WEST AFRICAN COLLEGE OF PHYSICIANS

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REVIEWED ACCREDITATION FORM

FACULTY OF PAEDIATRICS

**Requirements:**

1. Is there a separate department of Paediatrics or Child Health? YES (1%) NO (0%)
2. When did the Residency Training Programme begin? >2 years (1%) < 2 years (0%)
3. How many Residents are there? >10 (1%) <10 (0%)

Number Duration of Appointment

1. i. House Officer/Senior House Officer >10 (1%) <10(0%) -----------------

ii. Junior Resident (≤Part 1) (MOs) >10(1%) <10 (0%) ----------------

iii. Senior Resident (≥Part 1) >10 (1%) <10 (0%) ---------

1. Senior House Officer/Junior Resident

a. Are they Resident? YES (1%) NO (0%)

* 1. Do they have sleeping in facilities? YES (1%) NO (0%)
  2. Is there any scheme of rotation within YES (0.5%) NO (0%)

The various units of the department

or outside the department?

* 1. What is the duration of his rotation?>3months (0.5%) <3months (0%)

1. **Senior Resident**

**a.** Is there any scheme of rotation within the various units? YES (0.5%) NO (0%)

**b.** What is the duration of his rotation? >3 months (0.5%) <3months (0%)

4. How many Teaching Staff are there? Tabulate (Please use additional sheet if necessary) **(15%)**

4b. Name: ------------------------------------------------------------------------------------------

Qualification and Dates: ----------------------------------------------------------------------

Sub- Specialty: -------------------------------------------------------------------------------

Position/Rank: ---------------------------------------------------------------------------------

Is he/she Fellow of the College in Paediatrics? YES NO

***(Tabulate as appropriate the list of academic/professional staff)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S/No | Name | Qualification and Dates | Sub - Specialty | Position/Rank | Fellow of College, Faculty of Paediatrics, Yes/No |
|  |  |  |  |  |  |

Less than 5 = 5%

5 < 10 = 10%

10 and above = 15%

5 **Facilities (20%)**

5.1 **WARDS:** Number of Paediatrics beds

a. Is there a separate neonatal Unit? YES (4%) NO (0%)

b. Is there a separate emergency Paediatrics Unit? YES (4%) NO (0%)

What is its bed compliment? >5(2%) <5 (0%)

c. Is there a General Paediatrics Ward? YES (4%) NO (0%)

5.2 **CLINICS:**

a. Is there a general Paediatrics Outpatient Clinic? YES (2%) NO (0%)

How many consultant clinics are held weekly? >5 (2%) <5 (0%)

b. How many weekly sessions of sub-specialty Clinics are there? > 5 (2%) < 5(0%)

**5.3 Supporting Facilities: (10%)**

a. Is there a departmental side Lab? YES (3%) NO (0%)

b. Is there a departmental Library? YES (3%) NO (0%)

c. List any other relevant facilities: Adequate (2%) Inadequate (0%)

d. Is there Internet access? YES (2%) NO (0%)

6. **Training Program: (15%)**

i. How many consultant rounds are there each week? >5 (5%) <5 (0%)

ii. How many weekly postgraduate teaching rounds are there? >5 (5%) <5(0%)

iii. State what are the other departmental postgraduate activities? Adequate (5%) Inadequate (0%)

**(A*ttach a list)***

7. **Community Paediatrics: (10%)**

Is there provision for community paediatrics rotation? YES (10%) NO (0%)

**(A*ttach a list)***

8. **Miscellaneous: (15%)**

i. Are there call duty rooms within the department or are there call duty rooms within the hospitals?

YES (5%) NO (0%)

ii. Do the residents live inside the hospitals? YES (5%) NO (0%)

iii. Do the residents live outside the hospital? YES (5%) NO (0%)

**9. Additional information: (5%) That is: Relevant (5%), Not Relevant (0%)**

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10. **Summary of impressions:**

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**11. Decisions:**

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| --- | --- | --- |
| Full accreditation for  5years | Temporary accreditation for  2years | Accreditation denied.  Encouraged to improve may re-apply in12months |

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

**75% and above = FULL ACCREDITATION FOR 5 YEARS**

**50 – 74% = PARTIAL OR TEMPORRY ACCREDITATION FOR 2 YEARS**

**49% and less = ACCREDITATION DENIED**