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WEST AFRICAN COLLEGE OF PHYSICIANS

ACCREDITATION REPORTING FORM

Faculty:---------------------------------------------------------------------------------------------------------------------

Name of Institution: -----------------------------------------------------------------------------------------------------

Names of Assessors: -----------------------------------------------------------------------------------------------------

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Date of Visit: --------------------------------------------------------------------------------------------------------------

A

1. Number of Relevant Consultant Trainers:
2. Number of Residency Training Posts:
3. Number of Residents:
4. Acceptable Ratio of Trainee: Trainers (to be determined by Faculty):
5. Number of Relevant Support Staff (to be determined by Faculty):
6. Organized teaching available: Yes/No

7a. Relevant diagnostic services: Yes/No

b. If yes, percentage estimates by Assessors: 0.25%, 26-50%, 51-71%, > 75%

8a. Library and Journal services: Yes/No

b. If yes, extent: 0-40%, 41-70%, > 70%

9. Online facilities available: Yes/No

10. Other information: i.e Special facility or centre of excellence, specify

B

Overall Assessment by Assessors

STAFFING (Acceptability in terms of number, quality, range)

Junior Doctors (HO/SHO) Yes/No

Residents Yes/No

Consultants Yes/No

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Support Staff Yes/No

INFORMATION SOURCES

Are you satisfied with the Library and Online Services: Yes/No

TEACHING AND TRAINING PROGRAMMES

Are you satisfied that adequate learning takes place: Yes/No

TRAINING ENVIRONMENT

Is there a conducive atmosphere for imparting knowledge: Yes/No

OTHER COMMENTS:

C

OVERALL RATING

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| --- | --- | --- | --- | --- |
| A | B | C | D | E |
| Excellent | Very Good | Satisfactory | Below par | Poor |
| As good as can be  expected  (Word Class) | The best in the circumstances | Definite room for improvement but good for training without compromising standards | Unacceptable | Not ready for training recognition |

Decision

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| Full accreditation for  5 years | Temporary accreditation for  2 years | Accreditation denied.  Encouraged to improve may re-apply in 12 months. |

\*Accreditation summary should be attached with this form\*

**NAMES OF WACP CONSULTANTS IN GOOD FINACIAL STANDING WITH THE WEST AFRICAN COLLEGE OF PHYSICIANS**

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| **S/NO** | **NAMES** | **FACULTY** | **STATUS** | **YEAR OF GRADUATION/ELECTION** | **EMAIL ADDRESS/TELEPHONE** | **SIGNATURE** |
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