondment are to be determined by the Chief Medical Director and the Agency referred to here.

- (b) In case of a transfer, an officer must have secured an appointment in the Hospital before applying for the transfer of his previous appointment to the Hospital.
- 31(a) Senior Posts: Application for transfer from one Department to another within the Hospital service requires the prior approval of the Board of Management and the Officer must have served for a minimum of two years in his original Department before seeking transfer to another Department. The application of such a person must be

submitted to the Chief Medical Director and must state the applicant's reason(s) for desiring the transfer and his qualifications for the transfer he wants to undertake. Such application may be considered, if necessary, by the appropriate Selection Committee in the case of vacancies which have been advertised.

- (b) Junior Posts: Transfers from one junior post to another within the Hospital may be arranged by the Chief Medical Director to meet the needs of the Hospital.

32. Movement from non-pensionable to pensionable appointments shall not normally be by transfer.

33. To be eligible for conversion from the post of Clerical Assistant to the post of a Clerical Officer, an Employee must have:-

- (a) Obtained the full minimum educational qualification for direct appointment to the post of a Clerical Officer.
- (b). Passed a test set by the Human Resource Department

34. Section V: Conduct of Staff during industrial action.

- (a) The following arms of the Hospital which are central and essential to the functions of the Hospital shall not be shut down during any Industrial action:

- (i) Security Services
 - (ii) Water Supply Services
 - (iii) Electricity Supply Services.
 - (iv) Environmental Sanitation Services
 - (v) Emergency Services
 - (vi) Emergency Services in all the Departments/
Units/ Divisions
 - (vii) Staff Clinic.
 - (viii) Intensive Care Unit (ICU)
 - (ix) Labour Wards
 - (x) Children Emergency Wards
 - (xi) High Dependency Unit
- (b) It will be illegal for any Union to engage in a lockout, tampering with electricity, and water supply, intimidating workers who are willing to perform their legitimate duties since these transcend mere withdrawal of service and peaceful demonstration.
- (c) All Officers on GL 14 i.e., CONHESS 12 and above and its equivalent including Heads of Departments/Units who are on salary below GL 14 should not take part in any industrial action.
- (d) All Officers in the category stated in 34(c) above, as well as those in essential service areas who abdicate their responsibilities shall be liable to severe sanctions.

- (e) Any Officer of the Hospital who discloses official information at his disposal without due authorization shall be liable to severe sanctions.

Section VI: Prohibition of Membership of Secret Society

35. No Officer shall become a member of any secret society. Any Officer who is a member of such societies shall renounce his membership forthwith by making a statutory declaration to that effect, or resign his appointment, or retire from the service. Contravention of this rule shall be regarded as an act of serious misconduct and shall attract appropriate disciplinary action which may include dismissal from service.

CHAPTER 3

RECORD OF SERVICE

36. The Record of Service is a document which contains the bio-data and history of activities and accomplishments of staff in an organization. The details in the Record of Service include the following:
- (i) Name
 - (ii) Date of Birth
 - (iii) Date of Appointment

- (iv) Nationality
- (v) Marital Status
- (vi) State of Origin
- (vii) Senatorial District
- (viii) Local Government Area
- (ix) Next of Kin
- (x) Nature/Type of Appointment

37. The document is primarily domiciled in the Human Resource Department of the Hospital. The newly employed staff should note the information they provide while filling the assumption of duty certificate/form as the information supplied would be transferred to their respective Record of Service. It is the responsibility of the newly employed staff to ensure that their details as provided while completing the assumption of duty certificate especially their date of first appointment and date of birth are correct, as the information provided cannot be altered in future except by seeking express approval of the Head of the Civil Service of the Federation.

38. Record of Service as the name implies, has the relevant information regarding a staff of the Hospital, right from the time of being employed to the time of retirement/exit from service. The document is updated from time to time, by the designated officers in the Human Resource Department trained to do so. The document is properly kept in a secured place because the information therein can also serve as a substitute for use when the personnel file is not available.

It can either be typeset or handwritten. Specifically, in the University College Hospital, Ibadan, the design of record of service for senior staff is different from that of the junior staff. However, the items of information in both designs are almost the same.

39. Record of Service is not a document to be handled by an unauthorized officer just like the Personnel file because it is a confidential document. The Record of Service is one of the documents required by the officials of National Pension Commission, during the enrolment and verification exercise of exiting/exited staff. Based on the directive of the regulatory body i.e., National Pension Commission, Pension Fund Administrators (PFAs) are to ask the employers of staff who have issues regarding their data with the PFAs, to forward their Records of Service in order to correct any error in their records.

CHAPTER 4

PROMOTIONS OF SERVING OFFICERS

40. Promotion to all posts in the Hospital Service are made by the Board of Management, except in respect of junior officers in which the Board of Management has delegated authority to the Chief Medical Director.
41. The claims of officers for promotion will be considered on the basis of official qualifications, experience, and merit, but nothing in these rules shall give an officer a claim to promotion, as of right.
42. When a senior post falls vacant, the vacancy shall be advertised. Exceptionally, however, the appropriate Selection Committee may recommend the promotion of a serving Officer without advertising the vacancy.
43. Normally, the effective date of a promotion from one senior post to another shall be as determined by the Board of Management. This rule is subject to the following modifications in the following circumstances:
- (a) If the promoted officer has been acting continuously (leave) in the higher office (or an office of an equivalent status) prior to his selections for appointment thereto, his promotion will be made effective from a date not earlier than the date on which he commenced such continuous acting or that on which the higher office fell vacant.
- (b) If the higher office is not associated with a specific duty post, a promotion thereto may be made effective from any date not earlier than the date on which it fell vacant.
- (c) If the higher office is that of a Head of Department, it will, for the purpose of this Information Handbook, be deemed to fall vacant on the date on which the former holder proceeds on leave pending his/her vacation of the office.
44. A Selection Committee which will include the Head of Human Resource Department and overseen by the Director of Administration will be convened as necessary to examine the suitability of all who have applied for the post, for instance from junior to senior vacancies and recommend them for promotion.
45. The effective date of promotion from a junior to a senior post will normally be the date on which the officer assumes the duties of the senior post after selection for promotion except in a case where if the officer has, immediately prior to his selection for promotion, been undertaking, by approved acting appointment, the full duties and responsibilities of the post to which he is promoted, the date of his promotion will be antedated to either:
- (a) The date from which he has filled the post continuously; or

- (b) The date on which the substantive vacancy in the post occurred, whichever is the later.
- 46. Normally, the vacancy in a junior promotion post in the Hospital Service will be filled within the Service. In the event that no suitable employee is available, the Chief Medical Director will fill the vacancy by appointment from outside the Hospital service.
- 47. In the case of promotion from one junior post to another, the effective date will be the date on which the promoted officer takes up the duties of the higher office, or in the alternative, the date on which the higher office falls vacant (whether or not the promoted officer acts in the vacancy from that date), provided that the promoted officer was, on that date, fully qualified to assume duty therein in a substantive capacity.
- 48. An officer shall not be considered for promotion/conversion/another appointment, until he or s/he must have served the probationary period of two years.

CHAPTER 5

DISCIPLINE

Section I – Disciplinary Procedure

- 49. The power to dismiss, suspend and exercise disciplinary control over Officers holding offices in the University College Hospital is vested in the Board of Management. This power may be delegated to the Chief Medical Director or a committee of the Board.

For purposes of this regulation, the power to suspend and to initiate disciplinary measure over all officers, excluding Chairman, Medical Advisory Committee and Director of Administration is hereby delegated to the Chief Medical Director. The Chief Medical Director shall not have the power to dismiss a member of the senior staff, he can only issue a suspension.

- 50. Disciplinary proceedings are initiated because of an officer's misconduct or general inefficiency.
- 51. **Misconduct** is a specific act of wrongdoing and improper behaviour which is inimical to the image of the hospital and which can be investigated and if proven, may lead to termination of appointment or retirement. Examples of misconduct include:

- (i) Willful act or omission or general misconduct to the scandal of the public or to the prejudice of discipline and proper administration of the Hospital, e.g., dishonesty, drunkenness, insubordination, negligence, use of foul language, failure to keep records, sleeping on duty, loitering, unruly behavior, dereliction of duty, etc.
- (ii) Improper dressing to the office or while performing official duties.
- (iii) Engaging in trade or business during working hours.
- (iv) Hawking merchandise or engaging in any other form of trading on office premises during office hours.
- (v) Disobedience of lawful order.
- (vi) Seeking influence of prominent persons or canvassing for personal advantage.
- (vii) Unauthorized publications.
- (viii) Fighting while on duty.
- (ix) Delay in treating official document

52. If it is represented to the Chief Medical Director that an Officer has been culpable of misconduct and the Chief Medical Director, after investigation, does not consider the alleged misconduct serious enough to warrant proceedings under regulations 48, 50 and 51 with a view to dismissal, he may proceed to impose such punishment as he may deem appropriate. In the case of senior officers, such disciplinary action will be reported to the Board.

53. For the purpose of the provision in this item, the term ‘Officer’ means a person holding a junior appointment in the Hospital Service. Such an officer may be dismissed by the Chief Medical Director only in accordance with the rules set out in sub-paragraphs (i-vi) below:

- (i) The officer shall be notified in writing of the grounds upon which it is intended to dismiss him/her, and s/he shall be given a full opportunity of exculpating himself/herself.
- (ii) The matter shall be investigated by the Chief Medical Director or such other officer or officers as s/he may appoint.
- (iii) If any witnesses are called to give oral evidence the officer shall be entitled to be present and to put questions to the witnesses:

- (iv) No documentary evidence shall be used against the officer unless he has previously been supplied with a copy thereof or given evidence thereto.
 - (v) If at the end of the investigation the Chief Medical Director is of the opinion that the officer should be dismissed, the Chief Medical Director shall forthwith forward the report to the Board.
 - (vi) In lieu of dismissal, the Chief Medical Director may, at his/her discretion, impose a lesser penalty on an officer holding a senior post on temporary (e. g contract) or month-to-month terms (e. g. locum). A lesser penalty such as reduction in rank, stoppage of increment, warning or reprimand or withdrawal from service may be meted out.
54. An officer holding a senior post, whether on pensionable or contract terms, may be dismissed by the Board of Management in accordance with the provisions set out below.
- (i) The officer shall, by the directive of the Chief Medical Director, be notified in writing of the grounds on which it is proposed to dismiss him/her and s/he shall be called upon to state, in writing, before a day to be specified, any grounds upon which s/he relies to exculpate himself/herself.
 - (ii) If the Officer does not make available such statement within the time fixed or if s/he fails to exculpate himself/herself to its satisfaction, the Board shall appoint a Committee to enquire into the matter. The members of the Committee shall be selected with due regard to the standing of the officer concerned, and to the nature and quality of the complaints which are the subject of the inquiry. The Head of the officer's department shall not be a member of the Committee.
 - (iii) The officer shall be informed that on the specific day the question of his dismissal will be brought before the Committee, s/he will be allowed, if the Committee shall so determine, to appear before the Committee to defend himself/herself.
 - (iv) If witnesses are examined by the Committee, the officer shall be given an opportunity to be present and to put questions to the witnesses on his/her own behalf, and no documentary evidence shall be used against him/her unless he has previously been supplied with a copy thereof or given access thereto.
 - (v) If during the course of the enquiry, further grounds of dismissal are disclosed, and the Board of Management thinks it fit to proceed against the officer upon such grounds, the officer shall by the direction of the Board be furnis/hed with a written statement thereof and the same

steps shall be taken as are above prescribed, in respect of the original grounds.

- (vi) The Committee having enquired into the matter shall make a report to the Board who, if it considers that the report should be amplified in any respect or that further inquiry is desirable, may refer any matter to the Committee for further inquiry or report, accordingly. The Board shall not itself hear witnesses save in exceptional circumstances.
- (vii) If upon considering the report of the Committee together with a copy of the evidence and of all material documents relating to the case, the Board is of the opinion that the officer should be dismissed, it shall forthwith suspend him/her from the exercise of his office and from the enjoyment of his salary, and shall without loss of time dismiss him/her from the service. The dismissal shall take effect from the date upon which he was suspended by the Board and he shall not be entitled to any salary subsequent to such date.
- (viii) If the Board does not approve the officer's dismissal, and does not consider that any penalty should be imposed, the officer shall (provided he had previously been suspended) be forthwith reinstated, and shall be entitled to the full amount of salary which he would have received if he had not been suspended.

(ix) If upon considering the report of the Committee, the Board is of the opinion that the officer does not deserve to be dismissed, but deserves some lesser punishment, it shall impose whatever lesser punishment it deems fit, such as demotion, stoppage of increment, warning or reprimand or retirement from Service, or suspension without pay for a specified period.

(x) If upon considering the report of the Committee, the Board is of the opinion that the officer does not deserve to be dismissed, but that the proceedings disclosed grounds for requiring him/her to retire in accordance with the rule, it shall direct accordingly.

55. An Officer holding a senior post on temporary or month-to-month terms may be dismissed by the Chief Medical Director only in accordance with the rules set out in subparagraphs (i-v) below:

- (i) The Officer shall be notified in writing of the grounds upon which it is intended to dismiss him/her, and he shall be given a full opportunity of exculpating himself/herself.
- (ii) The matter shall be investigated by the Chief Medical Director or such other officer or officers as s/he may appoint.

- (iii) If any witnesses are called to give oral evidence, the officer shall be entitled to be present and to put questions to the witnesses.
 - (iv) No documentary evidence shall be used against the officer unless s/he has previously been supplied with a copy thereof or given access thereto.
 - (v) If at the end of the investigation the Chief Medical Director is of the opinion that the officer should be dismissed, s/he shall forthwith dismiss him/her from the service.
 - (vi) In lieu of dismissal, the Chief Medical Director may, at his/her discretion, impose a lesser penalty on an Officer holding a senior post on temporary or month-to-month terms such as reduction in rank, stoppage of increment, warning or reprimand or withdrawal from service.
56. If criminal proceedings are instituted against an Officer, proceedings for his dismissal upon any grounds involving the criminal charge shall not be taken until the final determination of the criminal proceedings.
57. If an officer to whom the provisions of regulation 53 or 55 may apply is convicted of a criminal charge, the Board may cause the proceedings of the criminal court on such a charge to be considered by it and following such consideration, the Board may come up with an opinion on whether the officer should be dismissed or otherwise punished without any of the proceedings prescribed in regulations 53 or 55 being taken.
58. If a junior officer is convicted on a criminal charge, the Chief Medical Director may dismiss him/her or otherwise punish him/her without any of the proceedings prescribed in regulation 53 being taken.
59. A junior officer convicted of a criminal offence (not minor traffic or sanitary offences and the likes) shall not receive any emoluments from the date of conviction pending consideration of his/her case by the Board or the Chief Medical Director.
60. A junior officer acquitted of a criminal offence shall not be dismissed for any charge of which s/he has been acquitted but nothing in these rules shall prevent his being dismissed or otherwise punished on any other charges arising out of his/her conduct in the matter, provided that such charges do not raise substantially the same issues as those of which s/he has been acquitted.
61. A junior officer who is dismissed forfeits all claims to retiring benefits, leave or transport grant.
62. Notwithstanding the provisions of this Chapter of the Staff Handbook, if the Board considers that it is desirable in the Hospital's interest that an officer should be required to

retire from the service on grounds which cannot suitably be dealt with by the procedures laid down in regulations 53, 55 and 56, it shall call for a full report from the Chief Medical Director. If, after considering that report and giving the officer an opportunity of submitting a reply to the complaints by reason of which his retirement is contemplated, the Board is satisfied. Having regard to the conditions of the service, the usefulness of the officer thereto and all other circumstances of the case that it is desirable in the Hospital's interest to do so, it may require the officer to retire, and the officer's service shall accordingly terminate on such date as the Board shall specify. In every such case, the question of pension will be dealt with in accordance with extant rules.

63. If in any case, the Board considers that the Hospital's interest requires that an officer should cease to exercise the powers and functions of his/her office instantly, the officer may be interdicted from the exercise of the powers and functions of his/her office, provided that proceedings for his dismissal are being taken or are about to be taken, or that criminal proceedings are being instituted against him/her. Recommendations to the Board for interdiction should only be made when it is clearly established in the Hospital's interest that the officer should be interdicted. If prior to any charge concerning the loss of funds, the officer was handling public funds, or came into contact with the public, consideration should be given to the possibility of him/her being put on alternative work. Interdiction should

not be automatic and should be recommended only when no other alternative seems possible. Subject to regulation 60, an officer who had been interdicted shall, unless and until s/he is suspended, be allowed to receive such portion of the emoluments of his/her office, not being less than one-half, as the Board shall think fit. If the proceedings against any such an officer do not result in the dismissal or other punishment of the officer, he shall be entitled to the full amount of the emoluments, which he would have received if he had not been interdicted. If the punishment is other than dismissal, he may be refunded such proportion of the emoluments withheld as a result of his interdiction as the Board shall think fit.

64. The process of interdicting an officer or employee as set out in regulation 64 is delegated to the Chief Medical Director. Interdiction should not be used in the case of temporary staff or daily-rated officers. If a member of the temporary staff is arrested on a criminal charge or if it is necessary to prevent him/her from exercising the powers and functions of his/her office pending the result of criminal or disciplinary proceedings, his appointment should be terminated forthwith by payment of the appropriate wages in lieu of notice, on the understanding that if s/he is subsequently exculpated, s/he will be reinstated as from the date of exculpation or from the day following the expiration of the period for which s/he was paid in lieu of notice, whichever is the earlier.

65. An officer who is under interdiction or suspension may not, without the permission of the Chief Medical Director, leave Ibadan neither should s/he leave the country without the specific approval of the Board of Management during the interval preceding his/her reinstatement or dismissal. He/she is also responsible for keeping the Hospital informed of his address at which instructions can be delivered. If s/he fails to comply within 48 hours with instructions delivered to him/her at such address, he will be regarded as absent from duty without leave.
66. The term ‘suspension’ when used in connection with disciplinary proceedings means either suspension for a specified period when a punishment short of dismissal is intended, or suspension as explained in regulations 55 (vii) and (ix). It should not be interchangeable with interdiction. The period of suspension may be determined by the Chief Medical Director.
67. It is the duty of the Head of Department to whose notice the misconduct of an officer subordinate to him/her is brought to report the case to the Chief Medical Director without delay together, if necessary, with his/her recommendation as to interdiction. On receiving the report, the Chief Medical Director will take action in accordance with whichever form of disciplinary procedure s/he considers appropriate to the circumstances and will, if necessary, order the interdiction of the officer. Pending a decision as to interdiction, the officer, may, if it is considered necessary in the Hospital’s interest, be prohibited from carrying on his/her duties but may not be deprived of any of his/her emolument.
68. An officer must, under pain of disciplinary action, report to the Chief Medical Director whenever s/he has been convicted of a criminal offence, whatever its nature.
69. No notice or salary in lieu is given to an officer and his/her dismissal takes effect from the date on which s/he is officially notified that s/he has been dismissed. Where the officer concerned seeks to evade this official notification the effective date will be:
- (a) that on which s/he is served with notification even though s/he may refuse to acknowledge receipt; or
 - (b) the date on which the notification is delivered by a messenger to his/her recorded address, even though the officer concerned does not himself/herself acknowledge receipt of such delivery; or
 - (c) the date on which the notification is sent by post to his/her last known or normal address in accordance with the definition of ‘service by post’ in section 26 of the Interpretation Act, Chapter 123 (LFN, 2004).
70. Before proceedings for the removal of a junior officer for general inefficiency may be taken under regulation 59, he must have:

- (i) been warned on at least three occasions previously in writing;
- (ii) suffered loss or deferment of his/her last increment; and
- (iii) been given ample opportunity for improvement.

71. In all cases of termination for inefficiency, notice of termination should be given. The period of notice should be one calendar month unless any other period is appropriate in the light of a particular officer's terms of service. If it is decided that the officer should leave the service immediately, s/he may be paid salary equivalent to the period of notice. The period of notice should include any leave to which the officer may be entitled. If the leave due is longer than the period of notice, the officer should be sent on leave and the period of notice absorbed by the leave.

72. It is the duty of every Head of Department, as soon as s/he observes any fault or short-coming in an officer subordinate to him/her which may adversely affect his/her prospect of promotion or of passing an efficiency bar or of obtaining an increment, to bring it to the notice of the officer and to record that this has been done.

73. As soon as a Head of Department becomes dissatisfied with the work or behavior of any officer subordinate to him/her,

it is his duty to inform: the Director of Administration or, if the subordinate staff is a senior officer, the Chief Medical Director in writing, giving details of the unsatisfactory work or behavior. The Chief Medical Director or the Director of Administration, as the case may be, will bring this to the notice of the subordinate officer in writing and require him/her to submit, within a specified time, such written representations as s/he may wish to make to exculpate himself/herself from disciplinary action. After considering such written representations as the officer may make within the specified time, the Chief Medical Director or the Director of Administration will decide whether:

- (a) the officer has exculpated himself/herself, in which the Chief Medical Director or the Director of Administration, on the instruction of the Chief Medical Director will so inform him/her and no further action will be necessary; or
- (b) the officer has not exculpated himself/herself, but no immediate punishment is warranted, in which the Chief Medical Director or the Director of Administration, on the instruction of the Chief Medical Director will issue an appropriate warning and require the officer to acknowledge its receipt in writing; or
- (c) the officer has not exculpated himself/herself and deserves some punishment in which case regulation will apply.

74. Subject to the provisions of the Labour Act Chapter 91 and of individual letters of consideration for appointment, the appointment of temporary staff may be terminated at the discretion of the Chief Medical Director, provided that prior to the dismissal of any such officer, s/he has been informed of the grounds on which it is proposed to dismiss him/her and has been given an opportunity to submit representations why s/he should not be dismissed. Similarly, prior to the termination of his/her service for inefficiency, **such officer shall be warned at least thrice** of his/her failings and be given an opportunity to improve or to offer a satisfactory explanation of his/her failure to perform his/her duties efficiently.

Section II - Miscellaneous Disciplinary Rules

75. (a) Any officer who absents himself/herself from duty renders himself/herself liable to be dismissed from the service, and the onus will rest on him/her to show that the circumstances do not justify the imposition of the full penalty.

(b) If the Services of any officer who is on leave are required, s/he may be recalled immediately. An officer on leave who intends to travel out of the country shall be required to notify the Chief Medical Director. If s/he fails to do this and his/her services are required in the Hospital during the period, s/he will be deemed to have been absent from duty without leave.

76. (a) The efficiency of an officer must be regarded as gravely impaired and the value of his services seriously diminished if, from any cause whatsoever, he becomes financially embarrassed.

(b) If such embarrassment is caused by imprudence or other reprehensible cause, the officer concerned will be liable to immediate dismissal and the onus will rest on him/her to show that the circumstances do not justify the imposition of the full penalty.

(c) When the fact that an officer has become a judgment debtor or a party to accommodation bill or promissory notes is brought to the notice of the Chief Medical Director, s/he shall call upon him/her to submit a statutory declaration in the prescribed form disclosing all his/her liabilities.

(d) Otherwise, the Chief Medical Director should take such action as may appear to him/her to be necessary when an officer becomes financially embarrassed; and, if s/he considers it undesirable that the officer should be retained in the Hospital service, s/he should initiate the appropriate disciplinary proceedings.

77. No officer shall make any loans at interest to any other officer or shall act as an intermediary between any officer and a money-lender or shall take any part in collecting debt on behalf of a money-lender.

78. It is the duty of the Chief Medical Director to ensure that all officers and temporary staff in the Hospital who have access to classified or restricted papers have signed oaths of secrecy in the appropriate form before they are granted such access and that the declarations signed are safely deposited with the Chief Medical Director.
79. Every officer is prohibited from disclosing to any person, except in accordance with official routine or with the special permission of the Board of Management, any article, note, document or information entrusted to him/her in confidence by any person holding office in the University College Hospital, Ibadan, or which s/he obtained in the course of his/her official duties. Similarly, every officer is required to exercise due care and diligence to prevent the knowledge (content) of any such article, note, document or information from being communicated to any person against the interest of the Hospital.
80. Every officer is prohibited from abstracting or copying official minute papers, records or other documents except in accordance with official routine with the special permission of the Chief Medical Director.
81. Officers shall not, as a general rule, have access to official or secret records relating personally to themselves.
82. No officer, may, on leaving the Hospital services, take with him/her any Hospital record without the written permission of the Chief Medical Director.
83. All manuscripts, documents and records of Hospital interest which may be discovered by any officer may not be appropriated to his/her own use, but their existence must be reported to the Hospital in order that steps may be taken for their examination and preservation.
84. Except in pursuance of his/her official duties, no officer shall, without the express permission of the Chief Medical Director, whether on duty or on leave of absence.
- (a) act as the editor of any newspaper, magazine or periodical, or take part directly or indirectly in the management thereof;
 - (b) contribute to, whether anonymously or otherwise, or publish in any newspaper, magazine or periodical, or otherwise publish or cause to be published in any manner, anything which is prejudicial to the interest of the Hospital;
 - (c) speak in public or broadcast on any matter which may reasonably be regarded to be prejudicial to the interest of the Hospital.

- (d) allow himself/herself to be interviewed or express any opinion for publication on any question prejudicial to the good interest of the Hospital.
 - (e) Nothing in this regulation shall be deemed to prevent an officer from publishing in his/her own name, by writing, speech or broadcast, matters relating to a subject of general interest which does not contain the criticism of any officer, official statements or actions or one which can be regarded as of a political or administrative nature; provided that in so publishing any matter compiled with Hospital sanction from official records, s/he gives prominence to a disclaimer of the hospital's responsibility for its accuracy.
85. No officer shall, without the express permission of the Chief Medical Director, whether on duty or on leave of absence:
- (a) hold any office, paid or unpaid, permanent or temporary, in any political organization;
 - (b) offer himself/herself or nominate anyone else as a candidate at any election of members of a local government council or a state or Federal Legislature;
 - (c) indicate publicly his/her support of, or opposition to any party candidate or policy.
 - (d) engage in canvassing support for a political candidate.
- (e) Nothing in this regulation shall be deemed to prevent an officer from voting at an election.
 - (f) Resignation is necessary before seeking elective public office. Howbeit, any officer wishing to engage in partisan political activities or seeking elective public office shall resign his/her appointment forthwith.
86. Hospital officers are not prohibited from holding shares in both public and private companies operating in Nigeria or abroad except that they must not be directors in private companies, and may only be directors in public companies if nominated by the Board of Management or the Government. Officers may be required at any time to submit, in confidence, full information about any investment held by them. Where an officer is called upon to divest himself/herself of his/her investments, and s/he fails to comply, the matter must be reported to the Board of Management for necessary action.
87. (a) No full-time officer of the Hospital must engage in trade or commercial undertakings or take on any other employment to the detriment of his official duties.
- (b) No officer may render professional assistance to private persons or firms, or accept remuneration for it except with the written permission of the Chief Medical Director which will not usually be granted unless it is to the advantage of the Hospital that it should not be withheld. The amount of

the remuneration must be approved by the Chief Medical Director.

88. Except with the prior sanction of the Board, no officer may sell within the areas of his/her official activities his/her own or another officer's private property to the Hospital; nor without a like sanction may s/he purchase any private property for or furnish supplies on payment to the Hospital:
89. The influence of members of any legislative house in or outside Nigeria, or of any other person or members of the Board for ensuring the due consideration of the claims of an officer must not be sought, in matters connected with discipline or with a view to obtaining consideration for appointments, transfers or promotions. Official arrangements are in existence which ensure due and fair consideration of the claims of all officers and attempts made to influence any such consideration will injure rather than further the cause of the officer concerned.
90. No step may be taken by any officer without previously informing the Board of Management, to institute legal proceedings for libel or slander in connection with matters arising out of his/her official duties.
91. (a) In order to improve Hospital Services, and enhance accountability and transparency, no officer shall receive any bribe or engage in corrupt practices.

- (b) This regulation applies not only to the officers themselves but also to their families, and officers will be held responsible for its observance by their families. It does not apply to cases of remuneration for special services rendered and paid for with the consent of the Board.
92. Gifts from rulers, chiefs and other persons which cannot be refused without giving offence shall be handed over to the Chief Medical Director. When gifts are received on behalf of the Hospital in ceremonial intercourse, they shall be handed over to the Chief Medical Director and any return gifts shall be given at the Hospital's expense.
93. Superior officers are prohibited from issuing personal letters of recommendation regarding their official service to their subordinates without express permission from the Chief Medical Director. However, a superior officer may answer a confidential enquiry from prospective employer of a subordinate by whom s/he has been named as a personal referee.
94. In order to prevent unauthorized issuance of letters of recommendations or certificates of character by non-officials, officers are prohibited from writing such letters or certificates on official stationery.
95. No fines shall be imposed on any officer, as a punishment for an offence committed in the course of official duties.

96. (a) If at any time the Hospital revenue or properties sustain a loss by reason of neglect or fault of any officer, s/he will be liable to be surcharged with the amount, and any sums due to him/her from the Hospital may be withheld in satisfaction of such surcharge.
- (b) Officers on temporary appointment may be surcharged if the circumstances warrant such action.
- (c) Authority to impose a surcharge under this regulation is delegated to the Chief Medical Director. Cases dealt with under this section will be reported periodically to the Board.
97. An officer on leave of absence other than terminal leave shall not accept any paid employment without previously obtaining the express permission of the Chief Medical Director.
98. No officer shall undertake any private agency in any matter connected with the exercise of his/her hospital duties.
99. Concealment of any of the facts which an applicant for hospital employment is required to make known in compliance with regulation 8; or any false statement in that regard, or in any application for employment will be regarded as sufficient grounds for non-employment or for subsequent termination of appointment without notice if such falsehood is detected after engagement.

100. Any case of wrongdoing on the part of an officer shall be reported by the Head of Department to the Management, of which the Human Resource Department shall on behalf of the Management issue a query.

CHAPTER 6

SALARIES AND INCREMENTS

101. On first appointment, salary shall, as a general rule, be paid as from the date of assumption of duty; but in the case of an officer, Nigerian or expatriate, who accepts a firm offer of appointment to a senior post in the hospital service while overseas, as a general rule, half salary shall be paid from the date of assumption of duty and full salary from the date of arrival in Nigeria to assume duty, provided that the officer proceeds direct to Nigeria. Otherwise, he/she shall be paid half salary for such time only as is ordinarily required to perform the journey.
102. Except where otherwise provided, seniority as between persons selected for appointment shall be determined by the date/time of assumption of duty.
103. On transfer from another authority to the Hospital service, an officer will be eligible for the salary attached to his/her

new office with effect from the day s/he assumes duty in the Hospital.

104. Except in the case of a promotion from a non-pensionable to a pensionable office, the following rules shall apply when an officer is promoted in the ordinary course within the Hospital service to an office carrying salary on an incremental scale:
- (i) if immediately prior to his/her promotion, the salary of the officer was less than the minimum of the new office, s/he shall receive the minimum.
 - (ii) If his/her salary was not less than the minimum of the new office, s/he shall receive the next higher incremental step in his/her new scale.
105. When an officer receives, in addition to the salary of his/her office, an allowance granted to him/her personally and not permanently attached to his/her office, s/he may, when absent on half-pay leave receive only half of such personal allowance, the remaining money being left undrawn and lapsing to the Hospital.
106. When the salary of an officer is on an incremental scale, the holder shall not be entitled to draw any increment as of right, but only by approval of the hospital.
107. An Officer whose service in all respects (conduct, efficiency, diligence and fidelity) has been entirely

satisfactory throughout an incremental earning period shall be granted an increment on the due date.

108. The Chief Medical Director is authorized to grant, defer or withhold the increments of any officer(s) or employee(s) of the hospital.
109. The incremental date of an officer (including temporary officer) appointed or promoted to a post in the Hospital service shall be the anniversary of the date s/he commenced to draw the full salary of such appointment, or of the date of promotion, advanced to the first day of the month concerned.
110. If the Head of Department is not entirely satisfied with the service of an officer during an increment earning period but does not consider that the circumstances warrant the immediate withholding or deferring of an increment, s/he should notify the Chief Medical Director in writing of the defects in the service of the officer which, if not corrected, will affect adversely the granting of future increment, and the Chief Medical Director will after notifying the officer or employee concerned, grant the increment on the due date.
111. An officer who is required to fulfill within a specified time limit, any of the conditions listed in this regulation and fails to do so, will normally, with effect from the last day of the time-limit inclusive, cease to be eligible to receive any

increment until the date on which s/he does fulfill the condition in question. The latter date will then become his/her new incremental date and s/he may, subject to satisfactory service in other respects, receive thereon the first increment s/he missed by failing to fulfill the conditions earlier. The conditions are: -

- (a) Securing confirmation of appointment.
- (b) Passing of a prescribed examination or test.
- (c) Meeting a prescribed level of performance evaluation.

112. An increment is deferred when, on account of some shortcomings of an officer, the decision as to whether or not it should be granted is postponed for a specific period. The period must be fixed at the time the increment is deferred, and must not be less than three months nor more than six months; if less than six months in the first instance, it may, if necessary, be increased to six months by additional specific deferment. If a deferred increment is eventually granted, it does not become effective until the day following the expiration of the specified period of deferment, but the recipient retains his original incremental date for subsequent increments. If a deferred increment is not granted at or before the expiration of six months from the date it was originally due, it must be withheld.

113. An increment is withheld when, on account of some shortcomings of an officer, there is a decision not to grant

it and that s/he shall cease to be eligible therefore until his/her next incremental date. The withholding of an increment thus results in the salary of the officer in question remaining for the rest of his incremental service one increment behind what it would have been, had his increment not been withheld.

114. The grant of an increment may be deferred or withheld by reason of unsatisfactory service, unsatisfactory conduct or lack of efficiency. In deciding which penalty to impose, the Chief Medical Director or in the case of senior officers, the Board will take into account the gravity of the original short-coming and the standard of the officer's subsequent service, bearing in mind that to withhold an increment is a more serious penalty than to defer it.

115. An increment deferred or withheld cannot be restored with retrospective effect in consequence of improved service during a later increment earning period.

CHAPTER 7

CONFIDENTIAL REPORTS AND CERTIFICATES OF SERVICE

Section 1: Confidential Reports

116. The reports required on officers of the Hospital are to be submitted once a year on the following forms: -
- (a) All members of staff – Annual Performance Evaluation Reports Form (APER).
 - (b) Resident Doctors – Confidential Report Form (CR Form).
117. It is essential for the general efficiency of the Hospital Service that confidential reports on officers should be detailed and candid. Reporting officers must realize that their own capabilities are discernible from the reports they write on their subordinates, bearing in mind that they hold their offices as much by virtue of their administrative ability as of technical ability. Therefore, all reports emanating from a particular officer shall be evaluated as to their discriminatory capacity.
118. The substance of any adverse comment on an officer's work or conduct, included in a report, should be conveyed to him/her in writing by the Chief Medical Director in sympathetic terms and with the object of enabling and encouraging him/her to overcome his/her shortcomings.
119. The objective of annual performance evaluation reports is to provide a full record of each officer's work, conduct and capabilities from which his/her suitability for promotion may be judged by the Board. In order that the Staff Selection Committee may be in a position to weigh, in connection with a particular vacancy, the merits of officers from different Departments, it is important s/he should know precisely what work the officer has been engaged in and the judgment formed on that work; especially where professional and technical officers are concerned. It is no less important that the Committee should receive an indication of the officer's suitability for appointment to a senior grade, in which s/he would have to perform administrative and supervisory duties. It may be that the officers work in the appointment which s/he holds, gives the fullest satisfaction, but that s/he is unsuitable for more responsible duties, and the Committee desires to have a record on expression of opinion as to each officer's suitability for promotion when, by his seniority, he may be regarded as eligible to be considered for such appointment.
120. On a date to be decided by the Chief Medical Director, every officer on whom an annual performance evaluation report is required should complete and sign the appropriate form applicable to his/her post, and forward it through

his/her Head of Department. Officers who will be on leave on the due date should take this action before proceeding on leave.

121. The attention of all officers is directed to the necessity for including the fullest possible information in their replies to the question on the front page of the annual performance evaluation forms.

Section II: Certificate of Service.

122. All 'expatriate' officers engaged on non-pensionable contract terms must, and all other officers may, if they so wish, be furnished, on leaving the Hospital Service, with a Certificate of Service.
123. The main purpose of a Certificate of Service is that it may be used as a reference covering the holder's Hospital Service when seeking other employment. Accordingly, when drafting a Certificate of Service, all information which a prospective employer may require from a previous employer should be given.
124. Certificate of Service must be on the approved form. A certificate of service issued to an officer holding a senior post and who has held more than one post, should be endorsed on the back with a summary showing: -
- (a) the posts

- (b) the period for which the officer held them;
(c) the nature of the duties performed therein.

CHAPTER 8

MEDICAL AND DENTAL TREATMENT

Section I - General

125. Medical and Dental treatment is provided for all pensionable members of staff and their families by the University College Hospital, Ibadan in line with the existing National Health Insurance Scheme (NHIS).
126. An Officer who prefers to be treated by a Government or private medical or dental practitioner instead of availing himself/herself of the Hospital Staff Medical facilities, must bear all expenses incurred through such treatment, unless he can show to the satisfaction of the Chief Medical Director that medical attention was not available at the University College Hospital, and he was duly referred to the Government/Private Medical or dental practitioner by the Staff Medical Officer, or by a Consultant of this Hospital, or that it was a medical emergency arising outside Ibadan.

127. The Chief Medical Director may at any time (and shall, if the officer so requests) call upon an officer to present himself/herself for examination, to the Staff Medical Services Department or to a duly constituted medical board, with a view to its being ascertained whether the officer is physically capable of performing the duties of his appointment or of any appointment to which it may be proposed to transfer him/her.
128. An officer on leave of absence may be required, or at his own request may be permitted, by the Board of Management or its accredited representative, to present himself/herself for examination to an approved medical practitioner, with a view to obtaining a report as to the officer's physical fitness to return to his duties or to take up a fresh appointment.
129. In the case of examinations under either of the two preceding regulations:
- (a) Any fee in respect of the examination shall, in the absence of any special regulations or arrangements to the contrary, be paid by the Hospital;
 - (b) The person or persons appointed to conduct the examination shall have discretion to call a specialist into consultation and any fee due to the specialist for assistance in rendering a report to the Hospital shall be paid at the Board's expense;
- (c) The officer shall, however, be informed at the earliest possible date of the decision reached upon his case by the Board after consideration of the report, and if the officer is dissatisfied with that decision, he shall be at liberty to make representations to this effect, in which event the Board shall decide at its discretion whether any further medical evidence shall be called for.
130. The Board will consider claims for the refund of medical expenses incurred by officers and their families during travels duly authorized by the Board in cases of serious illness occurring en route and provided that the illness is not attributable to the officer's or his family's negligence. Claims for petty bills incurred on trips will not, however, be entertained.
131. The Board may authorize a refund of medical expenses (excluding charges for maintenance) incurred by an officer while overseas on leave or on duty provided that: -
- (a) the illness was not due to the officer's own negligence (for staff going overseas).
 - (b) the illness was attributable to conditions in the place visited or the climate overseas.
 - (c) the officer sought to avail himself/herself of the services of the regular public health service of the country (where

applicable) and could not obtain the requisite attention thereunder within a reasonable time;

- (d) the officer informed the nearest accredited representative to the Hospital at the earliest date possible that he was unable to obtain the requisite attention through the regular public health facilities of the country concerned.
 - (e) the officer showed reasonable diligence, expedition and economy in seeking and obtaining medical attention.
132. Approval for journeys outside Nigeria for medical treatment will only be given by the Hospital Board of Management on the recommendation of a Medical Board; and will be confined to serious cases where a patient's life is in danger or where the examination is necessary for diagnosis of difficult cases, or to ensure that a patient is fully recovered and able to undertake the duties of his office.

Section II – Absence from Duty on Account of Illness.

133. No officer is permitted to be absent from duty on account of illness unless he produces an excuse duty certificate signed by the Staff Medical Officer or a Consultant attending to him/her in this hospital. Excuse duty certificates obtained otherwise than as indicated above are

not acceptable unless these are countersigned by the Staff Medical Officer.

Responsibility of Officers

134. Every officer is responsible for keeping his Department informed in writing of the address at which it will be possible to find him/her or ascertain his whereabouts in the event of his being prevented by illness from attending his place of work.
- 135.(a) An officer **not being** on leave of absence or an in-patient in a hospital who is prevented by illness from performing his duties must either report the fact immediately to his Department within 24 hours, or cause to be delivered to his Department, an excuse duty certificate signed by the Staff Medical Officer.
- (b) Unless absence from duty through illness is covered either by admission to a hospital or by an excuse duty certificate, it should be treated as having been absent without leave.

Departmental Responsibilities

136. Each Departmental Head must maintain an up-to-date record of addresses of the officers working under him/her. It is, however, the responsibility of the officer to keep his

Departmental head informed in writing of his current address.

137. If an officer's absence from duty is not explained by him/her within 24 hours, enquiry should be made at his recorded address to ascertain the cause of absence. If absence is caused by illness, he should be instructed to report to the Staff Medical Officer and the fact of his absence must be communicated to the Head of Human Resource Department, if a senior officer, the Chief Medical Director.

Responsibility of Staff Medical Officer

138. When an officer presents himself/herself to the Staff Medical Officer for examination, the latter will examine and treat him/her and either hand him/her whichever certificate (Excuse Duty, Light Duty, or Medical) the Staff Medical Officer considers appropriate; or if he admits him/her to the hospital as an in-patient, inform his Department.
139. If an excuse duty certificate is granted, the period of such excuse duty will not exceed seven days. Each period of extension thereto shall not exceed seven days and not more than a total of 42 days' sick leave may be allowed on such certificate. If the officer is still not fit for duty after 42 days' sick leave, he shall immediately be examined by a Medical Board, or, provided the Staff Medical Officer

considers it necessary, be admitted to the Hospital as an in-patient. The 42-day rule shall not apply when an officer is admitted to the University College Hospital unless the period exceeds three months when a Medical Board would have to be held.

140. On any of the occasions listed in this regulation, the Staff Medical Officer will report the circumstances to the Officer's Department:
- (a) when an officer is either admitted to or discharged from the Hospital.
 - (b) when an officer refuses to carry out or in the opinion of the Staff Medical Officer, is neglecting to carry out, the medical advice he has been given;
 - (c) when in the opinion of the Staff Medical Officer, an officer is feigning ill-health;
 - (d) when in the opinion of the Staff Medical Officer, an officer's illness has been caused by his own fault or neglect.

Section III – Curtailment of Tour on Grounds of Health

141. An expatriate officer shall not be retained in Nigeria when his state of health renders it desirable for him/her to go on

leave. It shall be the duty of every expatriate officer to report to the Staff Medical Officer when he considers that his health is becoming impaired and to carry out any recommendations or instructions made or given to him/her by the Staff Medical Officer in order to mitigate such impairment. No expatriate officer will serve a tour of over 18 months without a special medical certificate stating that he is fit to extend his tour.

142. An expatriate officer will be required to go on vacation leave without completing his full tour if, in the opinion of the Staff Medical Officer, his state of health renders it desirable for him/her to go on leave.
143. At any stage of his tour, an expatriate officer may be invalidated by the Chief Medical Director on the recommendation of the Hospital's Medical Board.
144. On learning of the recommendation of the Medical Board that one of his expatriate officers be invalidated, the Chief Medical Director will arrange the necessary passages and the preparation of leave papers and instruct the officer as to the date on which, and the route by which, he should travel.

Section V – Injuries

145. This section does not apply to any person who is an employee to whom the provisions of the Employees Compensation Act 2010 apply.

146. When an officer has sustained an injury as a result of an accident encountered in the performance of his duty, and is incapacitated by the injury from making a report, he must as soon as possible inform the Staff Medical Officer who should promptly report details of the injury to the Chief Medical Director.

147.(i) If the injury is one which might lead to a claim for a special award under the extant rule, the Chief Medical Director shall cause an enquiry to be conducted into the circumstances of the accident with a particular reference to the following aspects:

- (a) Did the accident occur in the actual discharge of duty?
- (b) Was the accident due to any fault on the injured person's part?
- (c) Was the accident specifically attributable to the nature of the duty being discharged?

(ii) The report of the enquiry shall be submitted together with the Medical report to the Chief Medical Director.

(iii) In the case of fatal injury, the Chief Medical Director shall conduct an enquiry in the same way unless the information provided by the Coroner's inquest is clearly sufficient for

the purpose of deciding whether a special award should be made.

CHAPTER 9

OCCUPATION OF HOSPITAL QUARTERS

148. All officers can apply for allocation of quarters on the Hospital premises.
149. If an officer's duties necessitate his being available at any hour of the day or night, he may be required to live in specified Hospital quarters in the vicinity of his place of work.
150. Members of staff who obtain loans from the Board of Management or with the assistance of the Board by means of a guarantee, to purchase their own houses, will not be entitled to allocation of quarters. If they are already living in Hospital quarters, they will be required to vacate such quarters after three months of payment of last installments.
151. This rule does not however, affect House Officers and Interns who are required to be resident during their training.
152. Allocation of quarters is done by the committee on Housing.
153. Officers proceeding on terminal leave must vacate their quarters within three months of their final disengagement.
154. Officers provided with Hospital quarters are normally charged rent as determined by the Board of Management.
155. It shall be a condition on which an officer is provided with Hospital quarters that s/he does not sub-let part thereof, or use the quarters to take in a lodger or paying guest. An officer who fails to comply with this regulation is guilty of gross misconduct.
156. An officer provided with quarters is responsible for maintaining in good order, all articles of Hospital furniture included therein, and for the cleanliness of the quarters including the compound which he must inspect from time to time.
157. An officer provided with Hospital quarters is prohibited from altering the structure of fixtures. If any alteration is desired, an application must be made to the supervising Department who will arrange for the alteration if approved. Mosquito proofing and fixtures must not be removed without the approval of the Head of the supervising Department. The officer to whom the quarters have been allocated will be held responsible for any contravention of this regulation.

158. Hospital furniture in Hospital quarters belongs to the quarters to which it has been issued and no articles of furniture may be interchanged between quarters (or between quarters and offices),
159. An officer provided with Hospital quarters must give at least forty-eight hours' notice to the Head of the supervising Department that he wis/hes them to be taken over as explained in this regulation.
160. Hospital quarters must be taken over from and handed over to Head of the supervising Department who is the officer controlling the quarters. An incoming occupant must acknowledge receipt of the quarters and all articles of Hospital furniture therein by signing the furniture inventory and key register. An out-going occupant must hand over the keys of the quarters he is vacating to the authorized representative of the Head of the supervising Department and remains responsible for the quarters and all articles of Hospital furniture therein, until he obtains the signature of such authorized representative to the furniture inventory and key register in acknowledgement of their surrender.
161. Unless an officer, at the time he takes over Hospital quarters indemnifies himself/herself by reporting any deficiency or damage in the said apartment to the Head of the supervising Department, it will be assumed that he received the quarters and all articles of furniture belonging thereto in good condition, and he will be liable for the cost

of making good any deficiency, damage or neglect discovered at the time he hands over the quarters.

CHAPTER 10

LEAVE

162. (i) **Deferred Leave:** “Deferred leave” is that leave which an officer is granted in an exceptional circumstances by the Director of Administration or Chief Medical Director to carry forward to the next leave year because of exigency of duty. It could be part of annual leave not fully exhausted or any leave approved for deferment.
- (ii) **Earned Leave:** “Earned leave” is the leave due to an officer in a year for the service rendered to the Government.
- (iii) **Resumption of Duty:** The date of resumption is the date following the date of expiration of leave.
- (iii) **Vacation and Terminal Leave:** Any leave granted, and taken within the period of an appointment or at the end of an appointment which is to be followed by another appointment is “Vacation Leave”, whereas, that taken at the end of an appointment which is not being followed by another appointment is “Terminal Leave”.

163. Unless otherwise stated in these regulations, leave is granted by the Hospital at its discretion. Applications for leave are, after due recommendation by the Head of Department, to be submitted to the Chief Medical Director through the Head of Human Resource Department for sanction.

164. An officer who resigns will be liable to: -

- (i) Forfeit all claims to vacation leave. Where however, an officer has worked for not less than six months before resignation, he should be entitled to pro-rata leave on an ex-gratia basis.
- (ii) Refund to the Hospital in full any sum of money which he may be owing;
- (iii) Forfeit all previous pensionable service and this cannot normally be taken into account for pension purposes if the officer is subsequently re-employed.

The period of any leave granted under the provisions of these regulations is only to the extent of extant rules.

165. An officer who retires in circumstances in which he is eligible for returning benefits before he has completed the full leave year may be granted a proportion of his vacation leave prior to retirement.

166.(a) Proportionate leave under the above regulation will be reckoned at the appropriate rates shown in the Ready Reckoner at the end of this Chapter in respect of each completed month's service. No period of service less than one month will be reckoned for proportionate leave.

(b) In any case, where it is established that an officer has enjoyed more than a proportionate leave for which he is eligible, the cost of the excess leave will be recovered from any benefit accruing to him/her or from him/her directly as a debt due to the Hospital.

(c) Annual leave entitlement will be at the rate applicable to the officer's substantive basic salary at the date he proceeds on leave.

167. It is the responsibility of every officer to indicate to his Head of Department during the month of January of each year, the date when subject to the exigency of the service, he would wish to take his annual leave during the leave year.

168. An officer with the exception of a contract or temporary officer on a daily rate of pay, who joins the Hospital Service after the 30th of June, 2020 of any leave year shall not be granted vacation leave until January of the following year. The leave earned by such officer for the period up to

31st December will be calculated on pro-rata basis and added to the leave due for the following year.

169. An officer who resigns from the service of the Hospital before he has served at least six months, shall not be entitled to any leave or transport grant.

170.(a) All leave must be taken in the year in respect of which it is due, otherwise it will be regarded as foregone and forfeited.

(b) Officers may, however, with the approval of the Head of Department and/or the Chief Medical Director, be allowed to accumulate their leave without forfeiting any rights.

171. Annual Leave shall be granted to an officer in accordance with his grade level as follows:

(a) GL 07 and above - 30 calendar days

(b) GL04-06 - 21 calendar days

(c) GL 03 and below - 14 calendar days

172. A Pre-Registration House Officer is entitled to 28 days' leave during the period of his internship and this may be taken at the end of the 12 months' period of Housemanship.

173. An Expatriate officer may, at the discretion of the Chief Medical Director, be granted vacation leave other than in accordance with Regulation 193.

(a) On medical grounds;

(b) On ground of urgent private affairs

(c) on the ground of public policy;

(d) prior to retirement at his own request before completing his normal length of tour;

174. In order to maintain the proper proportion of officers on duty and to ensure that all officers are granted the amount of leave for which they will be eligible during the leave year at the times most convenient to the service, Heads of Departments are required to prepare and maintain leave rosters in respect of annual vacation leave for all officers in their Departments. Such leave rosters should be prepared during the first quarter of the leave year. The Head of Department will then notify all officers about when it will be convenient for them to proceed on annual leave.

175. An officer desiring to proceed on leave (whether vacation, terminal or casual) must complete the appropriate 'Application for Leave' form and submit it. In the case of an officer holding a senior appointment, this should be done through his Head of Department for the approval of the Chief Medical Director, except in the case of a Head of Department, whose leave application shall be approved by the Director of Administration.

176. An officer who proceeds on leave without proper approval will be deemed to be absent without leave.
177. An officer who leaves the service other than by resignation or dismissal before he has served for six months will be eligible for proportionate leave. If he has enjoyed more leave during the leave year than he is eligible to receive in these regulations, he will be required to refund salary at the rate at which it was paid for the approved working days' leave enjoyed in excess of what he was eligible to receive; the days in respect of which salary is refunded being treated as leave without pay for pension purposes or in line with extant rule in this regard. This provision will be waived in the case of an officer who has died in the service.
178. Travel days will not be granted to officers proceeding or returning from leave except in the case of expatriate officers granted overseas leave who will be allowed two-day travel time on full pay in respect of journeys to and from Nigeria.
179. Leave transport grant will be payable at the rate applicable to an officer's substantive basic salary at the date he proceeds on leave.
180. Officers will not be entitled to the use of Hospital transport for the conveyance of themselves, their families or their baggage while on or returning from leave.
181. Where an officer is required to proceed overseas on a course of instruction, he may be permitted to take any earned leave for which he is eligible in the country to which he is required to travel. The spouse of such an officer is not eligible for free passage at the expense of the hospital except where the period of the course of instruction is nine months or more. This provision is subject to availability of funds.
182. An officer who desires to proceed on vacation leave outside Nigeria must inform the Chief Medical Director.
183. An officer who, without an acceptable excuse, fails to resume duty after vacation leave will be regarded as absent without leave and without pay. The period of absence may not be set off against any future leave nor, save with the permission of the Chief Medical Director, against any deferred leave already standing to the officer's credit.
184. On return from annual or vacation leave, every officer must complete and submit a Resumption of Duty Certificate to his Head of Department who will confirm its accuracy and endorse it to the Head of Human Resource Department.

185. Calculation of proportionate leave shall be as reflected in the following table:

**UNIVERSITY COLLEGE HOSPITAL, IBADAN
Annual Leave Calculated on Pro-Rata Basis**

No. of Months	GL 07 and Above	GL 06-04	GL 03 and Below
	Calendar Days	Calendar Days	Calendar Days
12	30	21	14
11	28	19	13
10	25	18	12
9	23	16	11
8	20	14	09
7	18	13	08
6	15	11	07
5	12	09	06
4	10	08	05
3	07	06	04
2	05	04	03
1	03	02	01

Paternity leave of 14 working days to be verified

Rules Relating to Pregnancy

186. This section does not apply to female officers employed on temporary terms, as such officers are not eligible for

maternity leave. They must, however, proceed on maternity leave without pay at least six weeks before confinement.

187 (a) Maternity Leave is the authorised absence from duty of a serving female officer granted by the Management on account of pregnancy covering the prenatal and postnatal periods.

(b) A female staff that is pregnant is entitled to 16 weeks maternity leave at a stretch, beginning not less than 4 weeks before the expected date of delivery with full pay. A medical certificate showing the expected date of confinement must be presented not less than two months before that date. The annual leave for that year will, however, be regarded as part of the maternity leave. Where this annual leave has already been enjoyed before the grant of maternity leave, that part of the maternity leave equivalent to the annual leave will be without pay.

(c) Any female officer who is nursing a child shall be granted two hours off-duty every day. This facility shall be granted up to a maximum period of six months from the date s/he resumes duty from maternity leave.

(d) No female officer shall be allowed to proceed on maternity leave with pay more than once in a period of two years, provided that a woman officer may be granted leave

without pay in a case where she does not qualify for maternity leave with pay.

188. Any disciplinary proceedings against a female officer which might otherwise have been taken during the period of her maternity leave shall be postponed until her maternity leave has expired. Such postponement, however will not in any way prejudice the proceedings against her.

189. No female officer shall be required to resign her appointment or retire by reasons of pregnancy alone but if her condition interferes with the efficient performance of her duties, she may be re-assigned duties appropriately.

190. An officer not being on leave of absence, who is absent from duty on grounds of ill-health will, provided such absence is covered by proper authority, be regarded as absent on sick leave.

191. An officer on vacation leave, who is prevented from resuming duty at the expiration of his authorized leave by reason of ill-health duly certified by a Registered Medical Practitioner, may be granted an extension of leave. The period of any such extension will be deducted from the deferred leave (if any) due to the officer at the time the extension is granted, and any period in excess of all the deferred leave will be treated as sick leave.

192. When a Medical Board recommends that an officer should be permanently invalidated, he will cease, with effect from the date of the recommendation, to be eligible for sick-leave, but will immediately commence vacation leave prior to retirement. The amount of leave granted will be either:

(a) his deferred leave, if any, plus the proportion of his annual leave or

(b) two months whichever is the greater amount; it will commence on the day on which the Medical Board recommends permanent invalidating, and retirement will take effect from its expiration.

193. Officers may be granted, at the discretion of their Heads of Departments, occasional permission to absent themselves from duty for a few days without loss of salary, provided that, if an officer is permitted to leave his duty post on such casual leave it shall be at his own expense. The total period of such casual leave shall not exceed seven days in any one year.

194. An officer may be allowed special leave on full pay to take an examination he is required by the conditions of his appointment to pass.

195. An officer may be allowed special leave on full pay for two to six days to take an examination, the passing of which is not a condition of his current appointment, provided that on

the recommendation of his Head of Department, the Chief Medical Director approves. Such recommendation must certify:

- (a) that the officer is industrious and efficient in the performance of his duties;
- (b) that his general value to the Department justifies the concession, and
- (c) that the passing of the examination is likely to enhance his value to the service.

The period of leave allowed for the purpose of taking an examination will be limited to the shortest period which will allow the officer to reach the appointed place, sit the examination and return to Ibadan. Leave on full pay in excess of six days may be granted on the condition that the period in excess of six days is deducted from the Officer's subsequent vacation leave.

196. Provided it will not unduly interfere with the work of the Department, an officer who is an official in a registered Trade Union may, at the discretion of the Chief Medical Director, be granted casual leave to attend to an important Trade Union business and, if necessary, a special extension of such leave without pay. For purposes of calculating retirement benefit, any such extension will be treated as having been granted on the ground of Hospital Policy.

197. An officer may be granted leave for the purpose of taking part in a particular sporting event. The period of time during which an officer may be permitted to be absent from duty to take part in any such sporting event shall be determined by the Chief Medical Director, on the recommendation of the Heads of Department.
198. An officer may be granted, by the Board of Management, special leave without salary for the purpose of undertaking a course of study which is considered likely to materially enhance his value to the Hospital. Such leave will be subject to such conditions as may be specified at the time it is granted. If the recipient has been awarded by the Board, a scholarship, a bursary, a training course of study, leave granted under this regulation will be treated, for the purpose of calculating retiring benefits, as having been granted on the ground of public policy.
199. An officer who is required to undertake, or who undertakes with the approval of the Board, whilst on vacation either locally or overseas, any course of instruction other than a course to which special conditions apply, may be granted such extension of leave, if any, on full salary as is necessary to enable him/her to complete the course and enjoy an aggregate period (i.e. including free days before the duty or course begins, during it, and after it ends) of authorized leave, clear of duty or study equal to half his original authorised leave. This rule will apply to any officer sent on

an in-service training course whether or not he is formally granted leave before he leaves his post to go to join the course.

200. Temporary officers who are regularly employed may be granted seven days' leave on full pay each calendar year except the calendar year in which they are first employed. After 3 years of continuous and satisfactory service, they are absorbed into the permanent establishment and may be granted fifteen days' leave with full, pay each calendar year.
201. Annual leave granted under the above regulation must normally be taken within the calendar year in respect of which it is granted and, if not taken within that year, will lapse. In exceptional circumstances when the services of a temporary officer cannot be spared at any time during a particular calendar year, his Head of Department may, with the approval of the Head of Human Resource Department, allow the leave in respect of that calendar year to be carried forward and grant it during the next calendar year in addition to the leave due in respect of the latter.
202. As an exception to the general rule, public holidays as declared by the Federal Government will not be regarded as included in any period of leave granted to daily-rate staff.

Study Leave

203. Study Leave is the leave granted to a confirmed serving officer to undertake an approved course of study within or outside the country.
204. There are three types of study leave:
 - (a) In-service Training;
 - (b) Study leave with pay;
 - (c) Study leave without pay.
205. An officer may be granted study leave with pay, study leave without pay, or in-service training provided that the Chief Medical Director certifies the following:
 - (i) evidence of letter of admission;
 - (ii) evidence of duration of the course;
 - (iii) that the course is necessary to enhance the performance of the officer and to add value to the service;
 - (iv) that the course is relevant to the officer's profession.
206. Officers shall be granted in-service training for a period not exceeding two years with normal emoluments, allowances and course fees. The period of study shall count as part of pensionable service.

CHAPTER 11 PETITIONS

207. Study leave with pay shall be granted to an officer with normal emoluments and allowances. The duration of study leave with pay shall not exceed two years. If, however, an officer has a carry-over, the period of extension shall not be more than one year. The period of extension shall also be regarded as part of pensionable service and it shall attract right of emoluments and allowances.
208. Officers can be granted study leave without pay where the proposed courses of study are not contained in the approved training proposals.
209. The conditions for approval of study leave without pay are as follows:
- (a) Officers on study leave without pay are not entitled to emoluments and allowances;
 - (b) The duration of study leave without pay shall not be more than four years in the first instance, after which the officer can apply for one-year extension if the need arises.
 - (c.) The period of study shall not be regarded as a break in service.
210. For the purpose of this section, a “petition” is a formal appeal to ultimate authority, that is, to the Board of Management for special consideration of a matter affecting an officer personally. It must be distinguished from a letter of representation addressed to an appropriate senior officer of the Hospital in the normal way.
211. If an officer is dissatisfied, the proper course of action is to make representations to his Head of Department or through him/her to the Chief Medical Director. If his representations are not successful, it is open to him/her to submit a formal petition to the Board under this regulation. Such a formal petition should be forwarded through His Head of Department to the Board of Management.
212. A petition must be submitted through the proper Departmental channels, namely through the petitioner’s Head of Department and the Chief Medical Director. The Head of Department will forward the petition with his comments and recommendations to the Chief Medical Director in accordance with administrative instructions in force at the time. It is in the petitioner’s interest that this provision concerning the routing of a petition should be strictly observed in order that the petition be duly verified

and reported on before it reaches the final destination. Petitions shall not normally be addressed to the Chairman of the Board. Copies of petitions sent directly to the Chairman or members of the Board will be ignored.

213. A petition addressed to any of the channels mentioned in the preceding regulation must be submitted in triplicate. One copy will be retained by the Head of Department and another by the Chief Medical Director.

CHAPTER 12

REPRESENTATIONS FROM UNIONS/ ASSOCIATIONS

214. For the purpose of this section, representation from Unions and Staff Associations is a formal appeal to ultimate Authority i.e., to the Board of Management for special consideration of matters affecting the generality of their members.
215. Such representation must in the first instance, be forwarded to the Chief Medical Director and be discussed by a Joint Negotiation Committee between representatives of the Staff Association and the Hospital Management.

216. If there are matters which could not be agreed upon at that level and the Union or Staff Association requests that they be placed before the Board of Management, it is the responsibility of the Administration to ensure that such matters come before the meeting of the Board immediately following the Joint Negotiation Committee meeting for consideration.

217. It is the duty of the Secretary to the Board of Management to forward to the Board such representations as are received indicating areas of disagreement, requiring final determination from the Board of Management.

218. Representations from Union/Staff Associations shall not normally be directly addressed to the Chairman of the Board. Copies of such representations sent directly to the Chairman or members of the Board will be ignored.

219. Since the Board of Management holds regular quarterly meetings, there should be no difficulty whatsoever in dealing with matters of importance which would be contained in such representations from Unions/Staff Associations.

220. The Board of Management will not normally meet specifically to deal with any matters affecting conditions of service or terms of appointment raised by Unions/Staff

Organisations which have not gone through the processes outlined in the preceding paragraphs.

221. For the purpose of this chapter, strike action, cessation of work, work to rule, sit-in, go slow and refusal to continue work shall be regarded as complete withdrawal of labour and are therefore incompatible with the functions of a hospital as an essential service provider for the community. It is imperative therefore to emphasize the fact that no Union or Association must engage in such actions, unless they have submitted their representations in the manner outlined above.

CHAPTER 13

REWARD FOR OUTSTANDING WORK

222. Reward in this chapter refers to University College Hospital, Ibadan award of gifts or certificates to deserving officers.
223. The recipient of an award must have been considered as the best on the basis of outstanding performance of duties and exemplary conduct during the year.

224. Each Department or Unit may recommend deserving officers for such reward.

225. The award may be in the form of certificates, medals, gifts of cash or kind.

226. Such an award earned should be noted in the Records of Service of the officer.

227. The Chief Medical Director/ Board of Management shall be assisted by a Committee in selecting deserving officers from nominations made by Heads of Departments/Units/Divisions.

228. Any officer who in the course of his official duties, carries out a unique act or, in perilous circumstances, secures the safety of human life or property, may also be considered for an award as the occasion warrants.

229. An officer who has served continuously for a minimum of 15, 25, 35 years respectively, with records of good service shall be eligible for a certificate of merit and award commensurate with his length of service.