



INSTRUCTIONS FOR THE PEER APPROVAL CHECKLIST

The peer approval checklist is designed to assist persons reviewing the application to confirm that all the required information and documents are provided and in one place for review. At each step of the process, the signatories are to confirm that the required documents are provided to streamline the peer approval process.

To expedite the approval process please make sure that all the required information and documentation are present. **THESE NOT BEING PRESENT, WILL RESULT IN DELAYS, OR THE APPLICATION BEING RETURNED.**

THE REGIONAL HEALTH AUTHORITY (RHA): The RHA that is requesting the peer approval, can write in or select from the drop-down, if digital versions of the form are being filled out.

NAME: The name of the applicant

CURRENT POSITION: The current grade of the applicant's HPC/MO can be written in paper form or selected in digital version

CURRENT POST: The current post of applicants for promotion or those recruited from another facility or region. Applicants without a prior post should leave this blank.

HOSPITAL/HEALTH DEPARTMENT: The Hospital or Health Department in which the applicant will be assuming duties on receiving peer approval.

SPECIALITY: The clinical speciality in which the applicant has been trained in and is seeking to be engaged in

APPLYING FOR: The grade level for which peer approval is being requested.

NEW POST NUMBER: The new post number is an absolute requirement of the application. No peer approval will be moved forward without the post number that the applicant will be engaged in.

CURRENT STAFFING (PLEASE INPUT NAMES)

MO 5: If there is a Head of the Department in the same speciality as the applicant who occupies a MO 5 post, then the name of this person must be entered here.

MO 4: All persons with an MO 4 grade in the same speciality at the same facility must be listed here.

MO 3: All persons with an MO 3 grade in the same speciality at the same facility must be listed here.

NUMBER OF POSTS AS PER SECONDARY CARE MODEL: In each box input the number of posts for this speciality in this hospital. This is required whether they are occupied or not

CURRENT STAFFING NUMBERS: The current occupied post in the facilities is placed here.

CHECKLIST

Please note that items with Asterix (*) are required for the application. Any application that does not include these items will be delayed/returned.

UPDATED CURRICULUM VITAE* (CV): The most recent CV must be attached outlining the training and certifications, to support the application, this must include the location of training sites and work sites in the public health system of Jamaica.

UNDERGRADUATE MEDICAL DEGREE* (CERTIFIED COPY): The certificate from training at medical school must be included here and if the applicant had to do the CAMC exam this certification must also be included. If the certification is in a foreign language, then a translation must accompany the application. This must be the original or a certified copy of the original signed off by a Justice of the Peace or a Notary Public.

POST GRADUATE CERTIFICATION* (CERTIFIED COPY): For peer approval, post-graduate training certification must be included. For persons who have training in non-recognised institutions and countries, then there is an additional step required. This must be the original or a certified copy of the original signed off by a Justice of the Peace or a Notary Public.

PERFORMANCE EVALUATION*: An updated performance evaluation or PMAS must accompany the application.

MCJ PRACTICING CERTIFICATE* (CURRENT): The application must have a current MCJ practising certificate, if the application goes into a new year, then the new certificate must be submitted as soon as possible.

PEER APPROVAL FORM*: The completed fully signed peer approval request form must accompany the request. This must be completed in *triplicate* and have the signatures of persons in the same speciality as the applicant and signed off by the Regional Technical Director.

FELLOWSHIP TRAINING SUB-SPECIALTY: Some positions in the public healthcare system will require that the candidate has subspecialty training. For example, Cardiology, Nephrology, and Neonatology posts will require the applicant to have training in those areas to occupy one of those posts.

LEADERSHIP MANAGEMENT TRAINING: Leadership training is a plus but is not required for the application.

SIGNOFF

SMO/MO(H): The SMO and the MO(H) signatures are to verify that they are aware of the applicant for this candidate and agree with the request for engagement in the grade specified in the application.

HUMAN RESOURCES MANAGER (HRM): The Regional HRM as the person managing the process in the RHA is required to sign off that all documents are in the application and completed as required.

REGIONAL TECHNICAL DIRECTOR (RTD): The RTD's name and signature are added to this section.

MOHW Use Only.

APPROVED: If the meeting agrees on the peer approval this is selected

NOT APPROVED: If the application is lacking, then the application will not be approved for that meeting.

DATE: The date the application was brought to the peer approval meeting for discussion.

COMMENTS: The reasons why the application was not approved at that meeting will be listed in this section.



Ministry of Health and Wellness
Peer Approval Checklist

RHA

Name:

Current Position

Current Post Number

Hospital/
Health dept

Specialty

Applying for MO3 MO4 MO5 MO6

New Post Number

Current Staffing (please input names)

MO4

MO3

MO5

MO5 MO4 MO3 MO2 MO1

Number of Approved Post

Current Staffing Numbers

Checklist

Updated Curriculum Vitae*

Undergraduate Medical Degree* (Certified Copy)

Date

Post Graduate Certification* (Certified Copy)

Date

Performance Evaluation*

Date

MCJ Practicing Certificate* (Current)

Expiration date

Peer Approval Form* (Peer Approval must be signed by persons within the same specialty as the applicant or from training program)

Fellowship Training Sub-specialty

Leadership/Management Training

Sign off

*SMO/MO(H)Name

Signature

*HR Manager

*Signature

*RTD Name

*Signature

MOHW use only

Approve

Not Approved

Date

Comments