Noguchi Memorial Institute for Medical Research
Institutional Policy

Number : Mgt-041-1.0

Title : Staff Management Policy

Department : All Departments

This policy supersedes: None or older versions
Draft, Photocopied, and Obsolete versions of this document are not to be used.

EFFECTIVE: 14th June 2024

Table of Contents

1. Introduction

a. This policy establishes Staff service rules applicable to all categories of Staff of NMIMR, UG. The purpose of this policy document is to establish best practices to govern relations between NMIMR, UG and its Staff.

b. The NMIMR, UG Staff management approach reflects the following principles:

i. Acting responsibly
ii. Physical and mental health of Staff
iii. Fairness
iv. Equality
v. Team spirit
vi. Effective communication
vii. Maximum Staff development

2. Definitions

Institute Management: Person or group of people who direct the institute at the highest level

Staff: anyone who has official business in the Institute for any period of time

3. Purpose

i. Increase productivity through provision of training and career development opportunities.
ii. Enhance performance through Staff-centered-approaches by ensuring regular appraisals, feedback, flexible and safe working environment, and recognition of excellent output.

4. Staff management structure

a. NMIMR, UG defines its management structure in its organizational structure (Mgt-069-1.0) specifying relationships between management, technical/scientific activities and support services.

b. Responsibilities, authorities, lines of communication, and interrelationships of all Staff who manage and perform work are specified.

5. Responsibility

5.1 Institute Management Committee (IMC)

The IMC shall:

a. Ensure the overall welfare and wellbeing of Staff within the Institute
b. Approve the selection of Staff for continuing professional development
c. Facilitate the promotion and career development of Staff
d. Facilitate disciplinary action where necessary on Staff
e. Identify, review and address risk and opportunities associated with the NMIMR, UG training program
f. Ensures complaints and feedback are duly evaluated and addressed
g. Review the adequacy, suitability and effectiveness of the NMIMR, UG Quality Management System (QMS) at planned intervals

5.2 Director of the Institute

The Director of the Institute shall:

a. Provide leadership for the continuous drive for excellence in the biomedical research ecosystem through quality research, human resource development, and by supporting issues of public health concern.
b. Direct the implementation of the management system, including application of risk management to all aspects of the institute's operations so that risk to biomedical research and opportunities to improve are systematically identified and addressed.

5.3 Institute Administrator

The Institute Administrator and the office of the Institute Administrator shall:

a. Provide leadership for the administrative matters of the institute
b. Coordinate and support recruitment and management of Staff

5.4 Heads of Department

Each Head of Department of the Institute shall:

a. Ensure the overall welfare and wellbeing of Staff within the Department
b. Ensure all Staff of the Department are appraised, and competency assessed as required
c. Provide endorsement for any Staff to work in the Department
d. Ensure technical training needs of Staff are identified and adequately met

e. Provides authorizations where required for work in the Department

5.5 Institutional Quality Office

The institutional Quality Office shall:

a. Support coordination of orientation of new Staff
b. Evaluate the effectiveness of the institutional training programme
c. Manages and coordinates the resolution of internal complaints and feedback
d. Coordinate planning and conduct of institutional quality trainings

5.6 Institutional Safety Officer

The institutional safety officer shall:

a. Develop and coordinate the enforcement of the institutional biosafety program
b. Coordinate planning and conduct of institutional safety trainings
c. Evaluate the effectiveness of the institutional training programme

5.7 Departmental Quality Manager

The departmental quality manager shall:

a. Implement the management of the Department quality activities, including the application of risk management to all aspects of the laboratory operations so that risks to research, patient care where applicable and opportunities to improve are systematically identified and addressed
b. Coordinate laboratory-based trainings in collaboration with relevant Principal Investigators where applicable
c. Coordinate orientation of Staff within departments

6. Policy Statements

6.1 Employment, recruitment and selection

a. Minimum requirements for employment or recruitment shall be as described in job adverts and on job descriptions. Applicants shall be selected based on the defined minimum requirement.
b. Job descriptions for all Staff including institute appointees shall be appropriately defined.

6.2 Training and development

a. The NMIMR, UG is committed to the fulfilment of its mandate of building human resource capacity in health by ensuring all Staff are trained and capable of carrying out assigned duties, tasks and responsibilities.
b. All new Staff of the Institute shall be trained and deemed competent before carrying out activities within the Institute.
c. All Staff of the Institute shall be trained on biosafety and biosecurity at the beginning of every calendar year. Staff who do not participate or have no evidence of biosafety and biosecurity training shall not be permitted in any biomedical research or laboratory area.
d. Each Staff shall be required to participate in training relevant to job requirement. Identified trainings must be approved by the appropriate supervisor and records of participation maintained on Staff files. Demonstration of continuous professional development will be significantly considered in matters of appointments and promotions.

6.3 Competency and appraisal

a. All laboratory Staff (permanent and contract) shall be assessed and deemed competent for specific competencies at least once a year where Staff are on an active project.
b. All Institute Staff shall be appraised annually. The annual appraisal shall relate to the functional responsibility as defined by the job description and criteria specified in approved appraisal forms
c. Each Staff working in the Institute shall have a job description. Job description will be reviewed appropriately to reflect current trends.
d. Competence requirement for activities carried out in the Institute, particularly biomedical research, including requirement for education, qualification, training, re-training, technical knowledge, skills and experience shall be specified by relevant supervisors.

6.4 Authorisation

a. Appropriate authorization shall, through assigned job description, appointment or appropriate communication by higher authority, be given to any Staff who is competent to:
   i. Select, develop, modify, validate or verify methods

ii. Review, release and report diagnostic test results as required
iii. Communicate for and on behalf of the Institute
iv. Use laboratory information systems where applicable particularly in the changing of data or results
v. Access restricted areas within the institute

b. Where it is not clear on whether Staff is authorized, the responsibility shall be on the Staff to enquire for relevant higher authority
c. Authorisation may be withdrawn by higher authority following conferment on Staff where the risk of authorization previously granted is subsequently measured as significant.

6.5 Staff records

a. All Staff of NMIMR, UG shall have a Staff file maintained by the Institute administration and shall include the following:
b. initial employment materials including application, resume;
c. appointment letter;
d. records of change in status, leave of absence;
e. records of personal leave, sick leave;
f. medical certificates;
g. immunization records
h. trainings and professional development etc.; and
i. competence assessment and appraisal.
j. These records shall be made available on a reasonable basis to the person concerned.

6.6 Appointments

a. Appointment within NMIMR, UG is an action by the College of Health Sciences Appointments and Promotions Committee on behalf of the University through the IMC for a specified period. Appointments recommended by the IMC are subject to adequate funding and statutory limitations of the appropriate authority.
b. Appointments within department, offices or unit is an action by the head of department, office or unit for a specific period
c. Minimum requirement for appointment shall be as described in job specification.

6.7 Leave and holiday

a. Staff are eligible for holidays established by law. Staff who are required to work on a holiday are entitled to equivalent time off or overtime payments.
b. Staff proceeding on leave shall appropriately, completely, and comprehensively hand over official duties to officially assigned Staff who would carry out duties until the return of the substantive Staff from leave.

6.8 Complaints and feedback

a. The Director shall operate an efficient process for handling complaints. The process will ensure the implementation of corrective actions or be used as opportunity for improvement
b. The IMC shall demonstrate commitment to seeking and receiving feedback and complaints about services, systems, processes, procedures and complaint handling.
c. Investigation and resolution of complaints shall not result in any discriminatory actions. There shall be impartiality in the resolution of all complaints
d. All complaints received shall be reviewed by relevant offices, substantiated, and resolved.
e. The resolution of complaints shall be made by or reviewed and approved by persons not involved in the subject of the complaint in question.
f. Investigation and resolution of complaints shall not result in any discriminatory actions.
g. As much as possible, resolution of complaints shall be by persons not involved in the subject of the complaint in question.

6.9 Discipline

a. The Director shall apply the appropriate disciplinary action in line with the university's code of conduct for staff.
b. For contract staff, the Director may apply the necessary disciplinary action as stated in the contract or apply the University rules if such action is not stated in the contract.

6.10 Staff orientation

a. The Institute Administration and the Institutional Quality Office shall collaborate, where necessary, to ensure all persons working in the institute are duly oriented covering but not limited to:

i. Introduction to the NMIMR, UG organization
ii. The area of work of Staff

iii. Terms and conditions (where applicable)
iv. Institute facilities
v. Health and safety and requirement
vi. Occupational health services
vii. Introduction to the Quality management principles

7. Attachments

N/A

8. Related documents

- Risk Management policy
- Equipment Management policy
- Information Security policy
- Research Ethics policy
- Scientific misconduct policy
- Communications policy
- Specimen management policy
- Staff management process

9. References

N/A

10. Policy Revision History

N/A

11. Approval Page

Approved by Director
Name: Prof. Dorothy Yeboah-Manu

Signature: _____ Date: 10th June 2024

12. Policy Revision History

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