

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 1) Community Health-----

2)Family Medicine-----

3) Internal Medicine-----

4) Laboratory Medicine-----

5) Paediatrics -----

6) Psychiatry-----

- 1) Community Health (FRESH OR RE-ACCREDITATION)
- 2) 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 <i>(Hours per week)</i>	Clinical Pathology	SESSION PER WEEK		
		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.

13) **ANY OTHER INFORMATION**

Please give any additional information you may consider relevant.

14) 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:
