REPUBLIC OF KENYA

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MEDICAL PRACTITIONERS
AND DENTISTS BOARD
MP & DB HOUSE
WOODLANDS RD, OFF LENANA RD,
P.O. Box 44839 - 00100
NAIROBI

INTERNSHIP TRAINING FACILITY INSPECTION/DATA FORM FOR NEW AND EXISTING CENTRES

1.Name of Institution ----------

Address ----------

Telephone No. ----------

Fax. ----------

E-Mail ----------

County----------

Town ----------

Category of Institution: ----------

Patient attendance (daily average) ----------

2. **Physical Medical Facilities**

(a) Total Bed Capacity/Wards

Wards	**Beds**	**Occupancy(%)**
Medical:	----------	----------
Surgical:	----------	----------
Obstetrics/Gynaecology:	----------	----------
Paediatrics:	----------	----------

Human Resource:	**Total No.**
a). Consultants	----------
Internal Medicine	.....
General Surgery	.....
Paediatrics	.....
Obstetrics and Gynaecology	.....
b). Others	
(i) Medical Officers	.....
(ii) Clinical Officers	.....
(iii) Pharmacists	.....
(iv) Pharmaceutical Technologists	.....
(v) Radiologist	.....
(vi) Radiographers	.....
(vii) Sonographer	.....
(viii) Anaestheologists	.....
(ix) Clinical Officer anaesthesist	.....
(x) Laboratory technicians	.....
(xi) Pathologists	.....
(xii) Physiotherapists	.....
(xiii) Occupational Therapists	.....
(xiv) Plaster Technician	.....
c). Technical Staff	
i). Nutritionists	.....
ii). Public Health Officer	.....
iii). Social Worker	.....
iv). Dentists	.....
v). ENT Specialists	.....
vi). Eye Specialists	.....
vii). Nurses	.....

c). <u>Other Requirements</u> **<u>Total No.</u>**

i) Theatres
-Surgical .....
-Obstretic .....

ii). ICU/HDU .....

iii). Pharmacies .....

iv). Laboratories .....

v). Imaging Facilities
-Xrays .....
-Ultrasounds .....

vi). Outpatients Clinic (specify) .....

vii). Physical amenities .....

viii). Enough water flowing .....

ix). Electricity and Energy back-up .....

x). Servicable ambulances .....

3. Registered and running CPD Programs? | Yes | No |

4. Do you have a Resource Centre/ Medical Library? | Yes | No |

Seating Capacity ----------

Current Journals/ reference books_____ Internet connection | Yes | No |

5. Recognized Specialists	**Total No.**	**Names**	**Reg.No.**
General Medicine:	----------	(1) ----------	.----------
		(2)----------	----------
Paediatrics:	----------	(1) ----------	.----------
		(2)----------	----------
Obstetrics/Gynaecology	----------	(1) ----------	.----------
		(2)----------	----------

Recognized Specialists	**Total No.**	**Names**	**Reg.No.**
Surgery	----------	(1) ----------	.----------
		(2)----------	----------
Radiology	----------	(1) ----------	.----------
		(2)----------	----------
Pathology	----------	(1) ----------	.----------
		(2)----------	----------
Psychiatry	----------	(1) ----------	.----------
		(2)----------	----------
Anaesthesia	----------	(1) ----------	.----------
		(2)----------	----------
Other Specialists (specify)	----------	(1) ----------	.----------
		(2)----------	----------

6. Medical Officers Total No. …… (1) ---------- .----------

(2)---------- ----------

(3) ---------- .----------

(4) ---------- .----------

(5) ---------- .----------

(6) ---------- .----------

(7) ---------- .----------

(8) ---------- .----------

7. DENTAL INTERN TRAINING

a). Specialists:

Oral and Maxillofacial surgery .....

Conservative Dentistry and Prosthetics .....

Orthodontics and Paediatric Dentistry .....

Periodontology .....

Dental Radiology .....

Oral Pathology and Oral Medicine .....

b). Other requirements

i).Registered and running CPD Programs? | Yes | No |

ii).Do you have a Resource Centre/ Dental Library? | Yes | No |

Seating Capacity ----------

Current Journals/ reference books_____ Internet connection | Yes | No |

c). Physical Dental Facilities

No. of Dental units: ----------

Laboratories: ----------

d). Recognized Specialists	**Total No.**	**Names**	**Reg.No.**
Oral and Maxillofacial Surgery:	----------	(1) ----------	.----------
		(2)----------	----------
Conservative Dentistry and Prosthetcs:	----------	(1) ----------	.----------
		(2)----------	----------
Orthodontics and Paediatric Dentistry:	----------	(1) ----------	.----------
		(2)----------	----------
Periodontolgy:	----------	(1) ----------	.----------
		(2)----------	----------
e). Dental Officers	**Total No. ……**	(1) ----------	.----------
		(2)----------	----------
		(3) ----------	.----------

(4) ---------- .----------

(5) ---------- .----------

(6) ---------- .----------

f). Oral Health Officers:- ----------

g). Dental Technologists:- ----------

h). Other Dental Personnel (Specify)……..

8. Availability of structured Continuing Professional Development (CPD) program

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9. Availability of SOPS

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10. Availability of a Strategic Plan

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11. Presence of a Maintenance Unit

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12. Presence of Registry and Stores

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13. RESIDENTIAL ACCOMODATION FOR INTERNS: -

i) Number of flats/houses----------

ii) Night-call rooms/accommodation----------

14. Number of Interns who can or are being trained----------

Constraints that would hinder the internship training programme

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Names: -_____Date: _____Signature:_____
Medical Superintendent
Or
Hospital Administrator

Names: -_____Date: _____Signature:_____
Medical Practitioners and Dentist Board
Chair
Assessment and Registration Committee

Names: -_____Date: _____Signature:_____
Executive Officer/ Secretary
Medical Practitioners and Dentist Board