SCHEDULE 4

STAFFING STRATEGY
Staffing Strategy
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## STAFFING STRATEGY

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INTRODUCTION

ClinCo and InfraCo have outlined in this document a comprehensive workforce strategy for the TCIG project. This document will encompass the following aspects of the overall workforce strategy:

- Staffing Plan
- Recruitment Plan
- Staffing Registration
- Staff Development
- Clinical and Workforce Policy Development

The Workforce Strategy demonstrates ClinCo’s and InfraCo’s commitment to providing a highly-skilled workforce, guided by core values associated with diversity, equality, respect and dignity that will, in turn, support the provision of quality medical services and patient care to the population of the Turks and Caicos Islands (TCI).

The strategy reflects ClinCo’s and InfraCo’s commitment to the ongoing retention, training and development, to the extent possible, of staff currently employed on TCI. This strategy also encompasses those healthcare professionals that will additionally be recruited locally or from overseas, taking into consideration the preferential recruitment, retention, training and development of Belongers. ClinCo and InfraCo will promote the concept of an ‘employer of choice’ that will appeal to Belongers within the country and those presently outside the country working, training or in educational programmes.

The goals and objectives of this workforce strategy include:

1) Successfully attracting high quality professionals, particularly Belongers, guided by the values of equality and diversity, that will in turn ensure that the TCI population is provided with quality health services;

   Successfully retaining staff through, for example, the provision of structured induction/orientation programmes, staff education and training opportunities, pro-active management/employee initiatives, structured performance appraisals, financial compensation/reward, etc. Staff retention and turnover levels will be closely monitored and staff satisfaction surveys and exit interview surveys will be incorporated in the overall Human Resources (HR) plan;

2) Successfully providing and promoting training opportunities for staff that will be associated with best practice and an investment in continuing professional development;
3) Successfully providing a safe and healthy work environment for staff;

4) Successfully attaining and maintaining the status of an ‘employer of choice’ in TCI.

The workforce strategy is considered a dynamic plan and will be regularly measured and evaluated based on the above to ensure the strategy meets the needs of the contract between ClinCo and InfraCo and the TCIG.

The Workforce Strategy provides for the development of employee opinion/satisfaction survey methodology and a methodology for evaluating the success of the overall Workforce and Recruitment Plan.

ClinCo’s and InfraCo’s success with hiring, retaining and promoting opportunities for Belongers, will re-emphasise the goal of achieving, high staff retention rates, high training & development involvement, and high client and employee satisfaction.

STAFFING PLAN

ClinCo and InfraCo have developed a comprehensive staffing plan for the TCI project. Appendix A outlines the (ClinCo and InfraCo) staffing plan required for service commencement, and, it has been broken down into site-specific assignments (i.e. staff/positions that will be assigned at Providenciales and Grand Turk respectively). Key points to note in reviewing this document:

- Staffing is listed by department - a numbering system will be added to the staffing plan as this document will form the basis of comprehensive HR reporting systems and will also be cross-referenced to job descriptions and performance appraisals;

- Key staff required for project implementation and commissioning will be appointed in consultation with TCIG (such staff will additionally be supported by Interhealth Canada’s Corporate Team);

- The staffing plan indicates in general when recruitment for specific positions will commence (this however needs to be considered in relation to staff who will be transferred from the existing TCI facilities – accordingly in such cases the recruitment timeframes may not apply, but will be guided under the overall staff assessment process);

- The grade of each position will be indicated in sub-plans for specific services (e.g., FM and IM&T).

- Recruitment start dates are based on commencement of services some 27 months after the date of this Agreement. (The actual recruitment processes and timeframes/milestones are covered in detail under the Recruitment Plan section and related Appendices).
The plan is still subject to final revisions and amendments dependent upon a number of factors. These factors are specifically related to the subsequent assessment and provision of current TCIG staff detail, confirmation of final clinical services and any subsequent ramp-up of such services that may or may not be agreed, such as, the delivery of Specialist Clinics in advance of official start-up. It should be further noted that a number of staff assigned under the staffing plan, primarily at Providenciales, will have dual site responsibilities (e.g. visiting medical staff, Training Officer, Nurse Educator.). The staffing plan as a whole is a dynamic document and will be subject to periodic review and amendment as necessary.

ClinCo and InfraCo will develop job descriptions for each position listed on the staffing plan. These positions will set out minimum hiring and recruitment criteria (including consistency with the requirements of the Health Practitioners Board) which are outlined in more detail in the Staff Registration section of this document.

Medical Staffing

There has been discussion regarding the projected number of medical staff for both facilities (Grand Turk and Providenciales) and with the detail available to date on projected service activity, ClinCo has developed a medical staffing plan (incorporating required subspecialties) to meet the needs of the TCI patient population in well maintained modern facilities.

In essence, ClinCo plans to develop a core high quality medical team based full-time on the Islands, supplemented by a number of qualified visiting consultants and specialists who can be "called upon" through ClinCo's parent company, its established partners in Canada and/or through its global recruitment networks. A "Chief of Staff"/Medical Director will be identified from within the medical staff establishment.

ClinCo recognises that service volumes have yet to be fully determined and so, accordingly, there may be some opportunity, in consultation with and with the approval of the TCIG, to further develop a staged/staggered mobilisation schedule in the staffing plan. In any event, the staff required to meet all Clinical Service Specifications, and volumes will be available at commencement of service delivery. After an initial 24 months of management and operation of the facilities, ClinCo will conduct a full assessment and review of the medical staffing complement.

Within its recruitment strategy, ClinCo will appoint a number of medical staff on initial 24 month contracts (or 12 month renewable terms), which will provide a mechanism to adjust staffing numbers and specialties with minimum disruption; and, provide a structured phasing in and out of staff as determined by the levels of patient activity.

ClinCo will further discuss, refine, and review the proposed medical staffing complement at TCI in line with the provision of relevant TAP and other patient/service level data. The provision of a core team of medical staffing supplemented by visiting specialists will allay any potential for under utilising valued medical staffing resources.
Appendix A contains a schedule of the proposed (clinical and non-clinical) indicative staffing plan for the TCI Project. This document is a consolidation of the indicative (commencement of service) staffing plans for various project streams and additional details will be added as available. This schedule allows for physical coverage for the emergency rooms (ER) at both sites. “Rotating” medical staff positions (e.g. radiologist, general pathologist) will be full time “on-islands’ staff and will provide services to both sites. There will be two paediatricians, one based at the Grand Turk facility, who may each provide clinics on both islands and also provide coverage for neonatology on Providenciales. The “visiting specialist” group will be involved in visiting clinics on, at least, a quarterly basis (four visits per year for an average of 3 days per visit) and, in some cases, will provide consulting and clinical care at both sites (Reference Clinical Services Specification for more information on this feature of the service plan). Also, where clinically practical, the telehealth system may be used to accommodate some of the “visiting specialist” consultations. In other jurisdictions, telehealth has been used successfully for dermatology, surgical and even psychiatric consultation and care, especially pre and post intervention.

Members of medical staff will provide on site coverage for ER twenty-four hours per day as well as clinics and inpatient services during regular hours and on-call coverage for evenings, nights and weekends. In most cases, G.P.s and other medical staff will be on a 1-4 on-call rotation and, in some cases, will be required to provide 1-3 and sometimes 1-2 cover. While this may seem to be too much of a time demand, it is anticipated that evening and night demand will not be onerous. It is anticipated that other full-time medical staff, with generalist experience, will also join the on-call rota in order to allow their colleagues to follow a 1-4 or 1-3 schedule whenever practical.

Appendix B outlines a summary of ClinCo’s approach to medical staff recruitment that will apply under the staffing plan.

Nursing Staff

Appendix C outlines the methodology that relates to the overall nurse staffing at both sites. It also includes sample staff rotas. The nursing structure will incorporate a Chief Nursing Officer, Nurse Managers, a Nurse Educator, Senior Clinical Nurses and Midwives in addition to Registered Nurses and Nursing Assistants/Health Care Assistants. (n.b. Job titles for non-RN nursing staff will require additional discussion, and agreement between the parties as part of the re-employment process and implementation plan. In the TCI clinical nurse and health care assistant are the current titles, while in other jurisdictions the terms nurse aide, nursing assistant and certified nursing assistant are used sometimes interchangeably. The level of formal training normally determines the position and job title assigned.)

Allied Health Staff

The focus of allied health staff relates to the provision of Laboratory, Medical Imaging, Pharmacy, Dietary and Rehabilitation services, discharge planning and coordination. It is
planned that the main Laboratory will be located at the Providenciales site with a stat lab situated on Grand Turk. Pharmacy, Imaging and Rehabilitation Services will be available at both sites. The Dietary Services Manager will be based at the Providenciales site and have responsibility for directing services at both locations.

Support/Administrative Staff Both ClinCo and InfraCo recognise that key administrative management functions such as finance, human resources biomedical engineering, patient records will be based on Providenciales with site management and other site management, supervisory support functions and staff located, as required, at the Grand Turk site.

Belongers will be the primary source of all administrative positions and there may be some adjustments in the current staffing plan for this area after a full assessment of current administrative staff has been completed. This is in line with ClinCo’s and InfraCo’s obligations in the Agreement.

RECRUITMENT PLAN

ClinCo and InfraCo will select, hire and retain medical, nursing, allied health and support staff with the appropriate qualifications, skill sets/mix and experience to support the provision of required clinical services at TCI.

ClinCo and InfraCo will seek to commence the overall recruitment plan as soon as practical after the date of the Agreement. Initially this will require close coordination with TCIG authorities with respect to current recruitment strategies. ClinCo and InfraCo personnel will meet with those who are currently heading up recruitment and staffing initiatives for both existing facilities and draw up an overall go forward strategy.

The Recruitment Plan and other information incorporated in the workforce strategy have been developed with a commitment to TCIG policies and relevant Ordinances which give employment opportunity preference to Belongers, wherever possible. ClinCo and InfraCo will ensure that all short-term recruitment and long-term retention and recruitment activities are reflective of these TCIG requirements. From the perspective of longer term recruitment, ClinCo and InfraCo will seek to establish a mechanism for sharing information about Belongers who may be currently engaged in health profession training on- or off- island, or who may be pursuing a career off-island so that ClinCo and InfraCo can take every opportunity to encourage them to consider joining ClinCo’s and InfraCo’s TCI operations.

The Agreement outlines a number of key employment strategy requirements with respect to the terms and conditions of employment in general, and in particular, as they pertain to current staff who will be re-employed by ClinCo or InfraCo. For example, re-employed staff will be assured a pension entitlement and salary/benefits that are at least equivalent to the entitlements they currently enjoy. This, and other required employment terms and conditions, are understood to be an integral part of this Staffing Strategy. Similarly, the process for the smooth and timely transfer will include such key elements as: i) determination of details for employment terms and conditions, ii) assessment and screening of all current staff, iii) establishment of systematic
ongoing employee communications mechanisms (e.g. newsletters, information meetings, etc.), iv) formal recruitment and “re-employment” of current staff including consideration of such options as direct hire with the same terms and conditions or new contract following a voluntary severing of current employment relationship (a likely scenario for contract employees) and v) individualised induction and training needs-assessment and plans. The Agreement is the overarching statement of the contractual agreement between the parties and shall be the authority where this Staffing Strategy is concerned.

Staff recruitment for TCI will consist of three main phases and involve three major ‘pools’ of resources:

- **Phase One – Transfer (“re-employment”) of existing staff at the TCI hospitals**
- **Phase Two – Local Recruitment of additional staff from within TCI and/or through attracting ‘Belongers’ working overseas to return to TCI**
- **Phase Three - International Recruitment**

**Phase One – Transfer (“re-employment”) of TCI existing staff**

ClinCo and InfraCo place great value on existing staff resources working at TCI and envision these current staff forming the bulk of the initial staff identified for the project, through employment transfer arrangements, as the project moves toward the commencement of service delivery.

ClinCo and InfraCo are sensitive to the responsibilities set out and commitments made within this document (and further commitments contained within the Agreement) for the retention of, to the extent possible, current TCI employees, both Belongers and “contract” staff, and, given current information, it is estimated that some 85-90% of current staff will be re-employed by ClinCo or InfraCo.

ClinCo and InfraCo are in the process of developing, as part of the overall Implementation Plan, a comprehensive programme for the assessment and re-employment of current staff. In summary this programme will initially start shortly after the date of this Agreement. It is subject to the TCIG providing ClinCo and InfraCo expeditious access to comprehensive detailed information related to current TCI staff, including such information as CV’s/Application Forms, supporting Certificates and References. During the screening and selection process, and with the written permission of the staff member, ClinCo and InfraCo shall also have access to prior/current Performance Appraisals (or equivalent), Training and Professional Development data, Job Specifications, Contractual/Employment documentation, etc (as set out in the staff assessment process documentation). This programme, when fully developed, will entail ClinCo and InfraCo appointing key consulting/commissioning staff, in both clinical and non-clinical areas, who will undertake the assessment of staff at TCI with the objective of retaining their services. Wherever possible, elements of retraining, upgrading of skills, etc. will be considered and utilised during this assessment programme.
The primary goal of this task will be to confirm a ‘pool’ of staff who will be engaged by ClinCo and InfraCo, prior to any external recruitment activity. Where ClinCo and InfraCo have added new positions for which there are no current staff on the TCIG’s payroll, employees will be sourced through Phases Two (2) and Three (3) below, noting, however, that any required re-assignment of existing staff will be taken into consideration.

The Implementation Plan will indicate timeframes for the commencement and completion of the assessment process, taking into consideration follow-up assessments for those who may require upgrading of skills, re-training or re-assignment.

An important factor in ensuring the overall success of Phase One will be to commence the ‘in-depth’ assessment phase at least 12 months prior to the first Start Date. An initial assessment phase, after the provision of detailed on-site staff information, will be “key” to allowing the ClinCo and InfraCo Commissioning Team sufficient time to ensure that a structured plan and schedule is subsequently formulated within the aforementioned timeframes.

To allow for appropriate external recruitment lead-time under Phase Two and Phase Three, it is essential that ClinCo and InfraCo fully complete the assessment phase (or Phase One recruitment) and that staff transfer arrangements are finalised well in advance of the first Start Date. This will be fully documented under the overall Implementation Plan.

ClinCo and InfraCo are also committed to the timely introduction of both the Implementation Plan and the Recruitment Plan to staff currently employed at the existing Hospitals. This will ensure that such staff are aware of the TCIG’s and ClinCo’s and InfraCo’s commitment to consider them as a priority in ClinCo’s and InfraCo’s overall recruitment programme and to the establishment of a systematic progress reporting process for the TCIG’s further reassurance.

The Phase One recruitment plan summarized above will be expanded, following the date of the Agreement, to reflect fully ClinCo’s and InfraCo’s awareness of TCIG Ordinances which impact on intended transfer strategies, information sharing, employee assessment processes and timeframes, early retraining options (where practical), advance appointment, and orientation initiatives, which are considered a high priority.

**Phase Two – Local Recruitment**

ClinCo and InfraCo are committed, in line with TCIG Labour Law Regulations/Employment Ordinances, to develop ongoing effective recruitment programmes that will offer preferential employment opportunities to Belongers from both Grand Turk and Providenciales. This programme will ‘target’ existing residents of TCI and those Belongers studying or working overseas by offering, for example, and where applicable, repatriation incentives/initiatives. Local recruitment strategies, similar to those that will apply to staff transfers and international recruitment will include common workplace values of respect, diversity and inclusion. ClinCo and InfraCo will seek to introduce flexible work options for Belongers (e.g. job share, part time
work, etc) to ensure an important pool of resources is not excluded from the overall pool of potential staff resources. For example, staff with family commitments, who are not able to undertake full-time employment, will not be excluded from consideration, and ClinCo and InfraCo will seek to introduce innovative and mutually acceptable employment options for all Belongers. The overall programme, when fully developed, will also target the 'workforce in training' and ClinCo and InfraCo will support the development of a future pool of staff from local schools, educational institutions and for those in training overseas.

Recruitment processes for local hires will follow the processes that will be applicable to any international recruitment, taking into consideration any Employment Ordinances that may impact on local hiring procedures.

**Phase Three – International Recruitment**

Concurrently with Phase One and Phase Two recruitment, ClinCo and InfraCo will move forward with a recruitment programme to source, select and hire additional staff that will be required for the TCI facilities in Grand Turk and Providenciales. International recruitment opportunities will, of course, concurrently take into consideration, and be subject to, consideration of applications from Belongers and from staff currently assigned at TCI facilities (i.e. transfer and re-employment and promotion opportunities).

International recruitment will be initiated no later than twelve (12) months prior to the first Start Date. The associated selection processes may overlap with the front-end pieces of Phase Three. Active recruitment (in addition to Phase Two initiatives) over the first 3 - 6 months (at the time of current staff assessment) will focus primarily on new positions (for which there would be no current TCI staff incumbent) which ClinCo and InfraCo have identified under the staffing plan. In the event that there is a requirement to replace any existing member of staff (and again noting this decision will only have been reached after a comprehensive assessment of current staff), such positions will be added to the Phase Two and Phase Three recruitment plan.

**International and Local Recruitment Strategy (also see Appendix D)**

Employment and recruitment procedures will be guided by international standards of recruitment and employment legislation and will take into consideration requirements and legislation related to TCI (e.g., Equal Opportunities, etc). ClinCo and InfraCo’s recruitment processes, policies and procedures will meet respective United Kingdom and Canadian directives and guidelines specifically related to the codes of practice for international recruitment and Human Resources. ClinCo and InfraCo have outlined a proven recruitment model for this Plan and will apply such to both international and local recruitment procedures.

ClinCo and InfraCo have proposed an in-depth recruitment process that will apply to all staff in terms of due diligence. A comprehensive pre-screening, selection, interview, reference check, qualification verification, licence/registration verification, police clearance/criminal records check, and occupational health check/health clearances (and, as required, necessary work visa/permit eligibility) form the basis of the recruitment process that ClinCo and InfraCo will use...
for all staff hired for this project. It should be noted that as part of the recruitment process, English language capabilities will be assessed for all staff (where English is not first language) prior to hiring. ClinCo and InfraCo will also adopt any required TCIG Employment Ordinances particularly with respect to required government health clearances and work permit/residence visas. Recruitment costs, including necessary travel costs, are the responsibility of ClinCo and InfraCo respectively and have been budgeted for in the Financial Model.

ClinCo and InfraCo plan to introduce fixed term renewable contracts for staff (with the exception of Belongers). In general, these will be 12, 24 or 36-month renewable agreements, depending on the level of position. ClinCo and InfraCo acknowledge that any fixed term contract will also be subject to TCIG work permit and residency requirements/regulations.

The recruitment process that ClinCo and InfraCo will introduce at TCI will also form the basis for the initial assessment of current TCIG staff (noting that additional requirements/factors in terms of training, education and re-deployment will apply for existing staff).

ClinCo and InfraCo will assume responsibility for carrying out and coordinating all recruitment, mobilisation and associated logistics in line with this staffing plan. ClinCo and InfraCo will utilise recruitment resources available through Interhealth Canada’s offices in Toronto, Canada; Chester, England; and Dubai, UAE, and these primary offices/sources will be complemented by third party agencies on “as needed” basis. Where ClinCo and InfraCo elect to engage third party agencies, with the exception of normal confidential commercial arrangements between an agency and ClinCo and InfraCo, the TCIG will be advised accordingly. Through Interhealth Canada’s Recruitment Corporation, ClinCo and InfraCo will utilise its own extensive recruitment experience and resources (including on-line recruitment), traditional recruitment methodology, and established professional networks, to source, select and ‘contract’ appropriately qualified clinical staff.

When any additional recruitment agencies are used for the purposes of the provision of staffing, ClinCo and InfraCo will ensure they meet established industry and professional recruitment and selection standards, as well as any TCI guidelines or requirements associated with international recruitment.

For the staff required under the services that will be carried out at both sites on TCI, ClinCo and InfraCo will implement a recruitment and mobilisation plan which will target a broad range of qualified international healthcare professionals. Recruitment from Caribbean countries, Canada, Europe, Asia Australia and New Zealand will be the primary sources. Similarly senior nursing and allied health staff will be recruited from the same sources. It is envisaged that a core of registered nursing staff will be recruited from the Caribbean, India or Philippines.

All staff recruited will meet or exceed the minimum required training and experience as set out in ClinCo and InfraCo’s respective job profiles and as required for professional registration either in their country of training/origin and as required by relevant TCI guidelines/regulations (see Staff Registration section below). Established professional standards will be maintained at all times.
ClinCo and InfraCo have developed a comprehensive salary and benefits administration programme to support the recruitment and retention of staff. This has been developed based on the model used for recruitment in a number of InterHealth Canada projects; and includes a process of continually reviewing global ‘labour costs’ for healthcare professionals from a variety of sources; information gathering through its established ‘on the ground’ networks of agents and sources, and in-house review of salary and benefit packages. ClinCo and InfraCo have verified that the overall packages that will be offered will be sufficient to ensure that required staffing levels are reached and maintained through attracting and retaining suitably qualified staff.

To the greatest extent possible, job descriptions and position specifications/qualifications will determine salary and benefits expectations and all candidates, regardless of origin, will be treated equitably and fairly. ClinCo and InfraCo retain the right to introduce individual contract incentives for key positions and any such individual incentive will not be contrary to TCI Employment Ordinances or to the Agreement.

ClinCo and InfraCo place great value on staff retention. Consequently, key features of employee compensation packages are performance and loyalty, recognition continuing education and professional development opportunities. In ClinCo’s and InfraCo’s respective salary and benefits administration plans, allowances have been made for inflationary factors and salary adjustments that may be required in response to market trends. The sustainability of the model for staffing and compensation is robust and fully supports a focus on staff retention and staffing stability.

ClinCo and InfraCo have contingencies for the short-term provision of staff should unforeseen staffing shortages arise or should unexpected variations in workload occur. For example, a pool of overseas medical and nursing personnel will be developed from staff that have proven work records with Interhealth Canada and who have expressed an interest in the TCI Project. This pool of tried and tested professionals will be available to provide coverage for staffing needs on a locum or short-term basis.

**Recruitment and Pre-Employment Checks**

ClinCo’s and InfraCo’s recruitment model is designed to ensure the hiring of appropriately qualified and experienced employees.

After the recruitment team has pre-screen applicants and verify initial details (to include initial identity check through applicant production of valid passport and/or birth certificate), interviews will be arranged with appropriate line managers to further assess the competency and suitability of potential staff. Depending on the position to be filled, competency assessment tools (e.g. nursing skills checklists) may also be used as part of the screening process. Employment interviews are conducted by one or more representatives of the employer. Independent reference checks, verification of professional registration and qualifications, etc., are carried out in a thorough fashion before a formal offer of employment is made. Conditional offers of
employment may be made subject to verifications of references, qualifications and registration verification, occupational health check, work permits, etc.

ClinCo has competency assessment tools for assessment of medical, nursing and allied health staff. In addition to their use in employee selection they also serve a valuable purpose during the probation period and on an annual performance/competency assessment basis.

Screening of applicants for employment with InfraCo will also involve reference and qualifications checks, employment interviews, and position appropriate skills assessment processes.

ClinCo and InfraCo have developed corporate standard job profiles, which set out hiring criteria including qualifications and experience requirements for all staff. All applicants for employment/appointment must meet the minimum requirements as set out in these job profiles. As highlighted under the ClinCo and InfraCo recruitment process, all relevant qualifications, training and experience requirements are verified independently by the ClinCo and InfraCo recruitment/HR team. In addition, competence of staff prior to hiring is assessed through interview, professional reference checks and completion, where applicable, of skills checklists.

ClinCo and InfraCo will welcome the opportunity to incorporate/adopt any existing or planned assessment tool that may be introduced by the TCI authorities which can benefit the overall selection and assessment of staff.

**Pre-employment Checks**

ClinCo and InfraCo will ensure that the TCIG’s mandatory requirements related to employment checks for staff are fully met.

These checks will include:

- Verification of Identification (birth certificate/passport and recent photograph)
- Assessment of training and full documentation relating to employment history (through detailed current CV or respective formal ClinCo and InfraCo application form)
- Interview and, for health professionals, validation of competency during this part of the process
- Verification of Professional references (minimum of two)
- Verification of credentials/qualifications and registration/memberships of professional bodies (both in ‘home country’ and subsequently any such requirement in TCI)
- Evidence of competency in English (for those trained overseas)
- Pre-appointment Criminal Records Check/Assessment including any relevant or required check against the protection of children legislation where, and as appropriate. Police checks from home countries for overseas staff are also carried out to the extent possible.
Occupational Health and pre- and post-employment Medical screening (to include Health Clearance as per TCIG regulations)

**Implementation Team Recruitment**

ClinCo and InfraCo plan to recruit a number of staff in the implementation/commissioning phase of the project. The role of the Implementation Team is further detailed in the Implementation Plan. ClinCo and InfraCo have identified a number of individuals who will form the basis of the Implementation Team.

ClinCo and InfraCo have outlined above a comprehensive, robust and in-depth recruitment process/strategy and plan which will ensure that a high quality clinical and non-clinical workforce is recruited and retained (from a mix of existing TCI staff complemented by additional staffing as necessary as provided for under the proposed staffing plan for TCI).

**STAFF REGISTRATION**

By way of background and as an available resource to ClinCo and InfraCo, it should be noted that Interhealth Canada has successfully operated and managed hospital/healthcare projects in a number of countries where the standards and requirements for professional registration significantly differ.

In the United Kingdom recruitment of healthcare professionals for Interhealth Canada projects in terms of registration are governed by the requirements General Medical Council (Medical staff), Nursing and Midwifery Council (Nursing staff) and Health Practitioners Council (Allied Health staff) respectively. In Dubai, Interhealth Canada staff are required to be licensed by the Dubai Department of Health and Medical Services. In Kuwait, the Ministry of Health provides comprehensive guidelines for the registration of all Interhealth Canada medical, nursing and allied health staff.

In the Turks and Caicos Islands, ClinCo and InfraCo staff will be required to comply with all relevant TCIG Ordinances, for example: the Health Practitioners Ordinance, the Employment Ordinance and the Immigration Ordinance. Staffing policies for the project will cross reference these requirements and be reflective of them. As in other settings, by other names, the Health Practitioners Ordinance includes a regulatory body to oversee the registration of health professionals on the TCI. (Registered nurses will also be required to be registered with the Nursing council, when established by the TCIG) ClinCo and InfraCo understand that prior to or just after the date of this Agreement, TCIG will provide for them the minimum standards that will apply for staff registration where required.

While each of these regulatory bodies have different requirements in terms of applications for registration/licensing, supporting documentation requirements, interview/examination requirements, ClinCo, through its own recruitment processes and procedures, ensures that only competently qualified and experienced health care professionals are recruited for its projects and
who, with the appropriate level of due diligence, will be successfully registered/licensed under the appropriate regulatory or government body.

In essence, the recruitment process that ClinCo will apply to all staff recruited for this project is basically standard, and the documentation gathered/verified by ClinCo during the process is very much in line with that required by a regulatory body (e.g. the below documentation requirements/standards applied by ClinCo is very much in line with documentation requirements for EU nationals wishing to be registered in the UK).

ClinCo has established minimum standards of qualifications, licence/registration requirements and experience that are set out in approved job profiles/descriptions. Sample job descriptions and personal specifications provided under separate cover are currently being revised. All screening and registration requirements meet the standards set out by accreditation bodies in the UK (Healthcare Commission) and/or Canada (CCHSA) and meet and/or exceed the minimum required experience to apply for and obtain licensure or registration.

As previously indicated, ClinCo’s standard recruitment process (with amendments to reflect the TCI environment) incorporates the following steps and this information would form the basis of the process of clinical Staff Registration in TCI:

- Completed formal application form (which includes statements and declarations by applicants regarding release of information, criminal records, professional practice, providing false information, etc)

- Provision by applicant of detailed CV

- Provision by applicant of copies of all relevant professional qualifications (e.g. basic MD and Specialist certificate) and other certifications (originals and/or certified translations, if applicable, will be verified by ClinCo in many, if not all cases directly with the institution that issued the document; in some cases attested copies will be required)

- Professional reference checks: a minimum of two professional and current references are required. References are directly obtained by ClinCo. In many cases, ClinCo will use a network of global resources to further ‘check’ on applications.

- ID check: generally through the provision/production of passport. Birth certificates may also be required.

- Thorough review and pre-screen by ClinCo of all above documentation

- Interview for short listed applicants, either panel or individual interview with each applicant; full interview assessment retained for record

- Written or oral assessment tools (if applicable)
- Health assessment/questionnaire: (generally all staff will undergo Occupational Health checks prior to appointment). Where staff is recruited from overseas, the appropriate Health Clearance required under the authority of the TCIG will also be obtained as set out in relevant regulations.

- Police/Criminal Records checks from ‘home countries’ and/or countries of residence/work

- Provision of evidence of current ‘good standing’ from current regulatory/licensing body, including the Health Practitioners Board where appropriate.

- Eligibility to obtain work/residence visa/permits. (N.B - all staff contracts shall include specific fixed, renewable, terms and such terms shall be conditional upon and consistent with TCI work permit related regulations and requirements.)

**STAFF DEVELOPMENT**

*Being a Learning Organisation*

Being a learning organisation begins with a shared understanding that Organisations are living organisms that can learn from their environment and experiences and can apply this learning to improve performance and service quality.

ClinCo and InfraCo understand the need for a programme and resource commitment to continuous learning both organisationally and for individual employees, and for the employees to share responsibility for their professional and personal growth and development.

*Strategies*

A learning organisation is one in which its people are the fundamental ingredient for the organisation’s success. Commitment to employees must be reflected in learning and development opportunities that effectively link performance management, development plans and career paths for all employees.

No learning and development strategy can be established in a vacuum and as this Staffing Strategy illustrates, ClinCo and InfraCo will also focus on recruitment and retention strategies that offer employees a supportive and safe environment in which they can successfully pursue a positive work life experience; where they are first made welcome through employee orientation/induction and mentorship programmes where each staff member sets their own career paths in motion in the context of the organisation’s annual business planning, talent management, performance review and education plan development activities.

Specific strategies will include such things as:
- **Corporate values on employee and organisational learning**

  As an essential first step to being a learning organisation (and to the broader goal of developing a supportive work environment), there must be a common understanding of the implications of a corporate commitment to being a “learning organisation”. This understanding must be articulated after an inclusive process of values development, involving all staff at the new facilities. In year one, this philosophy and programme will be based on a review of relevant ClinCo and InfraCo practices, CCHSA HR related guidelines and criteria for employee development programmes and on the results of early dialogue with current TCI staff who will be re-employed by ClinCo or InfraCo.

- **Induction and Mentorship**

  ClinCo’s and InfraCo’s commitment to their respective employees begins before the first official day at work. The first steps in a comprehensive induction programme begin in the recruitment phase, when candidates are examining the advantages and disadvantages of accepting a new position, and often the advantages of a new country or culture. With this in mind, ClinCo and InfraCo have developed an induction model which includes a recruitment package that answers questions about the organisation’s philosophy and values, wages and benefits, the role and also positively describes the community and work environment. As well, at the selection phase, the initial letter of employment includes a more detailed introduction to the organisation’s mission and values; values which include respect for the contributions of individual employees, the active development of a diverse and committed workforce and the promise of a workplace where the well-being of employees, empowerment and teamwork are understood to be directly related to the quality of service we provide.

  When new employees are indeed recruited from abroad, their orientation to the TCI will include what might be called a “social induction” programme or component that is designed to introduce them to, and involve them in, their new community. This aspect of ClinCo’s and InfraCo’s methodology will be detailed in the formal Induction/Orientation and mandatory Training Programme and in the recruitment ‘sub-programme’.

  On “Day One” new employees are met at the hospital entrance by their immediate supervisor and welcomed to the organisation. This first encounter also involves a brief tour of key areas of the organisation and introductions to key team members. The employee is then introduced to his/her volunteer mentor (an experienced employee who has demonstrated an awareness of the organisations’ mission and values, has completed an effective mentorship workshop and whose performance reviews also confirm his/her suitability as a mentor and role model).

  On day one, the new employee is introduced to the hospital’s three-phase orientation programme: orientation to the organisation, the service and team and to the employee’s specific role/job and schedules, with the direct assistance of the supervisor and mentor, for phase one of the orientation programme. This programme also involves an employee
The mentor's role is to actively support the new employee's adjustment to the new environment, and, while each experience will be different, to connect the new employee with staff with similar interests and roles, to help the employee find answers to the basic questions such as parking, social events, employee benefits, and to support the employee's efforts to achieve timely completion of the phased orientation programme. The mentor and supervisor also meet with the employee informally, over lunch or coffee, during the first month of employment.

The full orientation programme will take approximately three months to complete and, in addition to the three elements noted above (the organisation the service/team and the role), includes completion of such mandatory training as Fire Safety, Occupational Health & Safety training, First Aid, etc.

Because the TCI Project will involve the re-employment and employment of a large number of individuals at start-up, "Day One" will occur at times that are convenient to new staff members and will be just one element of an individualised induction and orientation programme prior to official opening.

- **Core Learning Curriculum (calendar)**

An annual calendar of core and mandatory training programmes will be available to all employees. It will be based on a regular, organisation-wide needs-assessment process, CCHSA guidelines for employee safety, disaster and other emergency response readiness requirements, professional competency and credentialing/registration requirements and the results of career path/performance review programme to be introduced across the organisation for all employees. Core training courses will also be designed around such core competencies as corporate patient care values, development of people, mission achievement, team work and leadership, self confidence and relationship building; and, will be supplemented with role/profession specific competence learning opportunities on an as-required basis.

- **Knowledge Management Strategies**

In a busy and ever changing environment like health care, information/knowledge must be systematically captured, passed on, updated and used. Knowledge management involves processes designed to foster a culture that promotes knowledge transfer and retention and processes that allow staff to pay close attention to the risks associated with the loss of "corporate memory" or expertise that can occur without due attention to the effects of normal staff turnover. Mentoring programmes, pre-retirement programmes, and best practice
standards development are but a few examples of how a learning organisation anticipates this risk.

- **Leadership and Professional Development Programme**

In addition to the core and mandatory programmes to be offered to all employees, ClinCo and InfraCo will focus their employee development efforts on the need to ensure the career aspirations of ClinCo and InfraCo employees are nurtured in the ClinCo and InfraCo work environment. The regulatory requirements of the TCI’s Health Practitioners Ordinance, with respect to the maintenance of registration, will also be a cornerstone of this Continuous Professional Development (CPD) Programme.

- **Learning Methodologies**

Much of the planned core curriculum and Professional Development programming will be delivered on-site through classroom and experience-based learning opportunities (rounds, lunch 'n learn, etc). In addition, ClinCo and InfraCo will create learning opportunities through off site /e-learning third party courses (including a defined tuition reimbursement incentive plan); mentorship and temporary assignment opportunities; e-learning and a visiting lecture series. ClinCo and InfraCo anticipate an average commitment of five professional development or study leave days per employee per year. Where the leave is an agreed-upon element of the employee’s Career Development Plan and is derived from the annual Performance Review process, the costs associated with a given course or longer period of study leave may be funded in whole or in part by ClinCo and InfraCo and may involve paid or unpaid leave beyond orientation and mandatory training activity and other professional development activity. Because the needs of employees will vary and because ClinCo and InfraCo are committed to equitable distribution of training dollars over time and across all staff groups, no ‘one size fits all’ policy to fund some or all continuing education can be provided at this time. That said, clear HR Policies on this element of the Staffing strategy will be developed early in the implementation process and in sufficient time to be used in the recruitment process.

In the final analysis all staff will be encouraged to be both learners and teachers as they pursue their respective day-to-day work lives.

**Measures of Staff Development & Training Programme success (some examples)**

- Employees have access to programmes and tools that share best practice information
- Employee career aspirations, development needs are documented and addressed
- Core/mandatory training available and accessible to all staff
- All employees have individualised “career paths” on file
- Budgeted education days/year achieved, plus orientation and mandatory training
PROFESSIONAL DEVELOPMENT AND COMPETENCY ASSESSMENT

Education Plan
To ensure that investments in staff education have significant impact, they are based on two principles: clearly identifiable need(s) and most widespread benefit. To achieve this, the organisation will use the following process:

- On an annual basis, the ClinCo and InfraCo Management Teams will approve a “needs-based” organisation plan for education, training and staff development.
- The plan will be developed by assessing individual and organisational needs for education, training and staff development related to:
  - What knowledge, skills and abilities are essential to perform the job safely and effectively and what gaps exist in staffs’ knowledge, skills and abilities (that might be bridged with education, training and development)
  - Feedback from course evaluations and questionnaires
  - Any changes in patient population, services offered, techniques, practices or equipment for which staff should be prepared in advance, through education, training and development
  - Deficiencies that currently exist with respect to the knowledge base and skill set in a department (which may be identified through performance appraisal, inefficiencies, incidents or adverse events)
  - Opportunities for improvement that may result from education, training and development.
  - The need for ongoing professional development to maintain standards of practice or certification/licensing
  - How widespread will be the impact of the education, training and development (e.g., limited to one person or for the entire department)
  - What programmes have been identified by the organisation as being mandatory and requiring annual attendance.

Once departments have clearly identified their needs for staff education, training and development, the clinical educator will become involved in “sourcing” what education is available to best meet the needs and what type of education will be most effective, efficient, convenient and beneficial. In addition to identifying the best sources for education, training and development, the budget required to meet the annual needs will be developed.

The clinical educator will compile the departmental information into a comprehensive organisation-wide plan for staff education, training and continuous professional and career development. In undertaking this compilation, attention will be given to commonly identified needs that impact many departments or many employees. This final, organisation-wide annual plan “roll-up” will be submitted to the Management Team/Board as part of the budget process.
Once the annual plan/calendar is approved it will be communicated to staff through brochures and the website. Programmes will be developed based on specific organisational guidelines and protocols. This specialised plan will complement the core or mandatory programme.

As noted earlier, most organisations have a core group of subjects that are deemed to be mandatory for staff to attend on an annual basis. The challenge in providing these programmes is to ensure that they are pertinent and meet the different learning styles of employees while achieving the desired outcomes. This can be achieved by having self-directed or simulation sessions. The core programmes that most often require annual assessment are:

- Environment of care (fire, electrical, general and patient safety)
- Infection control
- CPR
- Body mechanics
- Disaster review

**Role/profession Specific Competency Assessment**

In the past, organisations have hired staff and assigned tasks on the basis of education, experience, and, if applicable, licence to practice. However, these criteria do not always assure organisations that the individual is competent (i.e., has the essential knowledge and skills and actually performs the job according to defined expectations in a given setting). Therefore, many organisations (including health care organisations) assess competence prior to hiring staff and assigning responsibilities. Health care organizations now realize that competence assessment programmes increase the likelihood of effective, appropriate, and safe patient care. Requiring clinical staff to be competent is in the interest of patients, visitors and staff.

Competent staff are able to:

- Solve patient problems using theory and knowledge;
- Perform clinical skills and techniques accurately;
- Counsel patients and their families about their care effectively;
- Understand the unique needs of various patient types and age groups;
- Operate equipment properly;
- Handle hazardous materials safely;
- Minimise opportunities for contamination and transfer of infection;
- Respond promptly and properly to medical emergencies and disasters;
- Monitor therapeutic interventions for appropriateness, interactions, and contraindications and, when necessary, act accordingly.

Initial orientation, education, training, and competence assessments can ensure that staff are competent before they assume their tasks. Ongoing education, training, and periodic competence assessments can ensure that their competence is maintained. The manager, educator and senior personnel must assess and assure staff (including contractual and temporary staff) competence. Staff must meet or exceed predefined, objective, and measurable competence standards.
needed, staff must receive additional education and training and demonstrate that they have improved their competence to an acceptable level. Staff that are unable to meet the basic competencies required to provide patient care in a specific clinical area should not be allowed to practice in that area. Staff must commit to performing competently.

To maintain standards of practice, all staff shall be provided with an educational and staff development programme including orientation, in-service education and CPD (continuing professional development) based on a needs-assessment. There is also a requirement for written job descriptions for all personnel that clearly delineate professional and technical functions. From the Standards of Practice and Position Description the performance management programme is developed.

The ClinCo and InfraCo respectively will ensure that:

- There is a written performance evaluation for each employee (including contract service personnel and temporary staff) that addresses issues such as punctuality, attitude, compliance with policies and procedures; completion of educational requirements; attendance at meetings; participation in required activities; and maintenance of licence to practice.
- Performance evaluations measure compliance with standards of performance contained in job descriptions or other documents (e.g., policies and procedures).
- Performance is evaluated at defined intervals (probationary and annually) as described in the hospital’s policies.
- There is documented evidence (e.g., competence assessment and certification of competence) that personnel (including contract service personnel and temporary staff) are competent.

Competence can be assessed through written or verbal tests, simulations, observations, or any combination of these methods. Actual on-the-job assessments of daily work are preferred; however, simulated assessments may be necessary.

Preferably, competence is assessed prior to hiring. If not, competence assessment should be included in orientation and education, introduction of new procedures, assignment of new duties, and training associated with new or updated equipment. Continued competence can be ensured through periodic testing and frequent (e.g., daily or weekly) observation of work techniques. Competence requirements must be updated periodically (e.g., annually).

Assessment of competence addresses the following:

- Knowledge, skills, and ability to perform interventions (e.g., dispensing medications, preparing IV additives, and providing information to patients about medications).

Note: For example, assessing the competence of nurses who administer medications should be based on the completion of education and training and by demonstration of ability to make appropriate dosing calculations (e.g., by written tests). In addition, there should be a period during which the nurse’s practice in administering medications is reviewed by an experienced nurse. Thereafter, the nurse’s competence should be reassessed periodically.
- Compliance with security and safety precautions

- Ability to use equipment safely and effectively (e.g., intravenous infusion pumps, syringe pumps, glucometers and computers)

  Note: Equipment management procedures must address user competence. Individuals must be trained to operate the equipment effectively and safely (i.e., without harm to patient or operator) and detect malfunctions (e.g., inaccurate measurements) and signs of impending malfunction (e.g., damage due to dropping or abuse). Training should be repeated periodically to ensure continued competence of the operator.

- Prevention of contamination and transfer of infection (i.e., infection control)

Cardiopulmonary resuscitation and other lifesaving interventions (mandatory education programmes such as BCLS)

- Special needs of patient age groups served by the facility (e.g., paediatric, adult, and geriatric patients)

  Note: Staff who provide patient care must be familiar with dosages and dosage forms for these age groups. Furthermore, staff that assess, treat, or care for these age groups must be able to understand and react effectively to their unique needs. Staff can acquire this ability through education, training, and/or experience and must demonstrate their competence before they provide direct care to specific specialised groups. For example, a nurse who performs patient education must be aware that paediatric patients might not have the ability to understand the material and elderly patients may be hearing impaired. Competence assessments must determine if the professional staff member considers these limitations.

Competence Checklists

Competence assessment checklists will be provided for all staff. The checklists are designed to document the assessment of specific elements of competence through tests, simulation, and direct observation. The competence assessment checklist must be completed during the probationary period and as specified in the relevant policy thereafter. The completed checklist will be retained in the employee’s personnel file. A sample (for nursing staff use) is included at the end of this section.

Written Tests

Written tests are provided for many competence areas. The tests are designed to assess the basic knowledge (cognitive skills) that is expected of the employee. They are not intended to quantify the higher level of knowledge expected of a specialist. An acceptable passing score for Hospital personnel is 80%. Completed tests will be retained in the employee’s personnel file.
**Study Guides**

Study guides provide a general review of each topic and present the basic knowledge/core competencies that are expected of the Hospital employee. They are not intended to function as a complete educational or training programme for employees acquiring new knowledge or skills.
COMPETENCY STATEMENT: The participant will be able to successfully use CPM to provide passive range of motion and demonstrate appropriate knowledge of the intended effect of this intervention

<table>
<thead>
<tr>
<th>PERFORMANCE CHECKLIST</th>
<th>Standard Met</th>
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<tr>
<td><strong>Policy Awareness</strong></td>
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<tr>
<td><strong>Preparation</strong></td>
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<tr>
<td>1. Assembles materials (KINETEC optima CPM device, a trolley and KINETEC Hygienic Pad)</td>
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<td>2. Washes hands</td>
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<tr>
<td>3. Ensures that hygienic pad in machine belongs to patient</td>
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<tr>
<td>4. Ensures that the bed is level with the CPM machine</td>
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<tr>
<td>5. Places CPM device in a position that will be comfortable for the patient (asks for help from a colleague to lift the CPM device and from another colleague to assist patient to place extremity in the device as it is being placed on the bed) or:</td>
<td></td>
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<tr>
<td>6. If two colleagues are lifting the CPM device, assists patient to place extremity in the device (while standing on the opposite side of the bed)</td>
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<tr>
<td>7. Plugs in the CPM device</td>
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<td>8. Turns on the power switch</td>
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<tr>
<td><strong>Initiating CPM Therapy</strong></td>
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<tr>
<td>1. Assesses CPM settings</td>
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<tr>
<td>2. Locks the hand control settings (explains that if the patient has been instructed by the physiotherapist how to adjust CPM, the hand control settings should not be locked.)</td>
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<tr>
<td>3. Places the hand control within patient reach</td>
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<td>4. Explains to patient when and how to stop CPM</td>
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### Adjusting CPM

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<tbody>
<tr>
<td>1. *</td>
<td>Presses the flexion / extension button</td>
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<tr>
<td>2. *</td>
<td>Presses the + arrow to increase flexion / extension limited while the CPM device is moving</td>
</tr>
<tr>
<td>3. *</td>
<td>Presses the – arrow to decrease flexion / extension limited while the CPM device is moving</td>
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### Discontinuing CPM

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<tbody>
<tr>
<td>1. *</td>
<td>Presses the stop button when CPM is in extension</td>
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<tr>
<td>2. *</td>
<td>Assists patient to remove treated extremity from the CPM device</td>
</tr>
<tr>
<td>3. *</td>
<td>Unplugs and removes the CPM device</td>
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<td>4. *</td>
<td>Lowers the bed</td>
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### Documentation

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<tr>
<td>1.</td>
<td>Verbalises that the following needs to be documented: frequency and length of therapy, speed, flexion and extension limited, patient comfort, patient involvement in therapy, adjustments to CPM and reasons</td>
</tr>
<tr>
<td>2</td>
<td>Employee verbalises an understanding of the treatment goals associated with the use of CPM and demonstrates the ability to assess the clinical effectiveness of the therapy and the patients status before and after the application of a series of CPM therapy</td>
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Evaluator: ____________  Date: ____________

*Failure to meet standard on this point necessitates a new performance appraisal. Failure to meet other standards necessitates a review of relevant standards, protocols and procedures, e.g. infection control, documentation etc...*

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**CLINICAL AND WORKFORCE POLICY DEVELOPMENT PLAN**

A plan to guide development of a complete suite of clinical and workforce policies has been attached to this staffing strategy. While it has been suggested that only workforce policy
development need be an item in this Staffing Strategy, it is ClinCo's and InfraCo's view that all employees share a commitment to and an interest in the core goal of quality patient care. For this reason and because it is sometimes difficult to determine where best to house a given operating policy, the practice has been to require all staff to be aware of both policy sets, albeit to a greater or lesser degree. (See Appendix E)
APPENDIX LIST

A: TCI Project Full Staffing Schedule
B: Medical Staff Recruitment Methodology
C: Nursing Staff Recruitment Methodology
D: International (and local) Timeframes and Process
E: Clinical & Workforce Policy Development Plan