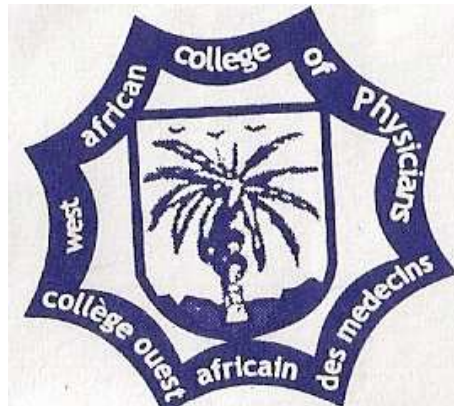


WEST AFRICAN COLLEGE OF PHYSICIANS



APPLICATION

FOR

ACCREDITATION OF AN INSTITUTION

FOR TRAINING UNDER THE

COLLEGE'S

FELLOWSHIP TRAINING PROGRAMME

NAME OF INSTITUTION: _____

ADDRESS: _____

NAMES, EMAIL ADDRESSES AND PHONE NUMBERS:

- a) **CMDs**-----
- b) **CMACs** -----
- c) **HODs**
 - i) **Community Health**-----
 - ii) **Family Medicine**-----
 - iii) **Internal Medicine**-----
 - iv) **Laboratory Medicine**-----
 - v) **Paediatrics**-----
 - vi) **Psychiatry**-----

FACULTIES FOR WHICH ACCREDITATION IS SOUGHT (*Please tick*)

- 1) Community Health **(FRESH OR RE-ACCREDITATION)**
- 2) General Medical Practice (Family Medicine) **(FRESH OR RE-ACCREDITATION)**
- 3) Internal Medicine **(FRESH OR RE-ACCREDITATION)**
- 4) Laboratory Medicine **(FRESH OR RE-ACCREDITATION)**
 - a) Chemical
 - b) Haematology
 - c) Medical Microbiology
 - d) Pathology (Morbid Anatomy)
- 5) Paediatrics **(FRESH OR RE-ACCREDITATION)**
- 6) Psychiatry **(FRESH OR RE-ACCREDITATION)**

SECTION A – GENERAL

1) UNITS IN THE INSTITUTION

Please list the hospital units, Clinics and Health Centres your institution, indication the disciplines serve by each. (*Please use the separate sheet if there are more than 5 units in your institution*).

(a) **Name of Main Unit** (*Campus*)

(i) **Location:** _____

(ii) **Main Functions:** _____

(iii) **Disciplines:** _____

(b) **Other Units** (*Campuses*)

(i) **Location:** _____

(ii) **Main Functions:** _____

(iii) **Disciplines:** _____

(c) (i) **Location:** _____

(ii) **Main Functions:** _____

(iii) **Disciplines:** _____

(d) (i) **Location:** _____

(ii) **Main Functions:** _____

(iii) **Disciplines:** _____

(e) (i) **Location:** _____

(ii) **Main Functions:** _____

(iii) **Disciplines:** _____

2) NO OF IN-PATIENT BEDS IN THE INSTITUTION: (ALL UNIT/CAMPUSES)

- a) General Medicines _____
- b) Cardiology _____
- c) Endocrinology _____
- d) Gastro – enterology _____
- e) Nephrology _____
- f) Neurology _____
- g) Respiratory Medicine _____
- h) Geriatrics _____
- i) Dermatology _____

- j) Sexually Transmitted Disease _____
- k) Communicable Disease (*Isolation Unit*) _____
- l) Community Health _____
- m) Radiotherapy _____
- n) Paediatrics _____
- o) Neonatology _____
- p) General Psychiatry _____
- q) Child Psychiatry _____
- r) Drug and alcohol abuse and dependency _____

3) AVERAGE NUMBER OF OUT-PATIENTS SEEN EACH YEAR:

	<u>New Patients</u>	<u>Follow –up</u>
a) General Out-patience	_____	_____
b) Accidents and emergencies	_____	_____
c) General Medicine	_____	_____
d) Cardiology	_____	_____
e) Endocrinology	_____	_____
f) Gastro-enterology	_____	_____
g) Nephrology	_____	_____
h) Neurology	_____	_____
i) Respiratory Medicine	_____	_____
j) Geriatrics	_____	_____
k) Dermatology	_____	_____
l) Sexually Transmitted Disease	_____	_____
m) Communicable Disease (Isolation Unit)	_____	_____
n) Community Health	_____	_____
o) Paediatrics	_____	_____
p) Children's Emergency	_____	_____
q) Radiotherapy	_____	_____
r) Neonatology	_____	_____
s) General Psychiatry	_____	_____

- | | | | |
|----|--|-------|-------|
| t) | Child Psychiatry | _____ | _____ |
| u) | Drug and alcohol abuse and dependency | _____ | _____ |
| v) | Others (<i>Please state</i>) Gynaecology | _____ | _____ |
| w) | Others (<i>Please state</i>) Dental | _____ | _____ |
| x) | Others (<i>Please state</i>) Obstetrics | _____ | _____ |

4) CONSULTANT STAFF POSITIONS:

	<u>Established Posts</u>	<u>No. in Post</u>
a. Community Health	_____	_____
b. Family medicine	_____	_____
c. Internal Medicine	_____	_____
d. Laboratory Medicine	_____	_____
i. Chemical Pathology	_____	_____
ii. Haematology	_____	_____
iii. Medical Microbiology	_____	_____
iv. Pathology	_____	_____
v. Others (Specify)	_____	_____
e. Paediatrics	_____	_____
f. Psychiatry	_____	_____
g. Dermatology and Venereology	_____	_____
h. Radiotherapy	_____	_____
i. Radiology	_____	_____
j. Others (Specify) Surgery	_____	_____
k. Others (Specify) Obstetrics and Gynaecology	_____	_____

5) DETAILS OF CONSULTANCY STAFF IN POST
(Please indicate if on leave of absence, Sabbatical etc)

S/N	Department	Name	Qualifications	Sub-Discipline
A	Community Health			
B	Family Medicine			
C	Internal Medicine			
D	Laboratory Medicine			
	i. Chemical Pathology			
	ii. Haematology			
	iii. Medical Microbiology			
	iv. Pathology			
E	Paediatrics			
F	Radiotherapy			
G	Radiology			
H	O and G			
I	Surgery			
J	Anaesthesia			

6) SUPPORTING CLINICAL SERVICES

- a. No. of Pharmacist in the institution _____
- b. No. of Physiotherapists _____
- c. No. of Occupational therapist _____
- d. No. of Social Workers _____
- e. No. of dietician and Nutritionists _____

7) RESIDENT STAFF

a) State the number of all residency Training Posts in each specialty with the normal duration of each appointment. If a post is already recognized by the college, please indicate.

Discipline	No of post available	Duration	whether already accredited by WACP	No. of house officers (annual intake)
a. Community Health				
b. Family medicine				
c. Internal Medicine				
d. Laboratory Medicine				
i. Chemical Pathology				

ii. Haematology				
iii. Medical Microbiology				
iv. Pathology				
v. Others (Specify)				
e. Paediatrics				
f. Psychiatry				

8) ORGANIZED TEACHINGS

(Please give details of organized teaching of resident staff in the institution)

a) Basic Medical Sciences	No. of hours per week
i. Anatomy	
ii. Physiology	
iii. Biochemistry	
iv. Pathological Science	
v. Biostatistics	
vi. Behavioral Sciences	
vii. Others (Specify)	
viii. Others (Specify)	

b) **Clinical Disciplines**

Formal lectures (Hours per week)	SESSION PER WEEK			
	Clinical Pathology	Morbidity/Mortality Conferences	Grand Round/ Case conferences	Radiology Rounds
Community				
General Medical Practice	Weekly	Monthly	Thrice/ Week	Weekly
Internal Medicine				
Laboratory				
Chemical Pathology				
Haematology				
Paediatrics				

9) DIAGNOSTIC SERVICES

Please indicate which of these services are currently available in your institution. Institution requiring accreditation in Laboratory Medicine will be required to produce additional information in section B.

a) Chemical Pathology:

- i) Blood Urea _____ Sodium-Potassium _____ Chloride _____ HCO₃ _____
Creatinine _____ Albumin _____ Globulins _____ Bilirubin Total _____
Bilirubin Conjugated _____
AST (SGOT) _____ ALT (SGOT) _____ Alk Phosphatase _____
Acid Phosphatase _____ Calcium _____ Phosphate _____
Glucose _____ Cholesterol _____ Blood Urea Nitrogen _____
- ii) **Urine:** Urinalysis _____
- iii) **Others**
Glucose Tolerance Test _____ Creatinine Clearance _____

b) Haematology:

- PCV _____ Hb _____ Differential _____
Blood Film _____ Reticulocytes _____
Platelets _____ Sickling Test _____
Hb Electrophoresis _____ Prothrombin Time _____
Clotting Time _____ Grouping Cross Matching _____

c) Medical Microbiology and Parasitology:

i) Microscopy

- Urine _____ Stool _____ CSF _____
Tissue Fluids _____ Z/N Stain _____

ii) Culture and Sensitivity

- Urine _____ Blood _____ CSF _____ Stool _____
Tissue Fluids _____ Swabs _____ AFB Culture _____

iii) Immunological

- VDRL _____ HIV _____ Immunoglobulin _____
Widal Agglutinins _____

iv) **Parasitology**

Stool Microscopy _____ Urine Microscopy _____

Blood Film for MP _____ Trypanosomes _____

Microfilarae _____ Skin Snips _____

d) **Pathology: (Outside Laboratory)**

Routine history _____ Autopsy _____ Cytology _____

FNAC _____ Kidney Biopsy _____ Liver Biopsy _____

Histochemistry _____ Immunohistochemistry _____

e) **Radiology:** Routine X-rays _____ Portable X-rays _____

Tomography _____ Intravenous Urography _____ Ba Swallow _____

Ba meal _____ Ba Enema _____ Oral Cholecystogram _____

Angiography _____ Ultrasound _____ CT Scan _____ MRI

f) **Electrodiagnostics:** ECG _____ EEG _____

10) **SIDE LABORATORIES**

a) How many side laboratories are available?

b) Which wards are they attached to?

Please indicate which test are available:

Urinalysis _____ PCV _____ WBC _____

Gram's stain _____ Giemsa Stain _____

Ziehl-Neilsen Stain _____ Microscopy _____

ESR _____ Blood Sugar _____

11) **Other Services** (*not covered in 10 and 11*)

a) **Library facilities**

Please give details of the library facilities available, including departments libraries, Medical libraries, association to university library etc.

12) **ANY OTHER INFORMATION**

Please give any additional information you may consider relevant.

13) Please indicate the earliest date that the institution will be ready for a visitation

Signed, on behalf of the institution by the Medical Director of the institution.

Name and Qualification: _____

Post: _____

Institution: _____

Date: _____